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No. 468-10

O.U. 7



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. 40, Sec. 12, G. L.)

50m (c)-1-41-4067

Suffolk

The Commonwealth of Massachusetts

Chelsea

1945 1



OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

(City or town making return)

COPY OF
CERTIFICATE OF DEATH

Registered No. 2

1 PLACE OF DEATH

(County)
Chelsea

(City or Town)

No.

Soldiers' Home Hospital

Timothy Joseph Sullivan

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.)

Winthrop

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

(a) Residence. No.

(Usual place of abode)

hospital

7

(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
WIDOWED
or DIVORCED
Married

5a If married, widowed, or divorced
HUSBAND of

Ellen J. Hart

(or) WIFE of

(Give 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

Years

Months

Days

If less than 1 day

Hours

Minutes

Usual

9 Occupation:

Retired Postal Employee

U.S. Government

Industry

10 or Business:

none

11 Social Security No.

Boston, Mass.

12 BIRTHPLACE (City)

(State or country)

Daniel

13 NAME OF FATHER

Ireland

14 BIRTHPLACE OF FATHER (City)

(State or country)

Helen Birchell

15 MAIDEN NAME OF MOTHER

Ireland

16 BIRTHPLACE OF MOTHER (City)

(State or country)

Soldiers' Home Hosp.

17

Informant (Address)

(Relation, if any)

A TRUE COPY.

ATTEST:

Joseph A. Tyrrell

(Register at city or town where death occurred)

DATE FILED

19

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH

(Month)

(Day)

(Year)

19 I HAVE BEEN DECEASED FROM

1m, 19 Jan. 1, 1945

I last saw him alive on 9:38 p. death is said to

have occurred on the date stated above, at

Pulmonary edema

Immediate cause of death

Hypertension & hypertensive

Due to heart disease 2 yrs.

Generalized arterio sclerosis ?

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 Samuel S. Greenstein

(Signed) Soldiers' Home 1/1, M. D. 45

(Address) St. Josephs Con. Plymouth 19

21 PLACE OF BURIAL,

CREMATION OR REMOVAL

Jan. 4, 1945

(Cemetery)

(City or Town)

DATE OF BURIAL

John F. O'Malley

19

22 NAME OF FUNERAL DIRECTOR

79 Atlantic St. Winthrop

ADDRESS

Received and filed

19

(Register of City or Town where deceased resided)

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)-1-41-4667

1 PLACE OF DEATH
 Suffolk (County)
 Winthrop (City or Town)
 No. 49 Siren St.



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

To be filed for burial permit
 with Board of Health
 or its Agent.
 Registered No. 2

2 FULL NAME Mabel Dorman Southwick
 (If deceased is a married, widowed or divorced woman, give also maiden name.)
 (a) Residence, No. 49 Siren St Winthrop St.
 (Usual place of abode)
 Length of stay: In hospital or institution _____ years _____ months _____ days.
 (Before death) (Specify whether)

PHYSICIAN-IMPORTANT
 (Was deceased a U. S. War Veteran, World War I if so specify WAR) ☒ World War I

PERSONAL AND STATISTICAL PARTICULARS		
3 SEX Female	4 COLOR OR RACE White	5 SINGLE (write the word) MARRIED WIDOWED or DIVORCED Married
5a If married, widowed, or divorced HUSBAND of _____ (or) WIFE of Albert H. Southwick (Give maiden name of wife in full) (Husband's name in full)		
6 Age of husband or wife if alive 68 years		
7 IF STILLBORN, enter that fact here.		
8 AGE 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) Worcester (State or country) Mass.		
13 NAME OF FATHER Albert Dorman		
14 BIRTHPLACE OF FATHER (City) Worcester (State or country) Mass.		
15 MAIDEN NAME OF MOTHER Gertrude Robinson		
16 BIRTHPLACE OF MOTHER (City) Augusta (State or country) Maine		
17 Informant Albert H. Southwick Husband (Address) 49 Siren St., Winthrop		

MEDICAL CERTIFICATE OF DEATH	
18 DATE OF DEATH Jan - 3 - 1945 (Month) (Day) (Year)	
19 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows: (If an injury was involved, state fully.) Bilateral Broncho Pneumonia Empyema Right	
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 Found dead in her bed Nature of injury _____ While at work? _____ Was there an autopsy? ☒	
21 Was disease or injury in any way related to occupation of deceased? _____ If so, specify _____ (Signed) Wm. J. Frickley M. D. (Address) Boston Date - 4 - 1945	
22 Winthrop Winthrop Place of Burial, Cremation or Removal (City or Town) DATE OF BURIAL Jan. 8, 1945	
23 NAME OF FUNERAL DIRECTOR Richard H. White ADDRESS 147 Winthrop St., Winthrop	

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
 Wm. J. Frickley
 (Signature of Agent of Board of Health or other)
 Health Officer (Official Designation) 1/8/45
 (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.

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

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

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

RECEIVED



JAN-9 1945 AM

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. 5

1 PLACE OF DEATH
 Suffolk
 (County)
 Winthrop
 (City or Town)
 No. 151 Lincoln St.



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

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

(a) Residence. No. 151 Lincoln 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 4 yrs. mos. days.
 (Before death) (Specify whether)

PHYSICIAN - IMPORTANT
 (Was deceased a
U. S. War Veteran,
if so specify WAR) none

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

5a If married, widowed or divorced
 HUSBAND of Ethel Williams
 (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 83 Years 9 Months 28 Days | If less than 1 day
 Hours Minutes

9 Occupation: Retired

Industry
 10 or Business: Railroad Employee

11 Social Security No. none

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

13 NAME OF FATHER Oscar Healey

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

15 MAIDEN NAME OF MOTHER Elvira Hosmer

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

PARENTS

17 Informant Ethel W. Healey (Wife)
 (Address) 151 Lincoln 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)

Health Officer (Official Designation) 1/8/45
 (Date of Issue of Permit)

18 DATE OF DEATH Jan. 6, 1945
 (Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from
 Jan 2, 1945, to Jan 6, 1945

I last saw him alive on Jan 6, 1945, death is said to
 have occurred on the date stated above, at 9 P. m.

Immediate cause of death

Cerebral Hemorrhage

Duration

Due to

Other conditions Hypertension
 (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) Louis F. Salem, M. D.
 (Address) 175 Pleasant St. Date Jan 8, 1945

21 Winthrop Winthrop
 Place of Burial, Cremation or Removal. (City or Town)
 DATE OF BURIAL Jan. 10, 1945

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

Received and filed 19

(Registrar)

EXTRACTS FROM THE LAWS OF
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

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

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

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

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

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

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

RULES OF PRACTICE

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

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

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

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

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, 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. 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
 (County) Suffolk
 (City or Town) Winthrop
 No. Winthrop Community Hospital St. { (If death occurred in a hospital or institution, give its NAME instead of street and number)

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

(a) Residence. No. 61 Waldemar Ave. St. Winthrop
 (Usual place of abode)
 Length of stay: In hospital or institution Hospital years months 5 days. In this community 20 yrs. - mos. - days.
 (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

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

5a If married, widowed, or divorced
 HUSBAND of Patrick J. Sullivan
 (or) WIFE of Bridget Feighery
 (Husband's name in full)

6 Age of husband or wife if alive 70 years

7 IF STILLBORN, enter that fact here. -

8 AGE 64 Years Months Days If less than 1 day Hours Minutes

9 Usual Occupation: House wife

10 Industry or Business: own home

11 Social Security No. none

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

13 NAME OF FATHER Thomas Garvey

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

15 MAIDEN NAME OF MOTHER Bridget Feighery

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

17 Informant Patrick J. Sullivan, husband Relation if any
 (Address) 61 Waldemar Ave., Win.

1 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Wm. S. Childress
 (Signature of Agent of Board of Health or other)
Health Officer (Official Designation) 1/8/45 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Jan 7 1945
 (Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from Jan 3, 1945, to Jan 7, 1945
 I last saw him alive on Jan 6, 1945, death is said to have occurred on the date stated above, at 11 m. Duration 1 1/2 hrs
 Immediate cause of death: Carcinoma Corpus Uteri

Due to Heart failure

Due to Heart failure

Other conditions (Include pregnancy within 3 months of death) Heart failure

Major findings: Diagnosis: Radium treatment Date of Jan 6 1945
 Of operations Diagnosis
 Of autopsy no
 What test confirmed diagnosis? Diagnosis

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

If so, specify John T. Williams M. D.
 (Signed) 429 Beacon St. Boston (Address) Date Jan 7 1945

21 Holy Cross, Walden
 Place of Burial, Cremation or Removal (City or Town)
 DATE OF BURIAL January 10 1945

22 NAME OF FUNERAL DIRECTOR John B. Kelly
 ADDRESS 11 Meridian St., G. B.

Received and Filed 19

A TRUE COPY ATTEST: (Registrar)

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

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

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

obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., (Tercentenary Edition.)*

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

RULES OF PRACTICE

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

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

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

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

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

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

SPACE FOR ADDITIONAL INFORMATION

Essex

(County)

Danvers

(City or Town)

No. Danvers State Hospital

The Commonwealth of Massachusetts

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

Danvers

(City or town making return)

Registered No.

St. { (If death occurred in a hospital or institution,
give its NAME instead of street and number)2 FULL NAME Harry W. Davis
(If deceased in a married, widowed or divorced woman, give also maiden name.)(If U. S.
War Veteran,
specify WAR)(a) Residence, No. 249 Shore Drive
(Usual place of abode)St. Winthrop
(If nonresident, give city or town and State)Length of stay: In hospital or institution years months 7 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)
MARRIED
WIDOWED or DIVORCED5a If married, widowed, or divorced
HUSBAND of cannot be learned 2 Mary Lee
(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 81 Years Months Days If less than 1 day
Hours Minutes

Usual Occupation: Manufacturer

10 or Business: Fire works

11 Social Security No. cannot be learned

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

13 NAME OF FATHER Warren Davis

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

15 MAIDEN NAME OF MOTHER Ellen Cragg

16 BIRTHPLACE OF MOTHER (City) Milton
(State or country)17 Informant M.R. McPhillips (Relation, if any)
(Address) Dan

A TRUE COPY

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

DATE FILED 1/13/45 19

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Jan. 8, 1945
(Month) (Day) (Year)19 I HEREBY CERTIFY, That I attended deceased from
Jan. 1 19 45, to Jan. 8, 19 45
I last saw him alive on Jan. 8, 19 45, death is said to
have occurred on the date stated above, at 2:25P m.
DurationImmediate cause of death
Arteriosclerotic heart disease

Due to 6 mo.

Due to

Due to

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

What test confirmed diagnosis?

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

If so, specify Pasquale Buoniconito
(Signed) DSH Date 1/12, M. 45
(Address) 1921 PLACE OF BURIAL Winthrop Winthrop
CREMATION OR REMOVAL (Cemetery) 1/11/45 (City or Town)

DATE OF BURIAL 19

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

Received and filed Feb. 2, 1945 19

(Registrar of City or Town where deceased resided)

PARENTS

PLACE OF DEATH

Suffolk
(County)
Winthrop
(City or Town)

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

(City or town making return)

STANDARD
CERTIFICATE OF DEATH

Registrar's No.

9

No. 15 Summit Ave

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

2 FULL NAME

Eveline R. Marsden Rawson
(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)

15 Summit Ave 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 3 yrs.

mos.

days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE (write the word)
MARRIED
WIDOWED
or DIVORCED5a If married, widowed, or divorced
HUSBAND of

(or) WIFE of

Widow (maiden name) Rawson
(Husband's name in full)

6 Age of husband or wife if alive

60

years

7 IF STILLBORN, enter that fact here.

8

AGE 57 Years 2 Months 7 Days

If less than 1 day

Hours Minutes

9 Usual

Occupation:

at home

10 Industry

or Business:

11 Social Security No.

12 BIRTHPLACE (City
(State or country)

Bradford England

13 NAME OF
FATHER

Percival Marsden

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

England

15 MAIDEN NAME
OF MOTHER

Mary Northin

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

England

Informant
(Address) Alfred Rawson

Relation, if any

(husband)

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

(Official Designation)

(Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF
DEATH

January 8

(Month) (Day)

1945
(Year)19 I HEREBY CERTIFY That I attended deceased from
September 7, 1944 to January 8, 1945I last saw her alive on January 4, 1945, death is said to
have occurred on the date stated above, at 11:30 A.M.

Immediate cause of death

Coronary Thrombosis

Duration
IMPORTANT

4 mos

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 Edward J. Frainger

(Signed)

(Address) 200 Washington St. Date Jan. 8, 1945

21 Blue Hills Cem. Braintree
Place of Burial, Cremation or Removal. (City or Town)

DATE OF BURIAL January 10, 1945

22 NAME OF
FUNERAL DIRECTOR Donald D. Devereaux
ADDRESS 576 Hancock St. Quincy

Received and filed

19

A TRUE COPY ATTEST:

(Registrar)

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

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

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 he 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



1 { PLACE OF DEATH

(County)

(City or Town)

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

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

(Usual place of abode)

(If nonresident, give city or town and State)

(Before death)

(Specify whether)

MEDICAL CERTIFICATE OF DEATH

3 SEX
male

COLOR OR P
white

5 SINGLE (write the word)
MARRIED
WIDOWED *single*
or DIVORCED

18 DATE OF DEATH Jan. 9 1945
(Month) (Day) (Year)

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of
(Give maiden name of wife in full)
(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 6:15 p.m.

6 Age of husband or wife if alive years

7 IF STILLBORN. enter that fact here.

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

Usual
9 Occupation: Dentist

Industry
10 or Business:

1 Social Security No. none
2 BIRTHPLACE (City) Westbrook, Mass

2 BIRTHPLACE (City) Winthrop, Mass
(State or country)

13 NAME OF FATHER Samuel Robles

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

15 MAIDEN NAME OF MOTHER Leah - Trunk

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

7 Informant Jack Burstlein Relation, if any Uncle
(Address) 148 1/2 1st St. N. Wash. D.C.

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. M. D.

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

DATE OF BURIAL Jan 10 1945

22 NAME OF FUNERAL DIRECTOR Wernick Funeral Home

ADDRESS 104 Chestnut St N D.C.

Resolved and filed

.....

(Registrar)

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

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

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, apoplexy, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

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

SPACE FOR ADDITIONAL INFORMATION

200m-10-39. No. 8427-4
information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

Corrected 2/24/45 by Edward J. Voth

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD
CERTIFICATE OF DEATH

(City or town making return)

Registered No. 11

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 Elizabeth H. Fulham Niland

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

(a) Residence. No. 212 Lincoln St.

(Usual place of abode)

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

Length of stay: In hospital or institution

(Specify whether)

years 1 months 4 days

In this community 23 yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE
MARRIED
WIDOWED
or DIVORCED

(write the word)

Female

White

Married

5a If married, widowed, or divorced

HUSBAND of

John G. Niland (Maiden name 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

64

Years

Months

Days

If less than 1 day

Hours

Minutes

Usual

9 Occupation:

Housewife

Industry

or Business:

Own Home

11 Social Security No.

12 BIRTHPLACE (City)

(State or country)

Boston

Mass

13 NAME OF
FATHER

John Fulham

14 BIRTHPLACE OF
FATHER (City)

(State or country)

Ireland

15 MAIDEN NAME
OF MOTHER

Ellen Leonard

16 BIRTHPLACE OF
MOTHER (City)

(State or country)

Ireland

17

Informant (Address)

John Niland

Relation, if any
Husband

212 Lincoln St.

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

Signature of Agent of Board of Health or other

(Official Designation)

(Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF
DEATH

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY That I attended deceased from Jan 16 1945 to Jan 16 1945

I last saw h. alive on Jan 16 1945, death is said to have occurred on the date stated above, at 9:15 a.m.

Immediate cause of death

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations: none performed with hemorrhage

Of autopsy

What test confirmed diagnosis?

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

If so, specify

(Signed)

(Address)

Winthrop Winthrop

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

DATE OF BURIAL Jan. 19 1945

22 NAME OF
FUNERAL DIRECTOR

ADDRESS

Received and filed

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

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. 12

1 PLACE OF DEATH
Suffolk
(County)
Winthrop
(City or Town)
No. 88 Woodside Ave.

St. (If death occurred in a hospital or institution,
give its NAME instead of street and number)2 FULL NAME James Henry Smith

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

(a) Residence, No. 88 Woodside 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

16 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 Married

5a If married, widowed, or divorced
HUSBAND of Floesie Thompson Smith
(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 74 Years 2 Months 13 Days | If less than 1 day
Hours Minutes9 Occupation: Retired10 Industry or Business: Bridge Construction11 Social Security No. none12 BIRTHPLACE (City) Somerville
(State or country) Nova Scotia13 NAME OF
FATHER James Henry Smith14 BIRTHPLACE OF
FATHER (City) Nova Scotia
(State or country)15 MAIDEN NAME
OF MOTHER Mary Orchard16 BIRTHPLACE OF
MOTHER (City) Nova Scotia
(State or country)17 Informant Floesie T. Smith Relation, if any
(Address) 88 Woodside Ave., Winthrop (Wife)I HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

Health Officer 1/22/45
(Official Designation) (Date of Issue of Permit)18 DATE OF DEATH Jan. 19, 1945
(Month) (Day) (Year)19 I HEREBY CERTIFY, That I attended deceased from
October 28, 1944, to January 19, 1945
I last saw him alive on January 18, 1945 death is said to
have occurred on the date stated above, at 4:55 A.M.

Immediate cause of death

Chronic MyocarditisDue to Arterio Sclerosis

Due to

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

Major findings:

Of operations —

Date of

Of autopsy —What test confirmed diagnosis? —20 Was disease or injury in any way related to occupation of deceased? No
If so, specify(Signed) Edward J. Grogan M. D.
(Address) 200 W. Oak Street Date Jan. 20, 194521 Puritan Lawn Peddy
Place of Burial, Cremation or Removal (City or Town)DATE OF BURIAL Jan. 22, 1945 1922 NAME OF FUNERAL DIRECTOR Richard H. White
ADDRESS 147 Winthrop St., Winthrop

Received and filed 19

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

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

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

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

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

RULES OF PRACTICE

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

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

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

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

1 PLACE OF DEATH
 Suffolk (County)
 Winthrop (City or Town)
 No. 51 Atlantic 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. 13

2 FULL NAME Charles J. Tiews
 (If deceased is a married, widowed or divorced woman, give also maiden name.)
 (a) Residence. No. 51 Atlantic St. St. (If nonresident, give city, town and State)
 (Usual place of abode)
 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 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 V. Sullivan Tiews
 (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 64 Years Months Days | If less than 1 day Hours Minutes
 Usual Occupation: Fire Inspector
 Industry or Business: U. S. Army
 11 Social Security No.
 12 BIRTHPLACE (City) New York N.Y.
 (State or country)
 13 NAME OF FATHER Charles Tiews
 14 BIRTHPLACE OF FATHER (City) New York N. Y.
 (State or country)
 15 MAIDEN NAME OF MOTHER Anna Miller
 16 BIRTHPLACE OF MOTHER (City) New York N. Y.
 (State or country)
 17 Informant Mary V. Tiews Relation, if any (Address) 51 Atlantic St

MEDICAL CERTIFICATE OF DEATH
 18 DATE OF DEATH Jan 19 1945
 (Month) (Day) (Year)
 19 I HEREBY CERTIFY That I attended deceased from Jan 13, 1945, to Jan 19, 1945
 I last saw him alive on Jan 19, 1945, death is said to have occurred on the date stated above, at 12:00 P. M.
 Immediate cause of death Cachectic hemorrhage
 Due to Infection
 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. D. [Signature] M. D.
 (Address) Washington, D. C. Date 1-20-1945
 21 Winthrop Winthrop
 Place of Burial, Cremation or Removal (City or Town)
 DATE OF BURIAL Jan. 22 1945 19
 22 NAME OF FUNERAL DIRECTOR John H. [Signature]
 ADDRESS Winthrop
 Received and filed Jan 22 1945
 (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. Children
 (Signature of Agent of Board of Health or other)
 Agent Jan. 21/45
 (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).

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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

PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)

No. 41 Washington Ave.

Emma

2 FULL NAME Emma Barrow Whittaker

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

(a) Residence. No. 41 Washington Ave.

(Usual place of abode)

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

Length of stay: In hospital or institution

(Before death)

years

months

days

In this community 35 yrs. mos. days.

(Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE (write the word)

Female

White

MARRIED

WIDOWED

or DIVORCED Widowed

5a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of John Lewis Whittaker

(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 2 Months 11 Days

If less than 1 day

Hours

Minutes

Usual

9 Occupation: Retired

Industry

10 or Business: At Home11 Social Security No. none12 BIRTHPLACE (City)
(State or country) England

PARENTS

13 NAME OF

FATHER

Thomas Barrow

14 BIRTHPLACE OF

FATHER (City)

(State or country)

England

15 MAIDEN NAME

OF MOTHER

Elizabeth Robinson

16 BIRTHPLACE OF

MOTHER (City)

(State or country) England

17

Informant Town Winthrop Welfare Records 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) 1/24/45

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. 14Registered No. 14

PHYSICIAN - IMPORTANT

(Was deceased a
U. S. War Veteran,
if so specify WAR) none

MEDICAL CERTIFICATE OF DEATH

18 DATE OF
DEATHJan. 21, 1945

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY, That I attended deceased from

Jan. 19, 1945 to Jan. 21, 1945I last saw him alive on Jan. 20, 1945, death is said tohave occurred on the date stated above, at 1:30 P.M.

Immediate cause of death

Coronary Thrombosis

Duration

Sudden
IMPORTANT

Due to

Senile Myocarditis

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Date of

Of autopsy

What test confirmed diagnosis? Clinical SignsIMPORTANT
PhysicianUnderline
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)

(Address)

M. D.

Date Jan. 23, 194521 WinthropWinthrop

Place of Burial, Cremation or Removal

(City or Town)

DATE OF BURIAL Jan. 24, 1945

22 NAME OF

FUNERAL DIRECTOR

ADDRESS 147 Winthrop St., Winthrop

Received and filed

JAN 23 1945

(Registrar)

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

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

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

Danvers

(City or town making return)

COPY OF
CERTIFICATE OF DEATH

Registered No.

15

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

1 PLACE OF DEATH

Essex

(County)

Danvers

(City or Town)

No. Danvers State Hospital

Edith A. Rabethge

2 FULL NAME

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

228 Bowdoin

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

Winthrop

(a) Residence, No.

(Usual place of abode)

St.

(If nonresident, give city or town and State)

Length of stay: In hospital or institution

(Before death)

(Specify whether)

years

months 6

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)

female

white

MARRIED
WIDOWED
or DIVORCED married

5a If married, widowed, or divorced

HUSBAND of

(or) WIFE of 1. Charles E. B. Rudolph
(Husband's name in full)

6 Age of husband or wife if alive 34 years

7 IF STILLBORN, enter that fact here.

8 AGE 79 Years Months Days If less than 1 day
Hours MinutesUsual
9 Occupation: housewife10 Industry
or Business:11 Social Security No. none
Boston12 BIRTHPLACE (City)
(State or country)

13 NAME OF FATHER Elbridge P. Gilman

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

15 MAIDEN NAME OF MOTHER Annie M. White

16 BIRTHPLACE OF MOTHER (City)
(State or country) Cannot be learned17 Informant M. K. McPhillips (Relation, if any)
(Address) DSH

A TRUE COPY

ATTEST:

(Registration of city or town where death occurred)

DATE FILED

19

18 DATE OF DEATH

Jan. 22, 1945

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY, That I attended deceased from
Jan. 16, 1945, to Jan. 22, 1945
I just saw her alive on Jan. 19, 1945 death is said to
have occurred on the date stated above, at 5:10 a.m.

Immediate cause of death

Cardiorenal disease

2 months

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Date of

Of autopsy

What test confirmed diagnosis? clinical

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

If so, specify

Doris M. Sidwell

(Signed)

(Address)

DSH

Date 1/26/45 M. D.

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

DATE OF BURIAL

1/24/45

19

22 NAME OF FUNERAL DIRECTOR

Howard B. Reynolds

ADDRESS

Winthrop

Received and filed

19

(Registrar of City or Town where deceased resided)



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

PARENTS

1

PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)

No. 22 Pleasant Pk. Rd.



The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD
CERTIFICATE OF DEATH

Registrar's No.

16

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)

2 FULL NAME William H. Westlake

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

(a) Residence. 22 Pleasant Park Road

(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

MEDICAL CERTIFICATE OF DEATH

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

5a If married, widowed or divorced
HUSBAND of Helen McCarthy
(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 74 Years Months Days If less than 1 day
Hours Minutes

Usual Occupation: Boilermaker

Industry or Business: Boiler

11 Social Security No. 031-05--5296

12 BIRTHPLACE (City)
(State or country) England

13 NAME OF FATHER William H. Westlake

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

15 MAIDEN NAME OF MOTHER Isabell Kelly

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

17 Informant Helen Westlake (Wife)
(Address) 22 Pleasant Pk. Rd.

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)

Health Officer (Official Designation) 1/24/45
(Date of Issue of Permit)

18 DATE OF DEATH Jan 23 1945
(Month) (Day) (Year)

19 I HEREBY CERTIFY That I attended deceased from
Jan 20, 1945 to Jan 23, 1945

I last saw him alive on Jan 22, 1945 death is said to
have occurred on the date stated above, at 10:30 A.M.

Immediate cause of death

Myocarditis

Due to

arteriosclerosis

Due to

Other conditions.

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Date of

Of autopsy

What test confirmed diagnosis?

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

If so, specify

(Signed) J. S. Childress, M. D.

(Address) Winthrop Date 1-23-1945

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

DATE OF BURIAL Jan 26 1945

22 NAME OF FUNERAL DIRECTOR John P. O'Malley

ADDRESS Winthrop

Received and filed 2 1945 19
(Registrar)

Duration
IMPORTANT
5 hrs

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

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

(City or town making return)

Chelsea

Registered No. 51-17

PLACE OF DEATH

Suffolk
(County)Chelsea
(City or Town)

No. enroute to Chelsea Memorial Hospital

(If death occurred in a hospital or institution,
give its NAME instead of street and number)2 FULL NAME William H. White
(If deceased is a married, widowed or divorced woman, give also maiden name.)

356 Winthrop

Winthrop, Mass.

(If U. S.
War Veteran, WW 1
specify WAR)

(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. 1 days.

(Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX M 4 COLOR OR RACE W 5 SINGLE MARRIED (write the word) 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 54 Years Months Days If less than 1 day Hours Minutes

Usual
9 Occupation: Bridge Tender
City of BostonIndustry
10 or Business: 029-09-3070

11 Social Security No. Yarmouth, N.S.

12 BIRTHPLACE (City)
(State or country) James R.

13 NAME OF FATHER Yarmouth, N.S.

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

15 MAIDEN NAME OF MOTHER Yarmouth, N.S.

16 BIRTHPLACE OF MOTHER (City)
(State or country)17 Informant. Mao White Relation Wife
(Address) 600 Ocean Ave. Revere

A TRUE COPY.

ATTEST: Joseph A. Tyrrell
(Registrar of city or town where death occurred)

DATE FILED 1/25/45 19

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Jan. 23, 1945

(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
Right coronary sclerosis
Old cardiac infarct

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? Collapsed & died quickly

Manner of Injury

Nature of Injury yes

While at work? Was there an autopsy?

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

If so, specify Wm. J. Brickley
(Signed) Boston 1/23 45 D.
(Address) Date 19

Holy Cross, Malden, Mass.

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

DATE OF BURIAL Jan. 26, 1945 19

23 NAME OF FUNERAL DIRECTOR F. J. McGlinchey

ADDRESS 583 Broadway, Chelsea

Received and filed 19

(Registrar of City or Town where deceased resided)



Suffolk
(County)

Winthrop
(City or Town)

Winthrop Community Hospital

No. **15 Beach View Road** St. **East Boston**

18 Registered No.

STANDARD
CERTIFICATE OF DEATH

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

(a) Residence. No. **15 Beach View Road** St. **East Boston**
(Usual place of abode)

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

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

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

(If nonresident, give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

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

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

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

7 IF STILLBORN, enter that fact here **Stillborn**

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

9 Occupation: **Usual**

10 or Business: **Industry**

11 Social Security No. **Winthrop Mass**

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

13 NAME OF FATHER **Frank Antonucci**

14 BIRTHPLACE OF FATHER (City) **Rome of Romania**
(State or country)

15 MAIDEN NAME OF MOTHER **Ancilla Guppi**

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

17 Informant **Frank Antonucci, Father**
(Address) **15 Beach View Rd. East Boston**

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

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

(Date of Issue of Permit) **1/24/40**

18 DATE OF DEATH **Jan 28 1945**
(Month) (Day) (Year)

19 I HEREBY CERTIFY. That I attended deceased from **Jan 28 1945**, 19....., to....., 19.....

I last saw h.....live on....., 19....., death is said to have occurred on the date stated above, at **7:14 A.M.**

Immediate cause of death **Stillborn**

Due to **Hydramnios**

Due to **premature separation**

Other conditions **premature separation**

(Include pregnancy within 3 months of death)

Major findings :

Of operations **Stillborn**

Of autopsy **Stillborn**

What test confirmed diagnosis? **Stillborn**

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

If so, specify **Stillborn**

(Signed) **Stillborn**

(Address) **50 Bryant St. East Boston** Date **Jan 28 1945**

21 Place of Burial, Cremation or Removal **Stillborn**

DATE OF BURIAL **Jan 28 1945**

22 NAME OF FUNERAL DIRECTOR **Michael J. Gagnier**

ADDRESS **978 Saratoga St. East Boston**

Received and filed **Jan 28 1945**

(Registrar)

Duration
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.

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

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

RULES OF PRACTICE

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

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

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

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

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

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework*. For a person engaged in domestic service for wages, however, designate the occupation by 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.)

26m (1)-1-1-4-067

PARENTS

1 PLACE OF DEATH

SUFFOLK
(County)
BOSTON
(City or Town)



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

(City or town making return)

Registered No. 770 19

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

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

(a) Residence, No. 125 Circuit Rd. St. Winthrop
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or Institution (Before death) years months days. In this community 40 yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

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

5a If married, widowed, or divorced HUSBAND of Catherine G. Wall
(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 78 Years Months Days If less than 1 day Hours Minutes

9 Usual Occupation: Retired

10 Industry or Business: Grocer

11 Social Security No.

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

13 NAME OF FATHER John McIntyre

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

15 MAIDEN NAME OF MOTHER Ann Harkins

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 Jan. 29, 1945 19

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Jan 24, 1945
(Month) (Day) (Year)

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

Cerebral hemorrhage

Minor laceration of scalp - fall.

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 M. D.
(Address) Date 1/25/45

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

DATE OF BURIAL Jan. 27, 1945 19

23 NAME OF FUNERAL DIRECTOR J. F. O'Maley
ADDRESS Winthrop

Received and filed 19

(Registrar of City or Town where deceased resided)

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
MEDICAL EXAMINER'S
CERTIFICATE OF DEATHTo be filed for burial permit
with Board of Health
or its Agent.

Registered No. 20

1 PLACE OF DEATH

Salem
(County)Wentworth
(City or Town)

No. 20 Wermaid Ave

St. { (If death occurred in a hospital or institution,
give its NAME instead of street and number)2 FULL NAME Helen Cohen
(If deceased is a married, widowed or divorced woman, give also maiden name.)(a) Residence, No. 20 Wermaid Ave Wentworth St.
(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 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 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 41 Years Months Days If less than 1 day
Hours Minutes

9 Occupation: Retail Store Proprietor

10 Industry Retail Variety Store
or Business:

11 Social Security No. none

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

13 NAME OF FATHER William Cohen

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

15 MAIDEN NAME OF MOTHER Flora Wolgemuth

16 BIRTHPLACE OF MOTHER (City) Russia
(State or country)17 Informant Lewis Cohen (brother)
(Address) 65 Hazelton St. MattapanI HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:William D. Childers
(Signature of Agent of Board of Health or other)
Agent
(Official designation) 1/28/45
(Date of Issue of Permit)18 DATE OF DEATH Jan - 27 - 1945
(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 poisoning20 Accident, suicide, or homicide (specify) Suicidal
Date of occurrence Jan - 27 - 1945
Where did Injury occur? Wentworth, Mass.
(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 Found dead in her gas
Nature of Injury filled kitchen
While at work? Was there an autopsy? no21 Was disease or injury in any way related to occupation of deceased? -
If so, specify M. D.
(Signed) Dr. J. S. Slickley
(Address) Boston Jan - 28 - 194522 Tiferath Israel of Winthrop-Everett
Place of Burial, Cremation or Removal (City or town)
DATE OF BURIAL January 28th, 194523 NAME OF FUNERAL DIRECTOR H. J. Torf
ADDRESS 151 Washington Ave. Chelsea

Received and filed JAN 29 1945 19

(Registrar)

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

A physiolan or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of 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 four-teen, 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 exlume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which

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

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

1 PLACE OF DEATH

Suffolk
(County)Winthrop
(City or Town)

No. Winthrop Community Hospital

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

Registered No.

21

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.2 FULL NAME Roberta Goveia
(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. 233 Saratoga St. East Boston 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 14 days. In this community - yrs. - 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
WIDDED
or DIVORCED single18 DATE OF DEATH Jan 27, 1945
(Month) (Day) (Year)19 I HEREBY CERTIFY, That I attended deceased from
Jan 13, 1945, to Jan 27, 1945
last saw her alive on Jan 27, 1945, death is said to
have occurred on the date stated above, at 2:40 P. m.

Immediate cause of death

Duration

IMPORTANT

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:

Of operations

Date of

Of autopsy

What test confirmed diagnosis?

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) R. C. Kirby M. D.
(Address) 186 Marlborough St. Boston Date 1-29-194521 Place of Burial, Cremation or Removal, (City or Town)
DATE OF BURIAL January 31, 194522 NAME OF FUNERAL DIRECTOR R. C. Kirby
ADDRESS Boston

Received and Read 19

(Registrar)

PARENTS

PARENTS

17 Informant Augustino Goveia (father)
(Address) 233 Saratoga St., E. BostonI HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation) (Date of issue of Permit) 7/30/45

RECEIVED
JAN 27 1945

pu by 2/10/45

pu B. Kirby

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 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

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

PLACE OF DEATH		Suffolk (County)		Winthrop (City or Town)		No. 86 Ingleside Ave.		The Commonwealth of Massachusetts OFFICE OF THE SECRETARY DIVISION OF VITAL STATISTICS STANDARD CERTIFICATE OF DEATH		Registrar's No. 22	
2 FULL NAME <u>Minnie F Richardson (Williams)</u> (If deceased is a married, widowed or divorced woman, give also maiden name.)								{ (If death occurred in a hospital or institution, give its NAME instead of street and number)			
(a) Residence. No. <u>52 Washington Ave.</u> (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 <u>25</u> yrs. _____ mos. _____ days.											
PERSONAL AND STATISTICAL PARTICULARS								MEDICAL CERTIFICATE OF DEATH			
3 SEX <u>Female</u>		4 COLOR OR RACE <u>White</u>		5 SINGLE (write the word) <u>MARRIED</u> <u>WIDOWED</u> or <u>DIVORCED</u> <u>Widow</u>				18 DATE OF DEATH <u>Jan</u> , <u>27</u> , <u>1945</u> (Month) (Day) (Year)			
5a If married, widowed, or divorced HUSBAND of _____ (Give maiden name of wife in full) (or) WIFE of <u>Edward G Richardson</u> (Husband's name in full)								19 I HEREBY CERTIFY That I attended deceased from <u>Jan 2</u> , 19 <u>45</u> , to <u>Jan 27</u> , 19 <u>45</u> I last saw him alive on <u>Jan 24</u> , 19 <u>45</u> , death is said to have occurred on the date stated above, at <u>2:30 A.M.</u>		Duration <u>IMPORTANT</u>	
6 Age of husband or wife if alive _____ years								Immediate cause of death <u>Coronary Embolism</u>			
7 IF STILLBORN, enter that fact here.								Due to <u>myocarditis</u>			
8 AGE <u>73</u> Years _____ Months _____ Days If less than 1 day _____ Hours _____ Minutes								Due to _____			
9 Occupation: Usual <u>At Home</u>								Other conditions (Include pregnancy within 3 months of death)		<u>IMPORTANT</u>	
10 Industry _____ or Business: _____								Major findings: Of operations _____		Physician	
11 Social Security No. <u>None</u>								Date of _____		Underline the cause to which death should be charged statistically.	
12 BIRTHPLACE (City) <u>Charlestown</u> (State or country) <u>Mass.</u>								Of autopsy _____			
13 NAME OF FATHER <u>James Williams</u>								What test confirmed diagnosis? _____			
14 BIRTHPLACE OF FATHER (City) <u>Gloucester</u> (State or country) <u>England</u>								20 Was disease or injury in any way related to occupation of deceased? _____			
15 MAIDEN NAME OF MOTHER <u>Margila F Seaber</u>								If so, specify <u>Pharyngitis</u> , M. D. (Signed) <u>Washington</u> , Date <u>1-27</u> , 19 <u>45</u> (Address) _____			
16 BIRTHPLACE OF MOTHER (City) <u>Boston</u> (State or country) <u>Mass.</u>								21 <u>Woodlawn Cemetery</u> <u>Everett</u> Place of Burial, Cremation or Removal. (City or Town)			
17 Informant <u>Annie Witham</u> Relation, if any <u>Sister</u> (Address) <u>104 Highland Ave. Winthrop</u>								DATE OF BURIAL <u>January 29</u> , 19 <u>45</u>			
I was filed with me BEFORE the burial or transit permit was issued: I HEREBY CERTIFY that a satisfactory standard certificate of death <u>Wm. D. Chelstrey</u> (Signature of Agent of Board of Health or other) <u>Health Officer</u> (Official Designation) <u>1/29/45</u> (Date of Issu of Permit)								22 NAME OF FUNERAL DIRECTOR <u>Howard S. Reynolds</u> ADDRESS <u>Winthrop Mass.</u>			
								Received and filed <u>JAN 29 1945</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 supposable due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

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

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

SPACE FOR ADDITIONAL INFORMATION

7-301
N. B. - WRITE PLAINLY, with only one name. If there is a second name, it should be stated EXACTLY. PHYSICIANS should state information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state EXACTLY. Exact statement of OCCUPATION CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions and extracts from the laws on back of certificate. is very important. No. 8427-d

200m-10-39. No. 8427-d
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)
Registered No. 23
The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH

1 PLACE OF DEATH
2 FULL NAME Lucinda M. Whynot nee Swim
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(a) Residence. No. 144 Baywater St. East Boston
(Usual place of abode)
Length of stay: In hospital or institution 16 days. In this community 45 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 George A. Whynot (Husband's name in full)		
6 Age of husband or wife if alive 63 years		
7 IF STILLBORN, enter that fact here.		
8 AGE 62 Years 5 Months 22 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) Clarks Harbor (State or country) Nova Scotia		
13 NAME OF FATHER Michael Swim		
14 BIRTHPLACE OF FATHER (City) Clarks Harbor (State or country) Nova Scotia		
15 MAIDEN NAME OF MOTHER Sarah Smith		
16 BIRTHPLACE OF MOTHER (City) Unknown (State or country) Nova Scotia		
17 Informant George A. Whynot (Address) 144 Baywater St., E. Boston (Relation, if any) husband		

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH January 27, 1945.
(Month) (Day) (Year)

19 I HEREBY CERTIFY That I attended deceased from Jan. 11, 1945, to Jan. 27, 1945, death is said to have occurred on the date stated above, at 9 A.M. Duration 16 days

Immediate cause of death Chronic hypoxemia

Due to Chronic hypoxemia 8 yrs

Due to Chronic hypoxemia 8 yrs

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations Date of

Of autopsy Date of

What test confirmed diagnosis?

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

If so, specify George A. Whynot (Signed) 1945 M. D. (Address) 1945 Date 1/27/45

21 Woodlawn Everett
Place of Burial, Cremation or Removal. (City or Town)
DATE OF BURIAL January 30, 1945

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

Received and filed 1945

A TRUE COPY ATTEST: (Registrar)

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Wm. L. Childress
(Signature of Agent of Board of Health or other)
Health Officer
(Official Designation)
1/29/45
(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. 3.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained 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-10-139. No. 8427-d

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



(City or town making return)

21

1 PLACE OF DEATH
SUFFOLD
(County)
WINTHROP
(City or Town)
No. WINTHROP 200 4250 St.

Registered No.

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

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

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

(a) Residence. No. 184 SOMERSET AVE
(Usual place of abode)
Length of stay: In hospital or institution Hospital years months 4 days. In this community 3 yrs. mos. 4 days.
(Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male	4 COLOR OR RACE White	5 SINGLE (write the word) Single
5a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full) (or) WIFE of (Husband's name in full)		
6 Age of husband or wife if alive.....years		
7 IF STILLBORN, enter that fact here.		
8 AGE 63 Years - Months - Days If less than 1 day Hours - Minutes		
9 Usual Occupation: Painter		
10 Industry or Business: Retired		
11 Social Security No. none		
12 BIRTHPLACE (City) Boston Mass. (State or country)		
PARENTS	13 NAME OF FATHER John J. Manning	
	14 BIRTHPLACE OF FATHER (City) Boston Mass. (State or country)	
	15 MAIDEN NAME OF MOTHER Mary Ann Feenan	
	16 BIRTHPLACE OF MOTHER (City) Boston Mass. (State or country)	

17 Informant Mrs. A. A. Wyman Relation, if any (Sister)
(Address) 144 Lombard Ave Waltham

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) 3/2/45

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Jan 30 1945 (Month) (Day) (Year)	19 I HEREBY CERTIFY. That I attended deceased from Jan 2 1945 to Jan 30 1945 I last saw him alive on Jan 30 1945 death is said to have occurred on the date stated above, at 4:50 p.m. Immediate cause of death myeloid Due to arteriosclerosis Due to arteriosclerosis 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. Donohue M. D. (Address) 44 Cambridge St. Boston Date 1/30 1945 21 Place of Burial, Cremation or Removal Calvary Roshindale DATE OF BURIAL Feb 2 1945 22 NAME OF FUNERAL DIRECTOR Bernard J. McNamee ADDRESS 12 Tremont St. Brighton Received and filed 19 A TRUE COPY ATTEST: (Registrar)
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GOVERNING THE

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

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

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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

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

(County)

Winthrop

(City or Town)

No. 25 Summit Avenue

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

2 FULL NAME Mabel Gertrude Leonard Murphy

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

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

(a) Residence. No. 25 Summit Avenue

(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 40 yrs. mos. days. (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

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

Female White MARRIED

5a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

Frederic John Murphy

(Husband's name in full)

6 Age of husband or wife if alive 73 years

7 IF STILLBORN, enter that fact here.

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

Usual Occupation: House Wife

10 or Business: Own Home

11 Social Security No. None

12 BIRTHPLACE (City) Charlestown

(State or country) Mass

13 NAME OF FATHER

William A Leonard

14 BIRTHPLACE OF FATHER (City)

Boston

(State or country)

Mass

15 MAIDEN NAME OF MOTHER

Mary L Maloney

16 BIRTHPLACE OF MOTHER (City)

Boston

(State or country)

Mass

17 Informant. Mr Murphy (Husband)

(Address) 25 Summit Ave Winthrop Mass.

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

(Signature of Agent of Board of Health or other)

(Official Designation) (Date of Issue of Permit) 2/1/46

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. 25

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

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

St. Winthrop

(If nonresident, give city or town and state)

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

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH January 30 1945
(Month) (Day) (Year)

19 I HEREBY CERTIFY. That I attended deceased from January 29, 1945, to January 30, 1945

I last saw him alive on January 29, 1945, death is said to have occurred on the date stated above, at 8:00 p.m.

Immediate cause of death.

Cerebral Hemorrhage

Duration
IMPORTANT

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?

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) Edward J. Frangou M. D.

(Address) 200 Winthrop Ave Date Jan 31, 1945

21 Holy Cross Malden Mass.

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

DATE OF BURIAL February 2 1945 1945

22 NAME OF FUNERAL DIRECTOR Frank H Carr

ADDRESS 32 Bunker Hill St Charlestown

Received and filed 19

(Registrar)

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. 26

1 PLACE OF DEATH

Suffolk
(County)
Winthrop
(City or Town)



No. 11 Wave Way Ave St. { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Rebecca Boyarsky
(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. 11 Wave Way Ave St. Winthrop
(Usual place of abode) (If nonresident, give city or town and State)

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

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

6 Age of husband or wife if alive 64 years

7 IF STILLBORN, enter that fact here.

8 AGE 60 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) Russia
(State or country)

PARENTS

13 NAME OF FATHER Mordecai Azoff

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

15 MAIDEN NAME OF MOTHER (cannot be learned)

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

17 Informant Nathan P. Boyarsky (Address) 11 Wave Way Ave, Winthrop
(Address)

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

(Signature of Agent of Board of Health or other Health Officer) (Date of Issue of Permit) 2/1/45
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH January 31 1945
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from August 30, 1944 to January 31, 1945
last saw her alive on January 30, 1945, death is said to have occurred on the date stated above, at 9:15 A.M.

Immediate cause of death

Pneumonia, Bronchial
Due to Cerebral hemorrhage with
right hemiplegia
Due to

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

Major findings: none
Of operations

Date of

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 Traubnick, M.D.
(Address) 562 Shuley St., Boston 31, Mass.

21 St. Lebanon - Burial Park
Place of Burial, Cremation or Removal (City or Town)

DATE OF BURIAL Jan Feb 1, 1945

22 NAME OF FUNERAL DIRECTOR Maurice Stanetsky
ADDRESS 10 Washington St., D.C.

Received and filed 19

(Registrar) Y

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of 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-10-39, No. 8427-d

PARENTS 3/10

per Mrs. O'Malley

per hospital 2/5/45

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

(City or town making return)
Registered No. 27

2 FULL NAME Male Taton
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(a) Residence. No. 110 Hermon St 182 Webster St. East Boston, Mass.
(Usual place of abode)
length of stay: In hospital or institution 2 hrs. 30 min. (Specify whether) years months days. In this community yrs. mos. days.

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

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male	4 COLOR OR RACE White	5 SINGLE MARRIED WIDOWED or DIVORCED Single	(write the word)
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 2 Hours 20 Minutes			
9 Usual Occupation:			
10 Industry or Business:			
11 Social Security No.			
12 BIRTHPLACE (City) Winthrop (State or country) Massachusetts			
13 NAME OF FATHER Walter B. Taton			
14 BIRTHPLACE OF FATHER (City) Baltimore (State or country) Maryland			
15 MAIDEN NAME OF MOTHER Mary J. Roan			
16 BIRTHPLACE OF MOTHER (City) East Boston (State or country) Massachusetts			

17 Informant Daniel Roan Grandfather
(Address) 182 Webster St E. Boston

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

Wm. L. Childers
(Signature of Agent of Board of Health or other)
Health Officer
(Official Designation)
2/5/45
(Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Jan 31 1945 (Month) (Day) (Year)	19 I HEREBY CERTIFY That I attended deceased from Jan 31 1945, to Jan 31 1945 I last saw him alive on Jan 31 1945, death is said to have occurred on the date stated above, at 11 P.M. Immediate cause of death Removal Birth (5 months) Due to Due to Other conditions (Include pregnancy within 3 months of death) Major findings: Of operations Of autopsy What test confirmed diagnosis? Chisel	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. J. O'Malley
(Address) 335 Maverick St. Date 1/31/45

21 Winthrop Winthrop
Place of Burial, Cremation or Removal (City or Town)
DATE OF BURIAL February 19 45

22 NAME OF FUNERAL DIRECTOR John F. O'Malley
ADDRESS Winthrop, Massachusetts

Received and Filed 19

A TRUE COPY ATTEST: (Registrar)

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

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

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

obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., (Tercentenary Edition.)*

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

RULES OF PRACTICE

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

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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

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).

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No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed 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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Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by 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

EVERETT

(City or town making return)

Registered No.

29

PLACE OF DEATH

Middlesex

(County)

Everett

(City or Town)

No. Whidden Hospital

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

2 FULL NAME

Helen L. Gove

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

(a) Residence, No.

95 Fremont

St.

Winthrop

(Usual place of abode)

(If nonresident, give city or town and State)

Length of stay: In hospital or institution

hospital

years

months

3/4

days

In this community

yrs.

mos.

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

f

4 COLOR OR RACE

White

5 SINGLE (write the word)

MARRIED
WIDOWED
or DIVORCED single

5a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

6 Age of husband or wife if alive

years

7 IF STILLBORN, enter that fact here.

8

AGE 65 Years 4 Months 28 Days

If less than 1 day

Hours Minutes

Usual

9 Occupation:

At home

Industry

10 or Business:

Own home

11 Social Security No.

12 BIRTHPLACE (City)

E. Boston

(State or country)

Mass.

13 NAME OF

FATHER

James A. Gove

14 BIRTHPLACE OF

FATHER (City)

Maine

(State or country)

15 MAIDEN NAME

OF MOTHER

Adaline R. Coggins

16 BIRTHPLACE OF

MOTHER (City)

Maine

(State or country)

17

Informant

(Address)

Gertrude Brown

Winthrop

(Relationship)

(sister)

A TRUE COPY.

ATTEST:

(Registrar of city or town where death occurred)

DATE FILED

1-17-1945

MEDICAL CERTIFICATE OF DEATH

18 DATE OF

DEATH

Jan.

14,

1945

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY, That I attended deceased from

1-22-43

1945

to 1-14

1945

I last saw her alive on

1-14

1945

death is said to

have occurred on the date stated above, at

3 A.

m.

Duration

Immediate cause of death

Cardiac decompensation

16 hrs.

Due to

Coronary Thrombosis

16 hrs.

Due to

Essential Hypertension

10 yrs.

Other conditions

(Include pregnancy within 3 months of death)

Physician

Major findings:

Of operations

Date of

Of autopsy

What test confirmed diagnosis?

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

no

If so, specify

(Signed)

W.D. Malchajian

M. D.

(Address)

Chelsea

Date

1-14

1945

21 PLACE OF BURIAL,

CREMATION OR REMOVAL

(Cemetery)

Winthrop, Winthrop, Mass.

(City or Town)

DATE OF BURIAL

1-16

1945

22 NAME OF

FUNERAL DIRECTOR

Chas. R. Bennison

Winthrop

ADDRESS

Received and filed

FEB 15 1945

1945

(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.

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

PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)

No. Winthrop Community Hospital

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

Registered No. 30

2 FULL NAME Frank P. Chaplin

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

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

(a) Residence. No. 104 Highland Ave.,

(Usual place of abode)

St.

length of stay: In hospital or institution — years — months 16 days.

(Specify whether)

(If nonresident, give city or town and state)

In this community 38 yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male	4 COLOR OR RACE White	5 SINGLE MARRIED WIDOWED or DIVORCED Widowed	(write the word)
5a If married, widowed, or divorced HUSBAND of Minnie F. Hyder (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 2 Months Days If less than 1 day Hours Minutes			
9 Usual Occupation: Retired			
10 Industry or Business: Real Estate			
11 Social Security No. none			
12 BIRTHPLACE (City) Liberty (State or country) Maine			
13 NAME OF FATHER Hiram Chaplin			
14 BIRTHPLACE OF FATHER (City) Massachusetts (State or country)			
15 MAIDEN NAME OF MOTHER Harriett Neil			
16 BIRTHPLACE OF MOTHER (City) Maine (State or country)			

17 Informant. Town Winthrop Welfare Dept. Records (Address)

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

William D. Childers

(Signature of Agent of Board of Health or other)

Agent (Official designation)

Feb 2/45 (Date of Issue of Permit)

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

(City or town making return)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Feb 1st 1945 (Month) (Day) (Year)	19 I HEREBY CERTIFY, That I attended deceased from Nov 15, 1941, to Jan 31, 1945 I last saw him alive on Jan 31, 1945, death is said to have occurred on the date stated above, at 3 P.M. Immediate cause of death: Hypertensive heart disease Due to Chronic hypertension 10 years Due to hypertrophy of heart Other conditions (Include pregnancy within 3 months of death) Major findings: none Of operations none Date of autopsy none What test confirmed diagnosis? Clinical Signs	Duration 5 years
20 Was disease or injury in any way related to occupation of deceased? no		PHYSICIAN
If so, specify (Signed) M. D. (Address) Winthrop, Mass Date Feb 1, 1945		Underline the cause to which death should be charged statistically.
21 Winthrop Winthrop Place of Burial, Cremation or Removal (City or Town) DATE OF BURIAL Feb 5, 1945	19	
22 NAME OF FUNERAL DIRECTOR Richard D. White ADDRESS 147 Winthrop St. Winthrop	19	
Received and filed		19
A TRUE COPY ATTEST:		(Registrar)

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

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

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

PARENTS

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 Clude F. Randolph (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 68 Years _____ Months _____ Days If less than 1 day Hours _____ Minutes		
9 Occupation: Carpenter		
10 Industry or Business: Job		
11 Social Security No. _____		
12 BIRTHPLACE (City) Carboneer (State or country) Newfoundland		
13 NAME OF FATHER George E. Joyce		
14 BIRTHPLACE OF FATHER (City) Carboneer (State or country) Newfoundland		
15 MAIDEN NAME OF MOTHER not known		
16 BIRTHPLACE OF MOTHER (City) not known (State or country)		
17 Informant Melvin Joyce (Relation, if any) (Address) 16 Watchill Rd. Belmont		
I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued: William D. Childress (Signature of Agent of Board of Health or other) agent (Official Designation) Feb. 2/45 (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.

31

1 PLACE OF DEATH
Suffolk (County)
Wintthrop (City or Town)
No. **en route to Wintthrop Community Hospital**
2 FULL NAME **Eli S. Joyce**
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(a) Residence. No. **169 Main St Wintthrop** St.
(Usual place of abode)
(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 **37** yrs. _____ mos. _____ days.

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)
18 DATE OF DEATH **Feb - 1 - 1945**
(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
myocarditis
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 while walking in**
Nature of Injury **snow carrying a bundle**
While at work? _____ Was there an autopsy? **no**
21 Was disease or injury in any way related to occupation of deceased? _____
If so, specify **no**
(Signed) **Wm. J. Snickley** M. D.
(Address) **Belmont Mass. Feb 1 - 1945**
22 **Woodlawn** **Everett**
Place of Burial, Cremation or Removal (City or Town)
DATE OF BURIAL **Feb. 3, 1945**
23 NAME OF FUNERAL DIRECTOR **Richard B. White**
ADDRESS **147 Wintthrop St., Wintthrop**
Received and filed _____ 19 _____
(Registrar)

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

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.

DESCRIPTION (for unknown person)

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

THIS CERTIFICATE CONSTITUTES SUCH PERMIT

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

(City or town making return)

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 Carolyn S. Fleming (Sargent.) (If deceased is a married, widowed or divorced woman, give also maiden name.) (If U. S. War Veteran, specify WAR)

(a) Residence. No. 56 Court Road, St. Winthrop, Mass. (If nonresident, give city or town and state)

length of stay: In hospital or institution 21 years — months 17 days. In this community 20 yrs. mos. days. (Specify whether)

32

PERSONAL AND STATISTICAL PARTICULARS

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

5a If married, widowed, or divorced HUSBAND of John T. Fleming (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 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) Lawrence (State or country) Mass

13 NAME OF FATHER Charles S. Sargent 14 BIRTHPLACE OF FATHER (City) Lawrence (State or country) Mass

15 MAIDEN NAME OF MOTHER Matilda Thorne 16 BIRTHPLACE OF MOTHER (City) Philadelphia (State or country) Pa.

17 Informant John T. Fleming Relationship, if any Husband (Address) 56 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:

Health Officer (Official Designation) Date of Issue of Permit 3/13/45

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Feb. 2 1945 (Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from Mar. 1 1944, to Feb. 1 1945. I last saw her alive on Feb. 1 1944, death is said to have occurred on the date stated above, at 5:20 a.m. Duration 2 yrs.

Immediate cause of death: Carcinomatosis

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

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

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

If so, specify (Signed) Edward J. Frainger M. D. (Address) 200 Washington St. Date Feb 2 1945

21 Woodlawn Everett Place of Burial, Cremation or Removal (City or Town) DATE OF BURIAL Feb. 5 1945

22 NAME OF FUNERAL DIRECTOR John W. Maly ADDRESS Winthrop

Received and filed 19

A TRUE COPY ATTEST: (Registrar)

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

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

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

obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., (Tercentenary Edition.)*

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

RULES OF PRACTICE

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

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

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

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

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

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

SPACE FOR ADDITIONAL INFORMATION

Copies of returns of deaths 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 forwarded 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
COPY OF
CERTIFICATE OF DEATH

BOSTON
(City or town making return)

Registered No. 1147 33

1 PLACE OF DEATH

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

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

(a) Residence, No. 30 Emerson Rd St. Winthrop Mass
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or institution Hosp. - years - months 6 days. In this community 9 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 Married WIDOWED or DIVORCED

5a If married, widowed, or divorced HUSBAND of Geraldine Moore (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 61 Years Months Days If less than 1 day Hours Minutes

9 Occupation: Purchasing Agent
Industry United Consumers Inc. Boston
10 or Business:

11 Social Security No. Unknown

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

13 NAME OF FATHER William Alexander

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

15 MAIDEN NAME OF MOTHER Mary Elliott

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

17 Informant Mrs. Geraldine Alexander (Wife)
(Address) 30 Emerson Rd., Winthrop

A TRUE COPY.

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

DATE FILED 19

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Feb 3 1945
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from Jan 29 1945, to Feb 3 1945.
I last saw him alive on Feb 3, 1945 death is said to have occurred on the date stated above, at 3:50 a.m. Duration

Immediate cause of death: Lobar Pneumonia, Left Lower & Upper Lobes (Type Unknown) Days
xxx Rheumatic Heart Disease
6 Aortic Stenosis & Insufficiency Yrs.

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

Major findings: Of operations: Underline the cause to which death should be charged statistically.
Date of: Of autopsy: As Above Autopsy

What test confirmed diagnosis? Autopsy
20 Was disease or injury in any way related to occupation of deceased? No
If so, specify: (Signed) William R Duden M. D.
(Address) P.B. Brigham Hospital Date 2/3 19 45

21 PLACE OF BURIAL, Woodlawn Everett Mass.
CREMATION OR REMOVAL (Cemetery) (City or Town)
DATE OF BURIAL 2/6 19 45

22 NAME OF FUNERAL DIRECTOR Stookwell Funeral House,
ADDRESS Peabody Mass John E Dunn

Received and filed MAR 3 1945 2/7 19 45
(Registrar of City or Town where deceased resided)

1 PLACE OF DEATH

No.

Suffolk
(County)
Winthrop
(City or Town)

28 - Thornton Park

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

Registered No. *34*

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



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

(a) Residence, No. *28 - Thornton Park*
(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 *28* yrs. mos. days.
(Before death) (Specify whether)

PHYSICIAN - IMPORTANT

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

PERSONAL AND STATISTICAL PARTICULARS

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

5a If married, widowed, or divorced
HUSBAND of *Philip Lavier*
(Give maiden name of wife in full)
(or) WIFE of *Philip Lavier*
(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: *Housework*

10 Industry or Business: *at home*

11 Social Security No. *None*

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

13 NAME OF FATHER *David Mandelson*

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

15 MAIDEN NAME OF MOTHER *Hainette - Parnot*

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

PARENTS

17 Informant *David Lavier (Son)*
(Address) *28 - Thornton Park, Winthrop, Mass.*

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

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit) *Feb. 3/45*

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH *February 3 - 1945*
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from
Dec. 22, 19*40*, to *February 2*, 19*45*.

I last saw him alive on *February 2*, 19*45*, death is said to
have occurred on the date stated above, at *6-15 A.M.*

Immediate cause of death: *Chronic Endocarditis -* *3 years.*
Duration

Due to *Chronic Arthritis Deformans* *3 yrs.*

Due to *Chronic Arthritis Deformans* *3 yrs.*

Other conditions *Chronic Arthritis Deformans* *3 yrs.*
(Include pregnancy within 3 months of death)

Major findings: *Chronic Arthritis Deformans* *3 yrs.*
Of operations

Date of *Feb. 3, 1945*

Of autopsy

What test confirmed diagnosis?

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

(Signed) *Dr. J. J. Franger* M. D.
(Address) *200 Washington St.* Date *Feb. 3, 1945*

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

DATE OF BURIAL *Feb. 4* 19*45*

22 NAME OF FUNERAL DIRECTOR *Myron Staretsky*
ADDRESS *10 - West St. Dor.*

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, apyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by 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. 35

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. 125 Washington Avenue



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

2 FULL NAME Jessie Dawson (Coburn)
(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 Washington Ave
(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 50 yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

18 DATE OF DEATH Feb 4 1945
(Month) (Day) (Year)

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

19 I HEREBY CERTIFY, That I attended deceased from Jan 1943 to Feb 4 1945
I last saw her alive on Feb 4 1945, death is said to have occurred on the date stated above, at 11 A.M.

6 Age of husband or wife if alive years

Immediate cause of death

7 IF STILLBORN, enter that fact here.

8 AGE 76 Years 11 Months 24 Days | If less than 1 day Hours Minutes

Central Nervous System 5 days

Usual Occupation: At home

Due to Hypertension 2 yrs

Industry or Business:

Due to

11 Social Security No.

Other conditions: Arthritis 2 yrs
(Include pregnancy within 3 months of death)

12 BIRTHPLACE (City) Barbours County
(State or country) West Virginia

Major findings: Of operations

IMPORTANT
Physician

13 NAME OF FATHER Marshall Coburn

Date of

14 BIRTHPLACE OF FATHER (City) Barbours County
(State or country) West Virginia

Of autopsy
What test confirmed diagnosis?

Underline the cause to which death should be charged statistically.

15 MAIDEN NAME OF MOTHER Columbia Arnold

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

16 BIRTHPLACE OF MOTHER (City) Barbours County
(State or country) West Virginia

If so, specify Louis T. Salerno, M. D.
(Signed) 72 Pleasant St. Date Feb 5 1945
(Address)

17 Informant Elmer E. Dawson Jr. (Address) Winthrop, Mass. (Relation, if any) Son

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

DATE OF BURIAL Feb 6 1945

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 Chas. R. Bennett
ADDRESS Winthrop, Mass.

(Signature of Agent of Board of Health or other)

Received and filed 19

Health Officer (Official Designation) 2/6/45 (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. 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, aethenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by 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)-1-1-1-4667

1 PLACE OF DEATH
 Self (County)
 Wrentham (City or Town)
 No. 25 Charles St.



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

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

Registered No.

36

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

(a) Residence. No. 25 Charles St Wrentham St.
 (Usual place of abode)

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,
 if so specify WAR) none

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 T.
 HUSBAND of Give maiden name of wife in full
 (or) WIFE of Walter T. Glassett (Husband's name in full)

6 Age of husband or wife If alive 51 51 years

7 IF STILLBORN, enter that fact here.

8 AGE 41 Years Months Days If less than 1 day Hours Minutes

9 Usual Occupation: Housework

10 Industry or Business: Own Home

11 Social Security No. none

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

13 NAME OF FATHER James P. Foley

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

15 MAIDEN NAME OF MOTHER Mary O'Donnell

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

17 Informant (Address) Walter T. Glassett Relation, if any Husband

25 Charles St Wrentham

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

Wm. S. O'Brien (Signature of Agent or Board of Health or other)

Health Officer (Official Designation) 2/18/45 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Feb - 6 - 1945
 (Month) (Day) (Year)

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

20 Accident, suicide, or homicide (specify) Accidental

Date of occurrence Feb - 6 - 1945

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

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

Manner of Injury Found dead in her gas filled

Nature of Injury Kitchen

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. S. O'Brien M. D.

(Address) Boston Date - 6 - 1945

22 Holy Cross Malden

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

DATE OF BURIAL Feb 9 1945

23 NAME OF FUNERAL DIRECTOR Frederick J. Magrath

ADDRESS East Boston

Received and filed FEB 14 1945 19 (Registrar)

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, require physicians to insert a recital to that effect.

100m(t)-1-44-13654

(per hospital 3/9/45)

1 PLACE OF DEATH

Suffolk

(County)

Boston

(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. 37

2 FULL NAME. Male Gillis
(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. 55 Sea View Ave., Winthrop St.
(Usual place of abode)

(If nonresident, give city or town and State)

Length of stay: In hospital or institution hospital - years 7 months - days. In this community - yrs. - mos. - days.
(Before death) (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6 Age of husband or wife if alive years

7 IF STILLBORN, enter that fact here. Stillborn

8 AGE Years Months Days If less than 1 day Hours 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 Alexander Gillis

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

15 MAIDEN NAME OF MOTHER J. Constance Murray

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

17 Informant Mrs. Edmund Murray grandmother
(Address) 55 Sea 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:

(Signature of Agent of Board of Health or other)

(Official Designation) Health Officer (Date of Issue of Permit) 3/13/45

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Feb. 8 1945
(Month) (Day) (Year)

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

I last saw him alive on 19, death is said to have occurred on the date stated above, at

Immediate cause of death

Due to (premature)

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) 71 West 1st St. Date Feb 8 - 1945

21 Winthrop, Winthrop

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

DATE OF BURIAL Feb 13, 1945

22 NAME OF FUNERAL DIRECTOR R C Kirby

ADDRESS Boston

Received and Read 19

MAR 3 1945

(Registrar)

IMPORTANT

IMPORTANT

Physician

Underline the cause to which death should be charged statistically.

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

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

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

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

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

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

Information should be carefully supplied. AGE should be stated in full. OCCUPATION should be stated in full. CAUSE OF DEATH in plain terms, so 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-9-44-14955

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 ~~FEMALE~~ PENNEY

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

(a) Residence. No. 68 CREST 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

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)

(State or Country)

Winthrop
Mass

13 NAME OF FATHER

Jensen V. Penney

14 BIRTHPLACE OF FATHER (City)

(State or Country)

Cape Sable Island
Nova Scotia

15 MAIDEN NAME OF MOTHER

Anne Burke

16 BIRTHPLACE OF MOTHER (City)

(State or Country)

Cambridge
Mass

17

Informant (Address)

Helen Burke

(Relationship if any)

352 Pleasant St. Winthrop

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

(Signature of Health Officer or other)

Health Officer

(Date of Issue of Permit)

2/12/45

The Commonwealth of Massachusetts
OFFICE OF THE 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

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

Feb. 9

(Month)

(Day)

1945

(Year)

19 I HEREBY CERTIFY, That I attended deceased from Feb 9, 1945, to Feb 9, 1945

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

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)

(Address)

Date

M. D.

21

Place of Burial, Cremation or Removal.

DATE OF BURIAL

Feb 13

1945

22 NAME OF FUNERAL DIRECTOR

ADDRESS

Received and Filed

FEB 14 1945

19

(Registrar)

IMPORTANT

IMPORTANT

Physician

Underline
the cause to
which death
should be
charged statistically.

Ann - per hospital 2/10/45

RETURN OF CERTIFICATES OF DEATH

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

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

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



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

STANDARD
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. 70 Fawn Bar Ave

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

2 FULL NAME William L. Norton
(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 Fawn Bar 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. 2 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 Agnes Rock
(Give maiden name of wife in full)
(or) WIFE of
(Husband's name in full)

6 Age of husband or wife if alive years

7 IF STILLBORN, enter that fact here.

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

9 Usual Occupation: Printer

10 Industry or Business: Newspaper

11 Social Security No.

12 BIRTHPLACE (City) Oak Bluffs
(State or country) Mass

13 NAME OF FATHER David W. Norton

14 BIRTHPLACE OF FATHER (City) Oak Bluffs
(State or country) Mass

15 MAIDEN NAME OF MOTHER Ella S. Foster

16 BIRTHPLACE OF MOTHER (City) Oak Bluffs
(State or country) Mass

17 Informant Leah O'Brien Relationship, if any
(Address) 70 Fawn Bar Ave (Daughter)

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

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

Health Officer 3/13/45
(Official Designation) (Date of issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH February 10, 1945
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from
DECEMBER 26, 1944, to February 10, 1945
I last saw him alive on February 9, 1945, death is said to
have occurred on the date stated above, at 10:00 A. M.

Immediate cause of death..... Duration

Acute Coronary thrombosis 1 hour
Due to Angina Pectoris 2 1/2 mos.

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

Major findings: None
Of operations

Date of 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 Trautenberg Jr. M. D., M. D.
(Address) 567 Shirley St. Date February 9, 1945

21 Oak Bluffs County, Winthrop, Mass
Place of Burial, Cremation or Removal (City or Town)

DATE OF BURIAL Feb 13 1945

22 NAME OF FUNERAL DIRECTOR Michael J. Porcella
ADDRESS 1046 Kennett St. Brown Mass

Received and filed 19

FEB 14 1945

(Registrar)

IMPORTANT

IMPORTANT

Physician

Underline
the cause to
which death
should be
charged statistically.

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

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

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

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

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

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

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

NOTIFIED MAR 8 1945

1 PLACE OF DEATH
 Supoth
 (County)
 Wintthrop
 (City or Town)
 No. Wintthrop Comm-Work, St.



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

(City or town making return)

Registered No. 40

2 FULL NAME Baby Roy Bonanno
 (If deceased & a married, widowed or divorced woman, give also maiden name.)
 (a) Residence. No. 16 Montmarais Ave. Boston
 (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) 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
 10 or Business
 11 Social Security No.
 12 BIRTHPLACE (City) Wintthrop, Mass.
 (State or country)
 13 NAME OF FATHER Joseph Bonanno
 14 BIRTHPLACE OF FATHER (City) Boston, Mass.
 (State or country)
 15 MAIDEN NAME OF MOTHER Carmella Rapino
 16 BIRTHPLACE OF MOTHER (City) Boston, Mass.
 (State or country)
 17 Informant (Address) Joseph Bonanno
 (Address) 16 Montmarais Ave. Boston
 Relation, if any (Father)

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
 Wm. L. Childress
 (Signature of Agent of Board of Health or other)
 (Official Designation)
 Date of Issue of Permit 3/12/45

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Feb 11 1945
 (Month) (Day) (Year)
 19 I HEREBY CERTIFY, That I attended deceased from Feb 11, 1945, to Feb 11, 1945.
 I last saw him alive on, 19, death is said to have occurred on the date stated above, at, m.
 Immediate cause of death Stillborn
 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 no, specify
 (Signed) L. N. Caple M. D.
 (Address) 186 Pine St. Boston Date 2-12-45
 21 Place of Burial, Cremation or Removal (City or Town) Boston
 DATE OF BURIAL Feb 14 1945
 22 NAME OF FUNERAL DIRECTOR F. J. Rapino
 ADDRESS 8 Church St. Boston
 Received and filed 19

A TRUE COPY ATTEST: FEB 14 1945 (Registrar)

GOVERNING THE

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

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

obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., (Tercentenary Edition.)*

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

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

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

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

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

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

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

SPACE FOR ADDITIONAL INFORMATION

extracts from the laws on back of certificate.
 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
 per Kirby Bros. 2/20/45



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

To be filed for burial permit
 with Board of Health
 or its Agent. **41**

Registered No.

1 PLACE OF DEATH
 {
 Suffolk
 (County)
 Winthrop
 (City or Town)
 No. 72 Winthrop

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

2 FULL NAME Catherine Margaret Meahan
 (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. 72 Winthrop
 (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 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
 WIDWED
 or DIVORCED Single

18 DATE OF DEATH Feb 17 1945
 (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
 Nov 1, 1944, to Feb 17, 1945
 I last saw him alive on Feb 13, 1945, death is said to
 have occurred on the date stated above, at 10 A. m.

6 Age of husband or wife if alive years

Immediate cause of death Duration

7 IF STILLBORN, enter that fact here.

Pulmonary Embolism **IMPORTANT**

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

Due to chronic sclerosis

9 Usual Occupation: at home

Due to

10 Industry or Business:

Other conditions
 (Include pregnancy within 8 months of death)

11 Social Security No.

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

Major findings:
 Of operations

Physician

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

IMPORTANT

13 NAME OF FATHER Charles Meahan

Date of

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

Of autopsy

What test confirmed diagnosis?

15 MAIDEN NAME OF MOTHER Catherine Green

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

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

(Signed) J. Kirby Bros. M. D.
 (Address) 100m(1)-1-44-13634 Date 2-19-1945

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

DATE OF BURIAL Feb 17 1945

22 NAME OF FUNERAL DIRECTOR Kirby Bros

ADDRESS Winthrop

Received and Read FEB 19 1945 19

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

(Signature of Agent of Board of Health or other)

(Official Designation) (Date of Issue of Permit) 2/16/45

(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 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-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. 42

PHYSICIAN - IMPORTANT

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

(If nonresident, give city or town and State)

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

No. 14 Coral Ave Winthrop

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

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

(a) Residence. No. 14 Coral Ave
(Usual place of abode)

St. Winthrop 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 22 yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

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

5a If married, widowed, or divorced
HUSBAND of William H. Greenfield
(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 75 Years Months Days | If less than 1 day
Hours Minutes

9 Occupation: Barber for

10 or Business: himself

11 Social Security No. none

12 BIRTHPLACE (City)
(State or country) Hungary

13 NAME OF FATHER Harry Greenfield

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

15 MAIDEN NAME OF MOTHER Nellie unknown

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

17 Informant (Address) Dr. Harold B. Greenfield
14 Coral Ave Winthrop

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

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

Agent Feb 16/45
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH February 16 1945
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from
Sept 20, 1938 to Feb 16, 1945.

I last saw him alive on Feb 15, 1945, death is said to
have occurred on the date stated above, at 9:45 A.M.

Immediate cause of death

1 Coronary thrombosis
2 Congestive heart failure

Dua to

Due to

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

Major findings:
Of operations

Date of

Of autopsy

What test confirmed diagnosis?

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

(Signed) H. B. Greenfield M. D.
(Address) 447 Shirley St. Winthrop Date Feb 15 1945

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

DATE OF BURIAL Feb 18, 1945

22 NAME OF FUNERAL DIRECTOR Emanuel Stankitsky

ADDRESS 10 Washington St. P.M.

Received and filed FEB 19 1945 19

(Registrar)

RETURN OF CERTIFICATES OF DEATH

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

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

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

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

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

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

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

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

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be ascertained. 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

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)-1-41-4607

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

BOSTON

(City or town making return)

43

Registered No. 1643

PLACE OF DEATH

SUFFOLK
(County)
BOSTON
(City or Town)



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

2 FULL NAME Margaret Macdonald (If deceased is a married, widowed or divorced woman, give also maiden name.) (If U. S. War Veteran, specify WAR) no

(a) Residence. No. 58 Bellevue Ave. St. Winthrop (Usual place of abode) (If nonresident, give city or town and State)

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

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 Colin F Macdonald (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 10 Days | If less than 1 day AGE Hours Minutes

Usual Occupation: At home

Industry or Business: none

11 Social Security No. ---

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

13 NAME OF FATHER unknown

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

15 MAIDEN NAME OF MOTHER Margaret Flynn

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

17 Informant D Macdonald (Address) (Relation, if any) (Daughter)

A TRUE COPY

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

DATE FILED Feb. 23, 1945 19

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Feb. 18, 1945 (Month) (Day) (Year)

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

Pulmonary embolus: thrombosis of lt popliteal vein: Recent incomplete fracture lt patella

20 Accident, suicide, or homicide (specify) Accidental

Date of occurrence about Dec 25, 1944

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

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

Manner of Injury Said to have fallen accidentally at Winthrop about

Nature of Injury Dec 25/44

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 2/19/45

22 Holy Cross, Malden (City or Town)

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

DATE OF BURIAL Feb 21, 1945 19

23 NAME OF FUNERAL DIRECTOR R C Kirby

ADDRESS Boston

Received and filed 19

MAR 2 1945 (Registrar of City or Town where deceased resided)

PLACE OF DEATH		Suffolk (County)		Winthrop (City or Town)		Winthrop Community Hosp..		No.		St.		To be filed for burial permit with Board of Health or its Agent. 44	
1		2 FULL NAME		David F Ingersoll		(If deceased is a married, widowed or divorced woman, give also maiden name.)		3		4		5	
(a) Residence, No.		34 Enfield Rd.		St.		(If nonresident, give city or town and State)		Length of stay: In hospital or institution		23 yrs.		mos.	
(Before death)		(Specify whether)		years		months		days		In this community		days	
PERSONAL AND STATISTICAL PARTICULARS													
3 SEX		4 COLOR OR RACE		5 SINGLE (write the word)		MARRIED		WIDOWED		OR DIVORCED		Married	
Male		White		6 Age of husband or wife if alive		62		years		7 IF STILLBORN, enter that fact here.			
5a If married, widowed, or divorced		Marie I McLaughlin		HUSBAND of		(Give maiden name of wife in full)		(or) WIFE of		(Husband's name in full)			
8 AGE		59		Years		Months		Days		If less than 1 day		Hours	
Usual Occupation:		Salesman		Industry		Silver ware		10 or Business:		11 Social Security No.			
12 BIRTHPLACE (City)		Brockton		(State or country)		Mass		13 NAME OF FATHER		Benjamin F.			
14 BIRTHPLACE OF FATHER (City)		Beverly		(State or country)		Mass		15 MAIDEN NAME OF MOTHER		Maria Taddett			
16 BIRTHPLACE OF MOTHER (City)		Nova Scotia		(State or country)				17 Informant (Address)		Marie I. Ingersoll (Wife)		34 Enfield Rd.	
I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transfer permit was issued:		Wm. D. Childress		(Signature of Agent or Board of Health or other)		Feb. 25/45		(Official Designation)		Att		(Date of Issue of Permit)	
MEDICAL CERTIFICATE OF DEATH													
18 DATE OF DEATH		February		22		1945		(Month)		(Day)		(Year)	
19 I HEREBY CERTIFY, That I attended deceased from		June 15, 1944		to February 22, 1945		I last saw him alive on February 22, 1945		death is said to have occurred on the date stated above, at 9 A. m.		Duration		15 minutes	
Immediate cause of death:		Acute Coronary Thrombosis		Due to		Angina Pectoris		Due to		8 mos		IMPORTANT	
Other conditions (Include pregnancy within 8 months of death)		None		Major findings: Of operations		none		Of autopsy		What test confirmed diagnosis?		Clinical & Lab	
20 Was disease or injury in any way related to occupation of deceased? If so, specify		No		(Signed) J. C. Murray M.D.		(Address) 62 Shirley St.		Date 2/24/45		Physician		Underline the cause to which death should be charged statistically.	
21 Place of Burial, Cremation or Removal		Winthrop Cemetery		(City or Town)		DATE OF BURIAL		February 25, 1945		22 NAME OF FUNERAL DIRECTOR		Airby Bros.	
ADDRESS		210 Winthrop St.		Received and Read		FEB 26 1945		(Registrar)		19			

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

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

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for 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

terms, so 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. 45

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

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

2 FULL NAME Thomas Young
 (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. 253 Chelsea St. St. East Boston
 (Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or institution (Before death) Hosp - years - months 7 years In this community 75 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 Katherine Mahoney (Give maiden name of wife in full)
 (or) WIFE of (Husband's name in full)
 6 Age of husband or wife if alive years
 7 IF STILLBORN, enter that fact here.
 8 AGE 75 Years Months Days | If less than 1 day Hours Minutes
 9 Usual Occupation: Rigger
 10 Industry or Business: Marine
 11 Social Security No. none
 12 BIRTHPLACE (City) (State or country) Ireland
 13 NAME OF FATHER Robert Young
 14 BIRTHPLACE OF FATHER (City) (State or country) Ireland
 15 MAIDEN NAME OF MOTHER Ann Reilly
 16 BIRTHPLACE OF MOTHER (City) (State or country) Ireland

17 Informant Mrs. Anna J. Dunbar Relation (if any) dau
 (Address) 253 Chelsea St., East Boston

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
 (Signature of Agent of Board of Health or other) Health Officer
 (Official Designation) (Date of Issue of Permit) 3/26/45

MEDICAL CERTIFICATE OF DEATH
 18 DATE OF DEATH Feb. 24 - 1945
 (Month) (Day) (Year)
 19 I HEREBY CERTIFY, That I attended deceased from Jan. 1944 to Feb. 24, 1945
 I last saw him alive on Feb. 23, 1945, death is said to have occurred on the date stated above, at 6 a. m.
 Duration
 Immediate cause of death: Arteriosclerosis
 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? Cholesterol
 20 Was disease or injury in any way related to occupation of deceased? If so, specify
 (Signed) Charles Meloni M. D.
 (Address) 205 Main St. S. B. Date Feb 24 1945
 21 Holy Cross, Malden
 Place of Burial, Cremation or Removal (City or Town)
 DATE OF BURIAL February 27 1945
 22 NAME OF FUNERAL DIRECTOR R C Kirby
 ADDRESS Boston
 Received and filed MAR 1 1945 (Registrar)

IMPORTANT
 4 months
 1 year

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).

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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

PLACE OF DEATH

Suffolk
(County)Winthrop
(City or Town)

No. 33 Court Rd.



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

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

Registrar's No.

46

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

(a) Residence. No. 33 Court 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 12rs. 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 Widow

5a If married, widowed, or divorced
HUSBAND of _____
(Give maiden name of wife in full)
(or) WIFE of George O Colby
(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 2 Months 21 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) East Boston
(State or country) Mass.

13 NAME OF FATHER George Potter

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

15 MAIDEN NAME OF MOTHER Sarah Conry

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

17 Informant Elizabeth Colby Daughter
(Address) 33 Court 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)

(Official Designation) (Date of Issue of Permit) 2/28/45

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Feb. 25 1945
(Month) (Day) (Year)

19 I HEREBY CERTIFY That I attended deceased from
Jan. 7, 1945, to Feb. 25, 1945
I last saw h. alive on Feb. 24, 1945, death is said to
have occurred on the date stated above, at 10³⁰ AM.

Immediate cause of death

Cerebral Hemorrhage

Duration
IMPORTANT
1 day

Due to 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 statistically.

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

If so, specify Louis F. Salerno, M. D.
(Signed) 175 Pleasant St. Date Feb. 26, 1945
(Address)

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

DATE OF BURIAL Feb. 28 1945

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

Received and filed _____ 19 _____

MAR 1 1945

(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

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.)

50m (e)-1-41-4667

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)

47

1 PLACE OF DEATH

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

Registered No.

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

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

(a) Residence. No. 62 Faunbar Ave St. Winthrop
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or institution years 1 months days In this community 6 yrs. 6 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 Feb 26/45
(Month) (Day) (Year)

5a If married, widowed, or divorced Alba J Manchester
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 1/26/45, 1945, to 2/26/45, 1945
I last saw him in alive on 2/26/45 12:20p death is said to have occurred on the date stated above, at 12:20p m.

6 Age of husband or wife if alive 42 years

Immediate cause of death

7 IF STILLBORN, enter that fact here.

Pulmonary edema and congestion Term
Due to Cardiac hypertrophy yrs
Chronic glomerulonephritis yrs

8 40 Years 11 Months 23 Days | If less than 1 day
AGE 40 Years 11 Months 23 Days | 0 Hours 0 Minutes

Due to Med Exam. declined jurisdiction

Usual Occupation: Superintendent

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

Industry or Business: Jarla Stevedore Co

Major findings: Sympathectomy
Of operations Date of 2/26/45

11 Social Security No. 023-09-6470

Of autopsy aut opsy

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

What test confirmed diagnosis? aut opsy

13 NAME OF FATHER Joseph M Mann

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

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

If so, specify no

15 MAIDEN NAME OF MOTHER Alice McDonald

(Signed) W R Duden M. D.
(Address) Boston 2/26/45 1945

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

21 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Hope Boston
(Cemetery) Mar 1/45 (City or Town)

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

DATE OF BURIAL 19

A TRUE COPY Francis J. Mann
ATTEST: (Registrar of city or town where death occurred)

22 NAME OF FUNERAL DIRECTOR C R Bennion St
ADDRESS Winthrop Mass.

Received and filed 19

DATE FILED Mar 2/45 1945

MAR 3 1945
(Registrar of City or Town where deceased resided)

extracts from the laws on back of certificate.
If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, require physicians to insert a recital to that effect.

100m(t)-1-44-115634

per hosp. 3/5/45

1 PLACE OF DEATH

3/5/45
Suffolk
(County)
Winthrop
(City or Town)
No. *Winthrop Community Hospital* St.



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

STANDARD
CERTIFICATE OF DEATH

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

Registered No.

48

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

2 FULL NAME

Male *Grillo*

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

(a) Residence, No.

16 Sumner Ave.

(Usual place of abode)

St.

Medford

(If nonresident, give city or town and State)

Length of stay: in hospital or institution

Hos.

years

months

days

In this community

yrs.

mos.

days

(Before death)

(Specify whether)

1 hr 15 min.

PHYSICIAN - IMPORTANT

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

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX

4 COLOR OR RACE

5 SINGLE (write the word)
MARRIED
WIDOWED
OR DIVORCED

Male

White

Single

5a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

6 Age of husband or wife if alive

years

7 IF STILLBORN, enter that fact here.

8

AGE

Years

Months

Days

If less than 1 day

Hours

Minutes

9 Usual

Occupation:

10 Industry

or Business:

11 Social Security No.

12 BIRTHPLACE (City)

(State or country)

*Winthrop
Mass.*

13 NAME OF

FATHER

Joseph Grillo

14 BIRTHPLACE OF

FATHER (City)

(State or country)

*East Boston
Mass.*

15 MAIDEN NAME

OF MOTHER

Lucy Morabba

16 BIRTHPLACE OF

MOTHER (City)

(State or country)

*East Boston
Mass.*

17 Informant

(Address)

*Joseph Grillo (Father, if any)
16 Sumner Ave., Medford*

I HEREBY CERTIFY that a satisfactory standard 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

Feb 27 / 45

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY, That I attended deceased from

Feb 27, 19*45*, to *Feb 27*, 19*45*

I last saw him alive on *Feb 27*, 19*45*, death is said to

have occurred on the date stated above, at *9:10a.* m.

Duration

Immediate cause of death

*Premature Birth
(5 1/2 months)*

IMPORTANT

Due to

Due to

Other conditions

(Include pregnancy within 8 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?

If so, specify

(Signed)

(Address)

*J. E. Ryan
238 Maverick St. E.B. 19 3/5/45*

21

Place of Burial, Cremation or Removal

(City or Town)

DATE OF BURIAL

March 5, 19 45

22 NAME OF

FUNERAL DIRECTOR

ADDRESS

*John C. Kelly
11 Meridian St., E. B. 19*

Received and filed

MAR 5 1945

(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).

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

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.)

50m (e)-1-41-4667

NORFOLK

(County)

BROOKLINE

(City or Town)

No. Nannis Nursing Home

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

COPY OF
CERTIFICATE OF DEATH

BROOKLINE

(City or town making return)

Registered No. 110

49

PLACE OF DEATH

1

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

2 FULL NAME Rebecca Karm
(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 Sagamore Avenue St. Winthrop, Mass.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or Institution Nursing Home years months 5 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) Widowed
MARRIED
WIDOWED
or DIVORCED

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

6 Age of husband or wife if alive years

7 IF STILLBORN, enter that fact here.

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

9 Usual Occupation: Housewife

10 Industry or Business:

11 Social Security No. none

12 BIRTHPLACE (City) Russia
(State or country)

13 NAME OF FATHER Eli W. Berlowitz

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

15 MAIDEN NAME OF MOTHER Freda Lurie

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

17 Informant Barnett Berry (Relation, if any) brother
(Address) 99 Esmond St., Dorchester

A TRUE COPY Arthur J. Shinn
ATTEST: (Registrar of city or town where death occurred)

DATE FILED February 28 19 45

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH February 27 1945
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from January 25, 19 45, to February 23, 19 45.
I last saw her alive on February 23, 19 45, death is said to have occurred on the date stated above, at 10:30 P.m. Duration

Immediate cause of death Acute Coronary Occlusion hours.

Due to Coronary Artery Disease 2 yrs.

Due to

Other conditions Chronic Congestive 2 yrs
(Include pregnancy within 3 months of death) Heart Failure Physician

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

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) Elliot L. Seigall, M. D.
(Address) 330 Brookline Ave., Boston Date 2-28 19 45

21 PLACE OF BURIAL, CREMATION OR REMOVAL Moses Mendelsohn W. Roxb.
(Cemetery) (City or Town)

DATE OF BURIAL February 28 19 45

22 NAME OF FUNERAL DIRECTOR Benjamin F. Solomon
ADDRESS Brookline

Received and filed 19

MAR 10 1945
(Registrar of City or Town where deceased resided)



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		Suffolk (County)		Winthrop (City or Town)		No. 9 Marshall Street		St. { (If death occurred in a hospital or institution, give its NAME instead of street and number)		Registrar's No. 50	
1		FULL NAME John E McQuarrie (If deceased is a married, widowed or divorced woman, give also maiden name.)		(a) Residence. No. 9 Marshall Street (Usual place of abode)		St.		(If nonresident, give city or town and State)		{ PHYSICIAN-IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR)	
2		Length of stay: In hospital or Institution (Before death)		years months days		In this community 13 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 Sarah MacInnis (Give maiden name of wife in full)									
(or) WIFE of		(Husband's name in full)									
6 Age of husband or wife if alive 78		years									
7 IF STILLBORN, enter that fact here.											
8 AGE 75 Years 10 Months 17 Days		If less than 1 day Hours Minutes									
9 Usual Occupation: Stair Maker											
10 Industry or Business: Contractor											
11 Social Security No. None											
12 BIRTHPLACE (City) Mabou (State or country) Cape Breton											
13 NAME OF FATHER Edward McQuarrie											
14 BIRTHPLACE OF FATHER (City) Scotland (State or country)											
15 MAIDEN NAME OF MOTHER Mary Bell McKay											
16 BIRTHPLACE OF MOTHER (City) Scotland (State or country)											
17 Informant Mary Smith Daughter (Address) 9 Marshall 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)		(Date of Issue of Permit) 3/2/45									
(Official Designation)											
MEDICAL CERTIFICATE OF DEATH											
18 DATE OF DEATH Feb. 27, 1945		(Month) (Day) (Year)									
19 I HEREBY CERTIFY, That I attended deceased from Jan. 15, 1937, to Feb. 26, 1945		I last saw him alive on Feb. 26, 1945 death is said to have occurred on the date stated above, at 7 A. M.									
Immediate cause of death Cerebral Hemorrhage		Duration IMPORTANT 2 days									
Due to Hypertension and Atherosclerotic Heart Disease		8 yrs.									
Due to Sclerosis											
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		Date of									
Of autopsy		What test confirmed diagnosis? Physical Exam									
20 Was disease or injury in any way related to occupation of deceased? No		If so, specify (Signed) Samuel B. Holdbrook, M.D., M. D. (Address) 270 Shirley St. Winthrop Date Feb 28, 1945									
21 Mt. Hope Boston		Place of Burial, Cremation or Removal. (City or Town) DATE OF BURIAL March 2, 1945									
22 NAME OF FUNERAL DIRECTOR Howard S. Reynolds		ADDRESS Winthrop Mass.									
Received and filed		WAR E 1945 (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

Copies of returns of deaths recorded during the previous month which occurred in your city or town at the time of death should be made forthwith and transmitted on Form R-302 to the clerk of the city or town in which the deceased resided. (See Chap. 46, Sec. 12, G. L.)

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

COPY OF
CERTIFICATE OF DEATH

Chelsea

(City or town making return)

51

Registered No. 122

Suffolk

(County)

Chelsea

(City or Town)

No. Chelsea Memorial Hospital

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

2 FULL NAME Charles R. H. Duston

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

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

(a) Residence, No. 275 Main

(Usual place of abode)

St. Winthrop, Mass.

(If nonresident, give city or town and State)

Length of stay: In hospital or institution hospital years months 10 days. (Before death) (Specify whether)

In this community 57rs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6 Age of husband or wife if alive 85 years

7 IF STILLBORN, enter that fact here.

8 AGE 89 Years 8 Months 3 Days If less than 1 day Hours Minutes

9 Occupation: Usual Salesman (retired)

10 Industry or Business Fruit & Produce

11 Social Security No. none

12 BIRTHPLACE (City) Windham, N.H. (State or country)

13 NAME OF FATHER Obiediah

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

15 MAIDEN NAME OF MOTHER Harriet Hall

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

17 Informant Harold Duston (Address) 275 Main St. Winthrop, Mass. (Relation, if any) son

A TRUE COPY.

ATTEST: Joseph A. Dyrnell (Registrar of city or town where death occurred)

DATE FILED 2/27/45 19

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Feb. 25, 1945 (Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from Feb. 15, 1945 to Feb. 25, 1945.

I last saw him alive on Feb. 25, 1945, death is said to have occurred on the date stated above, at 12:05p.m. Duration

Immediate cause of death

Hypostatic pneumonia

Due to Amputation of left leg 11/17/45

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) D. A. Argenzio, M. D.

(Address) Memorial Hosp. 2/25 1945

21 PLACE OF BURIAL, CREMATION or EXHUMATION Winthrop, Mass. (Cemetery) (City or Town)

DATE OF BURIAL Feb. 27, 1945 19

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

Received and filed MAR 2 6 1945 19

(Registrar of City or Town where deceased resided)

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

PLACE OF DEATH		Suffolk (County)		Winthrop (City or Town)		No. 134 Hermon St.		St. { (If death occurred in a hospital or institution, give its NAME instead of street and number)		Registar's No. 52			
2 FULL NAME Arthur Costas (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. 134 Hermon 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 25 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 Married		18 DATE OF DEATH March 2 - 1945 (Month) (Day) (Year)							
5a If married, widowed, or divorced HUSBAND of Mary Camacho (Give maiden name of wife in full)						19 I HEREBY CERTIFY That I attended deceased from Jan 28, 1945 to Feb 28, 1945 I last saw him alive on Feb 28, 1945 , death is said to have occurred on the date stated above, at 12 noon M.						Duration IMPORTANT 4 weeks	
(or) WIFE of _____ (Husband's name in full)						Immediate cause of death Coronary thrombosis							
6 Age of husband or wife if alive 36 years						Due to _____							
7 IF STILLBORN, enter that fact here.						Due to _____							
8 AGE 57 Years _____ Months _____ Days _____ If less than 1 day Hours _____ Minutes _____						Other conditions _____ (Include pregnancy within 3 months of death)						IMPORTANT	
9 Usual Occupation: Merchant						Major findings: No Of operations _____						Physician _____	
10 Industry or Business: Grocery						Date of _____						Underline the cause to which death should be charged statistically.	
11 Social Security No. _____						Of autopsy No							
12 BIRTHPLACE (City) (State or country) Albania						What test confirmed diagnosis? _____							
13 NAME OF FATHER Cannot be Learned						20 Was disease or injury in any way related to occupation of deceased? _____ If so, specify _____							
14 BIRTHPLACE OF FATHER (City) (State or country) Albania						(Signed) Ceraido M. Delborn , M. D. (Address) 20 Centre Date March 1 1945							
15 MAIDEN NAME OF MOTHER Cannot be Learned						21 Winthrop Winthrop Place of Burial, Cremation or Removal (City or Town)							
16 BIRTHPLACE OF MOTHER (City) (State or country) Albania						DATE OF BURIAL Mar 5 1945							
17 Informant Mary Costas Relation, if any Wife (Address) 134 Hermon St.						22 NAME OF FUNERAL DIRECTOR John H. O'Malley ADDRESS Winthrop							
was filed with me BEFORE the burial or transit permit was issued: I HEREBY CERTIFY that a satisfactory standard certificate of death										Received and filed MAR 5 1945 (Registrar)			
(Signature of Agent of Board of Health or other) Wm. D. Childress Officer (Official Designation)													
(Date of Issue of Permit) 3/3/45													

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of 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 bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed 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

BOSTON BOWEN 4/7/45

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(i)-1-44-13634

PLACE OF DEATH

1

Suffolk
(County)
Winthrop
(City or Town)
No. Winthrop Community Hospital



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

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

Registered No.

53

2 FULL NAME

Gertrude J. Alves

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

(a) Residence, No.

49A Saratoga

St.

East Boston

(Usual place of abode)

(If nonresident, give city or town and State)

Length of stay: In hospital or institution

Mos.

years

months 14 days.

In this community 26 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

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 25 Years 1 Months 18 Days

If less than 1 day
Hours MinutesUsual
9 Occupation:

At home

10 Industry
or Business:

At home

11 Social Security No.

None

12 BIRTHPLACE (City)
(State or country)East Boston
Mass.13 NAME OF
FATHER

Jesse J. Alves

14 BIRTHPLACE OF
FATHER (City)
(State or country)East Boston
Mass.15 MAIDEN NAME
OF MOTHER

Anna Dorison

16 BIRTHPLACE OF
MOTHER (City)
(State or country)Boston
Mass.17 Informant
(Address)Jesse J. Alves (Father)
49A 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:

(Signature of Agent or Board of Health or other)

49A Saratoga St. Mar. 3/45

(Official Designation)

(Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF
DEATHMarch 3, 1945.
(Month) (Day) (Year)19 I HEREBY CERTIFY, That I attended deceased from
Feb. 20, 1945, to March 3, 1945I last saw him alive on March 3, 1945, death is said to
have occurred on the date stated above, at 2 A. M.

Immediate cause of death

Acute Pulmonary edema

Duration

12 days

Due to

Chronic hypochloritis
Mitral Stenosis

10 yrs

Due to

Lupal Stenosis

10 yrs

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Date of

Of autopsy

What test confirmed diagnosis?

Physician

Underline
the cause to
which death
should be
charged statistically

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

(Signed) George H. F. Lina

(Address) 18 Munroe St. E. B. Date 3/3 1945

21

Place of Burial, Cremation or Removal

(City or Town)

DATE OF BURIAL

March 5, 1945

22 NAME OF

FUNERAL DIRECTOR

John C. Kelly

ADDRESS

11 Meridian St., E. B.

Received and filed

MAR 5 1945

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

PLACE OF DEATH		The Commonwealth of Massachusetts OFFICE OF THE SECRETARY DIVISION OF VITAL STATISTICS		To be filed for burial permit with Board of Health or its Agent.	
1 { Suffolk (County) Waltham (City or Town) No. 135 St. { (If death occurred in a hospital or institution, give its NAME instead of street and number)		STANDARD CERTIFICATE OF DEATH		Registered No. 54	
2 FULL NAME Emma M. Farrell (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. 155 Pleasant 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 8 yrs. mos. days.	
PERSONAL AND STATISTICAL PARTICULARS					
3 SEX Female	4 COLOR OR RACE Caucasian	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 Josephine A. Farrell (Husband's name in full)					
6 Age of husband or wife if alive 54 years					
7 IF STILLBORN, enter that fact here.					
8 AGE 73 Years Months Days If less than 1 day Hours Minutes					
9 Usual Occupation: Housewife					
10 Industry or Business: None					
11 Social Security No.					
12 BIRTHPLACE (City) (State or country) Massachusetts					
13 NAME OF FATHER John A. Farrell					
14 BIRTHPLACE OF FATHER (City) (State or country) Massachusetts					
15 MAIDEN NAME OF MOTHER (State or country) (Maiden name of mother)					
16 BIRTHPLACE OF MOTHER (City) (State or country) (Maiden name of mother)					
17 Informant (Address) 155 Pleasant St. Waltham, Mass. Relation, If any (Address)					
I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued: Walter D. Childers (Signature of Agent of Board of Health or other) Health Officer (Date of Issue of Permit) 3/2/45					
MEDICAL CERTIFICATE OF DEATH					
18 DATE OF DEATH Feb 15 1945 (Month) (Day) (Year)					
19 I HEREBY CERTIFY, That I attended deceased from Feb 15 1945 to March 7 1945 I last saw him alive on March 6 1945, death is said to have occurred on the date stated above, at 5:20 A.M. Immediate cause of death: Broncho-pneumonia Duration: 5 days Due to: Chronic Myocarditis 3 yrs. Other conditions: (Include pregnancy within 3 months of death) Major findings: Of operations: Date of: Of autopsy: When 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 March 7 1945					
21 Place of Burial, Cremation or Removal: Holy Cross Cemetery (City or Town) DATE OF BURIAL: March 7 1945					
22 NAME OF FUNERAL DIRECTOR: (Address) Resolved and Read: (Registrar) 19					

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

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

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for 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:

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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

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

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

Registered No. **55**

1 PLACE OF DEATH

Suffolk
 (County)
Winthrop
 (City or Town)



No. **38 Forrest**

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

2 FULL NAME

Frances Siegal
 (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.

38 Forrest

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 **18** yrs.

mos.

days

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX

4 COLOR OR RACE

5 SINGLE (write the word)

18 DATE OF

DEATH

March

12

1945

(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

51

years

7 IF STILLBORN, enter that fact here.

8

AGE

52

Years

Months

Days

If less than 1 day

Hours

Minutes

Usual

Occupation:

Housewife

Industry

10 or Business:

none

11 Social Security No.

12 BIRTHPLACE (City)

Russia

(State or country)

13 NAME OF

FATHER

Korshiel Lissel Fleisher

14 BIRTHPLACE OF

FATHER (City)

Russia

(State or country)

15 MAIDEN NAME

OF MOTHER

Jannie (cannot be learned)

16 BIRTHPLACE OF

MOTHER (City)

Russia

(State or country)

17 Informant

(Address)

Jacob Siegal, 38 Forrest St., Winthrop

Relation, if any

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

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

19 I HEREBY CERTIFY, That I attended deceased from
Nov. 22, 1944, to March 12, 1945

I last saw him alive on **March 12, 1945**, death is said to

have occurred on the date stated above, at **8:05 P. m.**

Immediate cause of death

Duration

Carcinoma

IMPORTANT

5 mos

Due to

extension of tumor

4 mos

Due to

Other conditions

(Include pregnancy within 3 months of death)

IMPORTANT

Major findings:

Of operations

Carcinoma of Cecum

Physician

Date of **Mar. 2, 1945**

Underline
 the cause to
 which death
 should be a
 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)

Samuel J. Frangier

M. D.

(Address)

20 Washington St.

Date

Mar. 12, 1945

21 Place of Burial, Cremation or Removal

Adath Israel Cemetery

(City or Town)

DATE OF BURIAL

March 13, 1945

1945

22 NAME OF

FUNERAL DIRECTOR

Manuel Stanetsky

ADDRESS

10 Washington St., 13 Cr.

Received and filed

MAR 14 1945

(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 internment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required

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

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by 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 STATISTICSSTANDARD
CERTIFICATE OF DEATHTo be filed for burial permit
with Board of Health
or its Agent.

Registered No.

56

No. 234 Heart Road

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

2 FULL NAME

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

Mary A. Shuran

PHYSICIAN - IMPORTANT

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

None

(a) Residence. No.

(Usual place of abode)

234 Heart Road

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 8 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

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

89

Years

Months

Days

If less than 1 day

Hours

Minutes

Usual

9 Occupation:

at Home

Industry

10 or Business:

11 Social Security No.

12 BIRTHPLACE (City)

(State or country)

None
East Boston
Mass

13 NAME OF

FATHER

Thomas W. Shuran

14 BIRTHPLACE OF

FATHER (City)

(State or country)

Chuland

15 MAIDEN NAME

OF MOTHER

Annie M. Melody

16 BIRTHPLACE OF

MOTHER (City)

(State or country)

Chuland

17

Informant

(Address)

Mr. George K. Jones
234 Heart Road
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)

18 DATE OF
DEATH

March

13

1945

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY, That I attended deceased from

June 7, 1940, to March 13, 1945

I last saw her alive on March 12, 1945, death is said to

have occurred on the date stated above, at 5 A. M.

Immediate cause of death

Duration

IMPORTANT

Broncho-pneumonia

6 days

Due to

Chronic Myocarditis

4 yrs.

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

(Signed) Louis F. Salerno M. D.

(Address) 127.5 Pleasant St. Boston Date Mar 13, 1945

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

Heathcote Boston

DATE OF BURIAL

March

15

1945

22 NAME OF
FUNERAL DIRECTOR

Friedrich J. Magarik

ADDRESS

East Boston

Received and Filed

MAR 19 1945

(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

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. 57

1 PLACE OF DEATH
Suffolk
(County)
Wintthrop
(City or Town)
No. 209 Shirley St.



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

(a) Residence, No. 209 Shirley St. Wintthrop 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 2 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 Mary E. O'Neil
(Give maiden name of wife in full)
(or) WIFE of
(Husband's name in full)

6 Age of husband or wife if alive. — years

7 IF STILLBORN, enter that fact here.

8 AGE 63 Years 6 Months 4 Days If less than 1 day Hours Minutes

9 Occupation: Usual Shipper

Industry Pump Co.

11 Social Security No. 021-01-3223

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

13 NAME OF FATHER Thomas F. Meehan

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

15 MAIDEN NAME OF MOTHER (unobtainable) Roche

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

PARENTS

17 Informant: W. Joseph Meehan (Address) 8 Hatch Rd. Medford, Mass. (Relation, if any) Son

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

Signature of Agent of Board of Health or other Health Officer
(Official Designation)

(Date of Issue of Permit) 3/15/45

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH March — 14 — 1945
(Month) (Day) (Year)

19 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows: (If an injury was involved, state fully.)
a acute Cardiac Failure
Recent Phlebitis Right Leg
Pulmonary Embolism

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 Found dead in his bed
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) — M. D.
(Address) Boston, Mass. Date March 14, 1945

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

DATE OF BURIAL March 17, 1945

23 NAME OF FUNERAL DIRECTOR Edward J. Gaffey Sons
ADDRESS Medford, Massachusetts

Received and filed 19

MAR 16 1945

(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		The Commonwealth of Massachusetts OFFICE OF THE SECRETARY DIVISION OF VITAL STATISTICS		To be filed for burial permit with Board of Health or its Agent.	
1. <i>Suffolk</i> (County) <i>Winthrop</i> (City or Town)				Registered No. <i>260058</i>	
No. <i>209 Lincoln</i>				St. { (If death occurred in a hospital or institution, give its NAME instead of street and number)	
2 FULL NAME <i>Margaret T. Shea (Leahy)</i> (If deceased is a married, widowed or divorced woman, give also maiden name.)		St. { (If nonresident, give city or town and State)		PHYSICIAN - IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR)	
(a) Residence, No. <i>209 Lincoln</i> (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 <i>4</i> yrs. mos. days.	
PERSONAL AND STATISTICAL PARTICULARS					
3 SEX <i>female</i>	4 COLOR OR RACE <i>white</i>	5 SINGLE (write the word) MARRIED WIDOWED or DIVORCED <i>widow</i>			
5a If married, widowed, or divorced HUSBAND of <i>Thomas J. Shea</i> (Give maiden name of wife in full) (or) WIFE of _____ (Husband's name in full)					
6 Age of husband or wife if alive _____ years					
7 IF STILLBORN, enter that fact here.					
8 AGE <i>85</i> Years _____ Months _____ Days If less than 1 day Hours _____ Minutes _____					
9 Usual Occupation: <i>at home</i>					
10 Industry _____ or Business: _____					
11 Social Security No. <i>none</i>					
12 BIRTHPLACE (City) (State or country) <i>Ireland</i>					
PARENTS	13 NAME OF FATHER <i>William Leahy</i>				
	14 BIRTHPLACE OF FATHER (City) (State or country) <i>Ireland</i>				
	15 MAIDEN NAME OF MOTHER <i>Hanora O'Connor</i>				
	16 BIRTHPLACE OF MOTHER (City) (State or country) <i>Ireland</i>				
17 Informant <i>Mrs. Helen Shea Harmon</i> (Address) <i>209 Lincoln St. Winthrop</i> <i>Daughter</i>					
I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued: <i>John D. Quideless</i> (Signature of Agent of Board of Health or other) Health Officer (Date of Issue of Permit) <i>3/15/45</i>					
MEDICAL CERTIFICATE OF DEATH					
18 DATE OF DEATH <i>March 15 1945</i> (Month) (Day) (Year)					
19 I HEREBY CERTIFY, That I attended deceased from <i>March 15, 1944</i> to <i>March 15, 1945</i> I last saw him alive on <i>March 14, 1944</i> , death is said to have occurred on the date stated above, at <i>8 A</i> m. Duration _____					
Immediate cause of death <i>myocarditis</i>					
Due to <i>arteriosclerosis</i>					
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 _____ M. D. (Signed) <i>C. J. Mahoney</i> (Address) <i>103 Johnson St. Lynn</i> Date <i>3-15-1945</i>					
21 <i>St. Mary's</i> <i>Lynn</i> Place of Burial, Cremation or Removal (City or Town) DATE OF BURIAL <i>Mar. 17 1945</i>					
22 NAME OF FUNERAL DIRECTOR <i>Carroll J. Wall</i> ADDRESS <i>103 Johnson St. Lynn</i>					
Received and filed <i>MAR 19 1945</i> 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 bereunder. If the death certificate contains a recital, as required

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

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 diseases unrelated to any form of injury.

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

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

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

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by 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 (d)-1-1-41-4667

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

100m (d)-1-1-41-4667

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

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

STANDARD
CERTIFICATE OF DEATH

Registered No. 59

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 Lucy Critchett Hopkins

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

(a) Residence, No. 466 Pleasant St.
(Usual place of abode)

(If nonresident, give city or town and State)

Length of stay: In hospital or institution Paul H. H. years 13 months 13 days. In this community 16 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 Charles Hopkins (Husband's name in full)
6 Age of husband or wife if alive 75 years
7 IF STILLBORN, enter that fact here.
8 AGE 84 Years Months Days If less than 1 day
Hours Minutes
Usual Occupation: Housewife
Industry At Home
10 or Business:
11 Social Security No. none
12 BIRTHPLACE (City) Gloucester
(State or country) Mass.

13 NAME OF FATHER John Critchett
14 BIRTHPLACE OF FATHER (City) Nova Scotia
(State or country)
15 MAIDEN NAME OF MOTHER not known
16 BIRTHPLACE OF MOTHER (City) not known
(State or country) unable to obtain

17 Informant Charles Hopkins (Name)
(Address) 98 Somerston Ave., Wintthrop

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

(Signature of Agent of Board of Health or other)
Health Officer 3/19/45
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH March 16 1945
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from
Oct 10 1940, to Mar 16 1945

I last saw him alive on Mar 16 1945, death is said to
have occurred on the date stated above, at 6 a. m.

Immediate cause of death: Broncho pneumonia terminal 3 wks
Due to Ch. Hyperboreum Cordis 5 yrs
Renal Disease 5 yrs
Due to Renal

Other conditions: Cerebral Art Sclerosis 5 yrs
(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) — M. D.
(Address) 148 W. 2nd St. Date: 3/19/45

21 Wyoming (City or Town)
Place of Burial, Cremation or Removal
DATE OF BURIAL March 19 1945

22 NAME OF FUNERAL DIRECTOR Richard White
ADDRESS 147 Wintthrop St., Wintthrop

Received and filed MAR 19 1945

(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
1

No.

Suffolk
(County)
Boston
(City or Town)
Win Community Hosp.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. 60

Registered No.

St. (If death occurred in a hospital or institution,
give its NAME instead of street and number)2 FULL NAME Georgina Neville
(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. 112 Wash Ave St.
(Usual place of abode) (If nonresident, give city or town and State)Length of stay: In hospital or institution Home years months 4 days. In this community 430 yrs. mos. days.
(Before death) (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE W. 5 SINGLE (write the word)
MARRIED married
WIDWED married
or DIVORCED5a If married, widowed, or divorced
HUSBAND of James Neville
(Give maiden name of wife in full)
(or) WIFE of James Neville
(Husband's name in full)6 Age of husband or wife if alive 53 years

7 IF STILLBORN, enter that fact here.

8 AGE 44 Years — Months — Days If less than 1 day
Hours MinutesUsual
9 Occupation: Housewife10 Industry
or Business: Home

11 Social Security No.

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

PARENTS

13 NAME OF
FATHER John Steele14 BIRTHPLACE OF
FATHER (City)
(State or country) DC15 MAIDEN NAME
OF MOTHER Elizabeth Payette16 BIRTHPLACE OF
MOTHER (City)
(State or country) Canada17 Informant John Steele (Relation if any)
(Address) 112 Wash Ave WinI HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation) Health Officer (Date of Issue of Permit) 3/23/45

MEDICAL CERTIFICATE OF DEATH

18 DATE OF
DEATH Mar 18, 1945
(Month) (Day) (Year)19 I HEREBY CERTIFY, That I attended deceased from
Mar 1, 1945, to Mar 18, 1945I last saw her alive on Mar 18, 1945 death is said to
have occurred on the date stated above, at 5 P. m.

Immediate cause of death

Pulmonary Edema **IMPORTANT**
Mar 18/45Due to Chronic MyocarditisDue to Ischemic degeneration 1931Mitral regurgitationOther conditions
(Include pregnancy within 3 months of death)

Major findings:

Of operations

Date of

Of autopsy

What test confirmed diagnosis? clinical ex20 Was disease or injury in any way related to occupation of deceased? no
If so, specify(Signed) Samuel S. L. L. M. D.
(Address) 150 ... Date Mar 20, 194521 Winthrop Winthrop
Place of Burial, Cremating or Removal. (City or Town)DATE OF BURIAL Mar 21 194522 NAME OF
FUNERAL DIRECTOR Mayme W. FisherADDRESS 210 Winthrop St.Received and filed Mar 23 1945

(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.

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

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

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by 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.

Registrar's No.

61

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 Helen M (Richardson) Dodge

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

(a) Residence. No. 41 Temple Ave. Winthrop

(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 1 months days.

In this community 40 yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE (write the word)

MARRIED

WIDOWED

or DIVORCED

Female White

5a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

Frank Dodge

(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

9 Months

2 Days

If less than 1 day

Hours

Minutes

9 Occupation:

Dress Maker (Retired)

10 Industry
or Business:

Self

11 Social Security No. None

12 BIRTHPLACE (City)
(State or country)Providence
R.I.13 NAME OF
FATHER

Charles Richardson

14 BIRTHPLACE OF
FATHER (City)
(State or country)Providence
R.I.15 MAIDEN NAME
OF MOTHER

Hattie Tucker

16 BIRTHPLACE OF
MOTHER (City)
(State or country)Nantucket
Mass.17 Informant
(Address)Frederick Austin (Brother/Law)
10 Wayne Ave. Ipswich

Relation, if any

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 21 1945

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY That I attended deceased from

February 18 1945 to March 21 1945

I last saw her alive on March 21 1945, death is said to

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

Duration

Immediate cause of death

Acute pulmonary

Infarct

Due to Arteriosclerotic

gangrene left foot

Due to Generalized arteriosclerosis

Other conditions none

(Include pregnancy within 3 months of death)

Major findings: none

Of operations

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

(Signed) Jacob J. Abayasinghe M. D.

(Address) 562 Shirley St. Date 3/21/45

21 Swan Point Providence R.I.

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

DATE OF BURIAL March 24 1945

22 NAME OF FUNERAL DIRECTOR

ADDRESS

Received and filed

MAR 29 1945

(Registrar)

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

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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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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

PLACE OF DEATH

Suffolk
(County)Winthrop
(City or Town)

No. 85 Main Street

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.

62

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

PHYSICIAN-IMPORTANT

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

2 FULL NAME Mary (Grant) Gentle

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

(a) Residence. No. 85 Main Street
(Usual place of abode)

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

Length of stay: In hospital or Institution _____ years _____ months _____ days. In this community 29 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 Norman Gentle
(Husband's name in full)

6 Age of husband or wife if alive 60 years

7 IF STILLBORN, enter that fact here.

8 AGE 60 Years 4 Months 8 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) Glasgow
(State or country) Scotland

13 NAME OF FATHER Robert Grant

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

15 MAIDEN NAME OF MOTHER Marion Reid

16 BIRTHPLACE OF MOTHER (City) Scotland
(State or country)17 Informant Norman Gentle (Husband)
(Address) 85 Main Street 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) 3/26/45

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH March 24, 1945
(Month) (Day) (Year)19 I HEREBY CERTIFY, That I attended deceased from
January 12, 1944, to March 24, 1945
last saw her alive on March 23, 1945, death is said to
have occurred on the date stated above, at 5:00 A.M.

Immediate cause of death

Carcinoma of rectosigmoid 14 1/2 months

Duration
IMPORTANT

Due to

Due to

Other conditions Generalized Carcinomatosis
(Include pregnancy within 3 months of death)

IMPORTANT

Major findings: Carcinoma of recto-

Of operations sigmoid Date of January 24, 1945

Of autopsy none

What test confirmed diagnosis Clinical & Laboratory

Physician

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

If so, specify

(Signed) Maurice Townsend J. C. M. D.
(Address) 5625 Lehigh Ct Date March 26, 194521 Winthrop Winthrop
Place of Burial, Cremation or Removal (City or Town)

DATE OF BURIAL March 26, 1945

22 NAME OF FUNERAL DIRECTOR Howard S. Reynolds

ADDRESS Winthrop, Mass.

Received and filed March 27, 1945

(Registrar)

EXTRACTS FROM THE LAWS OF THE
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RETURN OF CERTIFICATES OF DEATH

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

Westfield
(City or town making return)

Registered No. 63

1 PLACE OF DEATH
Hampden
(County)
Westfield
(City or Town)
No. Westfield State Sanatorium



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

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

(a) Residence. No. 15 Whittier St. Winthrop, Mass.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or Institution Hospital years 2 months 5 days. In this community yrs. 2 moa. 5 days.
(Before death) (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX male 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 50 Years 7 Months 23 Days | If less than 1 day Hours Minutes

9 Usual Occupation: musician

10 Industry or Business:

11 Social Security No. 088-03-5363

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

PARENTS

13 NAME OF FATHER Martin P. Hines

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

15 MAIDEN NAME OF MOTHER Anna Newman

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

17 Informant Hospital records (Address) Westfield State San. (none) Relation, if any

A TRUE COPY. Harold Whittlemore

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

DATE FILED April 2 19 45

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH March 24 1945
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from Jan. 19 1945, to March 24 19 45
I last saw him alive on Mar. 24 19 45 death is said to have occurred on the date stated above, at 2:23 A.M.

Immediate cause of death Pulmonary tuberculosis Duration 7 mos.

Due to 17 das.

Other conditions Acute appendicitis and thrombosis of popliteal artery Physician

Major findings: with dry gangrene. Underline the cause to which death should be charged statistically.
Of operations No operations Date of

Of autopsy see above
What test confirmed diagnosis? X-ray & sputum

20 Was disease or injury in any way related to occupation of deceased? No
If so, specify P. W. Goodhue M. P.
(Signed) Wrd. State San. Date 3-24 19 45
(Address)

21 PLACE OF BURIAL, Winthrop Cemetery Winthrop, Mass.
CREMATION OR REMOVAL (City or Town)
DATE OF BURIAL March 27 19 45

22 NAME OF FUNERAL DIRECTOR Kirby Brothers
ADDRESS 210 Winthrop St., Winthrop, Mass.

Received and filed APR 6 1945 19
(Registrar of City or Town where deceased resided)



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. 64

No. Winthrop Hospital

St. (If death occurred in a hospital or institution,
give its NAME instead of street and number)2 FULL NAME Helen M. Cuneo
(If deceased is a married, widowed or divorced woman, give also maiden name.)(a) Residence. No. 97 Byron
(Usual place of abode)St. East Boston
(If nonresident, give city or town and State)

PHYSICIAN - IMPORTANT

(Was deceased a
U. S. War Veteran,
or so specified?) NoLength of stay: In hospital or institution years
(Before death) (Specify whether)

months 2 days. 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 Married
WIDOWED
or DIVORCED

5a If married, widowed, or divorced

HUSBAND of (Give maiden name of wife in full)

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

6 Age of husband or wife if alive 47 years

7 IF STILLBORN, enter that fact here.

8 AGE 45 Years Months Days If less than 1 day
Hours Minutes

9 Usual Occupation: Housework

10 Industry or Business: Own Home

11 Social Security No. None

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

13 NAME OF FATHER Patrick Mackey

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

15 MAIDEN NAME OF MOTHER Catherine Crowley

16 BIRTHPLACE OF MOTHER Ireland
(State or country)17 Informant Alfred Cuneo (Husband)
(Address) 97 Byron St. E.B.I HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation) Health Officer (Date of Issue of Permit) 3/3/45

18 DATE OF DEATH March 25 1945
(Month) (Day) (Year)19 I HEREBY CERTIFY, That I attended deceased from
1/1 1945, to 3/24 1945I last saw her alive on 3/24 1945, death is said to
have occurred on the date stated above, at 2:15 A. m.

Immediate cause of death.

Pheminal Heart
Disease

Duration

IMPORTANT

2 yrs

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

IMPORTANT

Major findings:

Of operations Data 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) Fred J. Pagan M. D.
(Address) 670 South St. E.B. Date 3/26 194521 Holy Cross Malden
Place of Burial, Cremation or Removal. (City or Town)

DATE OF BURIAL Mar 28 1945

22 NAME OF FUNERAL DIRECTOR Charles H. Treanor
ADDRESS East Boston

Received and filed 19

MAR 29 1945

(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

BOSTON NOTED 4/17/45 Corrected Copy State 4/17/45 Boston 4/17/45

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



STANDARD
CERTIFICATE OF DEATH

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

Registered No. 65

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

No. 1000 Community Hospital (If death occurred in a hospital or institution, give its NAME instead of street and number)

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

(a) Residence, No. 524 Lavatona St. 6. Boston, Mass.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or institution 20 years months days
(Before death) (Specify whether) 20 minutes

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 20 Minutes

9 Occupation: Usual Industry 10 or Business:

11 Social Security No.

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

13 NAME OF FATHER Michael Giannattasio

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

15 MAIDEN NAME OF MOTHER Mary Serra

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

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Month 25 1945
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from Mar. 25, 1945, to 3/25, 1945
I last saw him alive on 3/25, 1945, death is said to have occurred on the date stated above, at 9:05 a.m.
Immediate cause of death: Permatently

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

What test confirmed diagnosis?

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

20 Was disease or injury in any way related to occupation of deceased?
If so, specify. (Signed) Dr. Henry J. Goff 42 M. D.
(Address) 56 Pleasant St. Date 9/1 1945

21 Place of Burial, Cremation or Removal St. Michael Cemetery (City or Town)
DATE OF BURIAL April 5, 1945

22 NAME OF FUNERAL DIRECTOR William G. Goff
ADDRESS 911 Union St. Boston, Mass.

Received and Filed APR 5 1945 19
(Registrar)

17 Informant Michael Giannattasio (Relation, if any)
(Address) 524 Lavatona St. E. A. Goff

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
(Signature of Agent of Board of Health or other)
Health Officer 4/14/45
(Official Designation) (Date of Issue of Permit)

Twin #1 per hosp. 4/5/45

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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SPACE FOR ADDITIONAL INFORMATION

Birth

Name of Twin #2 per father 4/16/45 (Supplemental)

PARENTS

PLACE OF DEATH

No.

Frank Giannattasio

2 FULL NAME

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

(a) Residence. No.

(Usual place of abode)

Length of 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

Years

Months

Days

If less than 1 day

Hours

Minutes

Usual

9 Occupation:

Industry

10 or Business:

11 Social Security No.

12 BIRTHPLACE (City)

(State or country)

13 NAME OF

FATHER

14 BIRTHPLACE OF

FATHER (City)

(State or country)

15 MAIDEN NAME

OF MOTHER

16 BIRTHPLACE OF

MOTHER (City)

(State or country)

17

Informant

(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)

Corrected Copy: Jan. 4/17/45
 The Commonwealth of Massachusetts
 OFFICE OF THE SECRETARY
 DIVISION OF VITAL STATISTICS

STANDARD
CERTIFICATE OF DEATH

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

Registered No.

66

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

PHYSICIAN - IMPORTANT

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

(If nonresident, give city or town and State)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF
DEATH

March

25

1945

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY, That I attended deceased from

Mar 25, 1945, to Mar 25, 1945

I last saw him alive on Mar 25, 1945, death is said to

have occurred on the date stated above, at 9:03 P. m.

Immediate cause of death

Prematurity

Duration

IMPORTANT

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

IMPORTANT

Major findings:

Of operations

Physician

Of autopsy

What test confirmed diagnosis?

Underline
the cause to
which death
should be
charged statistically.

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

If so, specify

(Signed)

(Address)

Date

Apr 3, 1945

21 Place of Burial, Cremation or Removal

OATE OF BURIAL

22 NAME OF
FUNERAL DIRECTOR

ADDRESS

Received and Read

APR 5 1945

(Registrar)

Twin #2 per hosp. 4/5/45

**EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE**

RETURN OF CERTIFICATES OF DEATH

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

terms, so 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. 67

1 PLACE OF DEATH
Suffolk
(County)
Winthrop
(City or Town)
No. 212 Woodside av.



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

2 FULL NAME Eliza E. Webster (nee Ferguson)
(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. 212 Woodside av.,
(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 27 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 Widow

5a If married, widowed, or divorced

HUSBAND of (Give maiden name of wife in full)

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

6 Age of husband or wife if alive years

7 IF STILLBORN, enter that fact here.

8 AGE 77 Years 11 Months 24 Days | If less than 1 day Hours Minutes

Usual Occupation: none

Industry or Business: at home

11 Social Security No. none

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

13 NAME OF FATHER Thomas Ferguson

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

15 MAIDEN NAME OF MOTHER Unknown

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

17 Informant Lewis A. Webster (son) (Address) 8 Hamilton St. Wollaston

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

(Signature of Agent of Board of Health or other)

(Official Designation) (Date of Issue of Permit) 3/27/41

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH March 25 1945
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from Feb 10 1945 to March 25 1945

I last saw her alive on March 24, 1945 death is said to have occurred on the date stated above, at 8 a.m.

Immediate cause of death (Medical Insufficiency)

Due to (Cerebral Infarction)

Due to (Arteriosclerosis)

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy (No Autopsy) Date of

What test confirmed diagnosis?

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

(Signed) J. E. Parker M. D. (Address) 300 Meridian St. Boston Date March 26 1945

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

DATE OF BURIAL March 28, 1945

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

Received and filed MAR 29 1945 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

DUSTON 127-774

4/7/45

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

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

Registered No.

68

PLACE OF DEATH

No.

Winthrop 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

Anna F. Czarnetzki

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

(a) Residence, No.

(Usual place of abode)

60 Byron St

St.

East Boston

(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 4 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

4 P

Years

Months

Days

If less than 1 day

Hours

Minutes

9 Occupation:

Cafeteria Worker

Industry

10 or Business:

East Boston High School

11 Social Security No.

034-18-0040

12 BIRTHPLACE (City)

(State or country)

East Boston

13 NAME OF

FATHER

August Czarnetzki

14 BIRTHPLACE OF

FATHER (City)

(State or country)

Germany

15 MAIDEN NAME

OF MOTHER

Mary McSweeney

16 BIRTHPLACE OF

MOTHER (City)

(State or country)

Island

17

Informant

(Address)

Louis Czarnetzki (brother)
60 Byron St E.B.I HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF
DEATH

March 28, 1945

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY, That I attended deceased from
March 22, 1945, to March 28, 1945I last saw him or alive on March 28, 1945, death is said to
have occurred on the date stated above, at 5:24 a.m.

Immediate cause of death

Pulmonary Embolism

Duration

6 hours

Due to

Chronic Myocarditis

Due to

Thrombotic left Saphenous
vein

1 week

Other conditions

(Include pregnancy within 8 months of death)

IMPORTANT

Major findings:

Of operations: Thrombotic left Saphenous Vein

Date of 3/26/45

Of autopsy

What test confirmed diagnosis?

Physician

Underline
the cause to
which death
should be
charged sta-
tistically20 Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) J. H. Schmidt

(Address) 19 Beacon St

Date 3/21

M. D.

1945

21

Place of Burial, Cremation or Removal.

(City or Town)

DATE OF BURIAL

Apr 2

1945

22 NAME OF

FUNERAL DIRECTOR

ADDRESS

Charles H. Treanor

East Boston

Received and filed

APR 3 1945

(Registrar)

extracts from the laws on back of certificate.
If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, require 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.

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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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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

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)-1-1-1-4095

an trip

PLACE OF DEATH

Suffolk
(County)
Whitthrop
(City or Town)

4/19/45



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

STANDARD
CERTIFICATE OF DEATH

(City or town making return)

Registered No. 69

No. Whitthrop Community Hospital St.

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

2 FULL NAME Male Baby Johnson

(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. 252 Crescent Ave.

(Usual place of abode)

St. Plymouth Mass

(If nonresident, give city or town and State)

Length of stay: In hospital or institution. 2 days years months 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) MARRIED
or WIDOWED or DIVORCED

5a If married, widowed, or divorced

HUSBAND of _____
(Give maiden name of wife in full)

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

6 Age of husband or wife if alive _____ years

7 IF STILLBORN, enter that fact here.

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)

Whitthrop
Mass

13 NAME OF FATHER

Edwin Johnson

14 BIRTHPLACE OF FATHER (City)

North Oxford
Mass.

15 MAIDEN NAME OF MOTHER

Clair Johnson (OK)

16 BIRTHPLACE OF MOTHER (City)

Bisbee
Arizona

17

Informant

(Address)

Mr. Edwin Johnson (father)
252 Crescent Ave. Beachwood
Mass

Relation, if any

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

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Mar 28 1945
(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. Duration Important

Immediate cause of death _____

Due to Stillborn

Due to Prolonged Cord Blood

Other conditions Respiration Important

(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. Siegel M. D.

(Address) 72 Maple Ave Date 3/30 1945

21 Glenwood Cemetery, Everett Mass

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

DATE OF BURIAL March 30 1945

22 NAME OF FUNERAL DIRECTOR Edith M. Merwin

ADDRESS 305 Beach St. Texe, Mass.

Received and filed _____ 19____

APR 3 1945

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.*

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

six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or 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.....

from the laws on back of certificate.
If deceased was a U. S. War Veteran, G. I., Chap. 45, Sec. 10, requires physicians to insert a recital to that effect.

BOSTON 4/7/45

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.

70

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



2 FULL NAME Minna Gertrude (Loeffers) Mann
(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. 116 Saratoga St
(Usual place of abode)

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

Length of stay: In hospital or Institution Hospital
(Before death) (Specify whether) years months 13 days.

In this community 60 yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE (write the word)

Female

White

MARRIED
WIDOWED
or DIVORCED Married

5a If married, widowed, or divorced
HUSBAND of

(or) WIFE of (Give maiden name of wife in full)

Henry C Mann

(Husband's name in full)

6 Age of husband or wife if alive 76 years

7 IF STILLBORN, enter that fact here.

8 AGE 74 Years 1 Months 19 Days

If less than 1 day
Hours Minutes

9 Occupation: Housewife

10 or Business: Own Home

11 Social Security No. None

12 BIRTHPLACE (City)
(State or country) Germany

13 NAME OF
FATHER

Unable To Obtain

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

Germany

15 MAIDEN NAME
OF MOTHER

Koenermann

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

Germany

17 Informant Elizabeth Mann (Daughter)
(Address) 116 Saratoga 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) 4/3/45

MEDICAL CERTIFICATE OF DEATH

18 DATE OF
DEATH

March 29 1945
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from

March 1, 1945, to March 29, 1945

I last saw him alive on March 29, 1945 death is said to

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

Immediate cause of death

Acute Pulmonary Edema

Duration

IMPORTANT

2 days

Due to

Cancer of Stomach

2 months

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.

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

If so, specify George H. Schwartz

(Signed) (Address) 190 Franklin St. Date 3/30 1945

21 Woodlawn Everett

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

DATE OF BURIAL April 2 1945

22 NAME OF
FUNERAL DIRECTOR Howard S. Reynolds

ADDRESS Winthrop

Received and filed 19

APR 3 1945

(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

COPIES OF DEATHS RECORDED DURING THE PREVIOUS MONTH WHICH OCCURRED IN YOUR CITY OR TOWN IN CASE THE DECEASED RESIDED IN ANOTHER CITY OR TOWN AT THE TIME OF DEATH SHOULD BE MADE FORTHWITH AND TRANSMITTED ON FORM R-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)-1-41-4607

1 PLACE OF DEATH

SUFFOLK
(County)
BOSTON

(City or Town)

No. Mass. General Hospital



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

(City or town making return)

Registered No. 1955 71

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

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

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

(a) Residence. No. 80 Washington Ave St. Winthrop Mass.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or institution years 3 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 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 36 Years Months Days If less than 1 day Hours Minutes

Usual Occupation: Clerk

10 Industry or Business: Department Store

11 Social Security No. 025-12-2560

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

13 NAME OF FATHER Henry Stinson

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

15 MAIDEN NAME OF MOTHER Della Buckley

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

17 Informant: Cousin Francis A. Nolan Relation, if any (Address)

A TRUE COPY.

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

DATE FILED Mar 5/45 19

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Mar 1/45
(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.)

Valvular heart disease
Rheumatic heart disease
Probably cerebral embolism

20 Accident, suicide, or homicide (specify) no
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 W J Brickley M. D.

(Signed) Boston Mass. Date 3/1/45
(Address)

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

DATE OF BURIAL Mar 3/45 19

23 NAME OF FUNERAL DIRECTOR R C Kirby
ADDRESS Boston Mass.

Received and filed APR 11 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 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.)

25M-(0-11-42) 10746

PLACE OF DEATH

Essex

(County)

Danvers

(City or Town)

No. Danvers State Hospital

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS



COPY OF
CERTIFICATE OF DEATH

Danvers

(City or town making return)

Registered No.

72

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

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

(a) Residence. No. 39 Waldemar Ave.
(Usual place of abode)

St. Winthrop

(If nonresident, give city or town and State)

Length of stay: In hospital or institution
(Before death)

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 80 Years Months Days If less than 1 day Hours Minutes

Usual Occupation: Nursemaid

Industry or Business:

11 Social Security No. none

12 BIRTHPLACE (City) Cambridge
(State or country)

13 NAME OF FATHER John Gorman

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 Mary K. McPhillips Relation, if any (Address) DSH

A TRUE COPY.

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

DATE FILED 3/15/45 19

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH March 3, 1945
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from Jan. 15, 1945 to Mar. 3, 1945.
I last saw her alive on Mar. 3, 1945, death is said to have occurred on the date stated above, at 11:10 P.M.

Immediate cause of death Arteriosclerotic heart disease 2yrs

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Date of

Of autopsy

What test confirmed diagnosis? clinical

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

If so, specify

(Signed) Doris M. Sidwell M. D.
(Address) DSH Date 3/9/45

21 PLACE OF BURIAL St. Mary's CREMATION OR REMOVAL Dorchester
(Cemetery) (City or Town)

DATE OF BURIAL 3/16/45 19

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

Received and filed 19

APR 17 1945
(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 (c)-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. 2283 73

1 PLACE OF DEATH

No. (City or Town) Veteran's Administration Facility

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

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

(If U. S. War Veteran, specify WAR) W W 1

(a) Residence, No. 60 Ocean View St. Winthrop Mass.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or institution years months 1 days. In this community yrs. mos. 1 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 69 Years 8 Months 3 Days If less than 1 day Hours Minutes

Usual Occupation: Retired Soldier

Industry or Business: U S A

11 Social Security No.

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

13 NAME OF FATHER Austin Ford

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

15 MAIDEN NAME OF MOTHER Margaret Traynor

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

17 Informant Hospital records (Relation, if any) (Address)

A TRUE COPY.

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

DATE FILED Mar 15/45 19

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Mar 12, 1945
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from 3/11/45, 19 to 3/12/45, 19
I last saw him alive on 3/12/45, 19, death is said to have occurred on the date stated above, at 3:45a.m.

Immediate cause of death Pneumonia, lobar bilateral 1 wk

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: none

Of operations Date of

Of autopsy none performed

What test confirmed diagnosis? Clin and Lab

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

If so, specify S J Dalton
(Signed) Boston Mass Date 3/12/45 M. D.

21 PLACE OF BURIAL, CREMATION OR REMOVAL Troy New York
(Cemetery) (City or Town)

DATE OF BURIAL Mar 14/45 19

22 NAME OF FUNERAL DIRECTOR Murray & Murray
ADDRESS Revere Mass.

Received and filed APR 11 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-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

Boston

(City or town making return)

COPY OF
CERTIFICATE OF DEATH

Registered No. 2384 74

PLACE OF DEATH

Suffolk
(County)

Boston
(City or Town)

No. Mass. General Hospital

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

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

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

(a) Residence. No. 46 Washington 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 2 days. In this community yrs. mos. 2 days.
(Before death) (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6 Age of husband or wife if alive 43 years

7 IF STILLBORN, enter that fact here.

8 AGE 52 Years 2 Months 8 Days If less than 1 day Hours Minutes

Usual Occupation: Engineer

Industry or Business: Automatic Sprinklers

11 Social Security No. 021-09-1855

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

13 NAME OF FATHER James T Kirkpatrick

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

15 MAIDEN NAME OF MOTHER Mary Barry

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

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

A TRUE COPY.

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

DATE FILED Mar 19/45 19

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Mar 13/45
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from 3/11/45, 19 to 3/13/45, 19
I last saw him alive on 3/13/45, 19, death is said to have occurred on the date stated above, at 11:10p m.

Immediate cause of death. Right cerebral hemorrhage hemopericardium and ruptured aorta 3 dys
Due to Hypertensive heart disease 18 mos

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

Major findings: none
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) J. E. Gorrell M. D.
(Address) Boston Date 3/14/45

21 PLACE OF BURIAL, Winthrop Winthrop
CREMATION OR REMOVAL (Cemetery) (City or Town)
DATE OF BURIAL Mar 16/45 19

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

Received and filed APR 1 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-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

Boston

(City or town making return)

COPY OF
CERTIFICATE OF DEATH

Registered No. 2392 75

PLACE OF DEATH

Suffolk

(County)

Boston

(City or Town)

No. Mass. General Hospital

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

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

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

(a) Residence, No. 29 Tewksbury st

(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 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 Widowed

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

Industry or Business: At home

11 Social Security No.

12 BIRTHPLACE (City) Russia
(State or country)

13 NAME OF FATHER --- Chisick

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

15 MAIDEN NAME OF MOTHER ---

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

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

A TRUE COPY.

ATTEST (Registrar of city or town where death occurred)

DATE FILED Mar 19, 1945 19

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Mar 15, 1945
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from 3/14/45, 19, to 3/15/45, 19

I last saw her alive on 3/15/45, 19, death is said to have occurred on the date stated above, at 1:01 a.m.

Immediate cause of death. Carcinoma of the oesophagus 9 mos plus

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations none

Date of Of autopsy none

What test confirmed diagnosis? Clinical

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

If so, specify C C Clay

(Signed) Boston M. D.

(Address) Boston Date 3/15/45

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

DATE OF BURIAL Mar 16/45 Circle 19

22 NAME OF FUNERAL DIRECTOR B Schlossberg & Sons ADDRESS Mattapan Mass.

Received and filed APR 11 1945 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 (c)-1-41-4667

Suffolk

The Commonwealth of Massachusetts

Chelsea

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

(City or town making return)

(County)
Chelsea

COPY OF

CERTIFICATE OF DEATH

Registered No. 161 76

1 PLACE OF DEATH

(City or Town)
Soldiers' Home Hospital

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

John E. Nolan

WW 1

2 FULL NAME

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

876 Shirley

Winthrop, Mass.

(a) Residence, No.

(Usual place of abode)

hosp.

St.

18

(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

Married

5a If married, widowed or divorced
HUSBAND of

Easter H. Sullivan

(or) WIFE of

(Give maiden name of wife in full)

(Husband's name in full)
45 yrs.

6 Age of husband or wife if alive

years

7 IF STILLBORN, enter that fact here.

8

54

9

27

AGE

Years

Months

Days

If less than 1 day

Hours

Minutes

Optical Work

9 Occupation:

Usual

10 Industry or Business:

11 Social Security No.

12 BIRTHPLACE (City)
(State or country)

Canada

13 NAME OF
FATHER

John

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

Ireland

15 MAIDEN NAME
OF MOTHER

Mary Curry

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

Canada

17

Informant
(Address)

Relation, if any

A TRUE COPY.

ATTEST:

(Registrar of city or town where death occurred)

DATE FILED

3/20/45

19

MEDICAL CERTIFICATE OF DEATH

18 DATE OF
DEATH

Mar. 20, 1945

(Month)

(Day)

(Year)

19 I HAD BEEN CERTIFIED BY, Mar. 20, 1945

In 1945, Mar. 20, 1945

I last saw him alive on 1945, death is said to have occurred on the date stated above, at 6:05p m.

Duration

Immediate cause of death

Coronary heart disease

18 days

Hypertensive heart disease

?yrs.

Due to Essential hypertension

?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

(Signed)

Louis J. Rudiger

M. D.

(Address)

Soldiers' Home

Date 3/20 19 45

21 PLACE OF BURIAL
CREMATION OR REMOVAL

Holy Cross, Malden

Mar. 23, 1945 (City or Town)

DATE OF BURIAL

F. A. McGrath

19

22 NAME OF
FUNERAL DIRECTOR

64 Meridian St. E. Boston

Received and filed

19

APR 13 1945

(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

Suffolk

The Commonwealth of Massachusetts

Chelsea

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

(City or town making return)

1 PLACE OF DEATH

(County)
ChelseaCOPY OF
CERTIFICATE OF DEATH

Registered No. 162 77

(Town)
Chelsea Memorial Hospital

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

Daniel F. Twohig

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

(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 30 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 Married WIDOWED or DIVORCED

5a If married, widowed, or divorced HUSBAND of Alice G. Didham (Give maiden name of wife 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 44 Years Months Days If less than 1 day Hours Minutes

9 Occupation: Usual Shipper

10 Industry or Business: A. & P. Grocery 023-10-3875

11 Social Security No. Halifax, N.S.

12 BIRTHPLACE (City) (State or country) Charles Halifax, N.S.

13 NAME OF FATHER Charles Halifax, N.S.

14 BIRTHPLACE OF FATHER (City) (State or country) Mary Connors Halifax, N.S.

15 MAIDEN NAME OF MOTHER

16 BIRTHPLACE OF MOTHER (City) (State or country) Alice G. Twohig wife Halifax, N.S.

17 Informant (Address) 101 Upland Rd. Winthrop (Occupation, if any)

A TRUE COPY. Joseph A. Tyrnell

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

DATE FILED 3/22/45 19

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Mar. 20, 1945 (Month) (Day) (Year)

19 I HEREBY CERTIFY, that 130 ended deceased 40y in 19 to Mar. 20 1945 I last saw h. alive on 10:45A. death is said to have occurred on the date stated above, at 10:45A. Duration

Immediate cause of death Terminal broncho pneumonia 2 das. Subtotal gastrectomy 3/16/45 Bleeding duodenal ulcer 1941

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Duodenal ulcer Of operations. gastrectomy Date of 3/16/45

Of autopsy

What test confirmed diagnosis?

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

If so, specify

(Signed) Thomas E. Wallace M. D. (Address) Revere, Mass. Date 3/21 19 45

21 PLACE OF BURIAL Winthrop Cem. Winthrop, Mass. CREMATION OR REMOVAL (City or town) 23, 1945

DATE OF BURIAL 19

22 NAME OF FUNERAL DIRECTOR R. J. DeNelli ADDRESS Revere, Mass.

Received and filed APR 13 1945 19

(Registrar of City or Town where deceased resided)



Copies of returns of deaths which occurred in your city or town in case the deceased resided in another city or town at the time of death should be transmitted on Form R-302 to the clerk of the city or town in which the deceased resided as soon as possible after the close of the month in which the death occurred. (See Chap. 46, Sec. 12, G. L.)

50m-10-139, No. 5427-1

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



Malden

(City or town making return)

Registered No. 28

PLACE OF DEATH

Middlesex

(County)

Malden

(City or Town)

No. 127 Summer St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

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

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

(a) Residence. No. 24 Paine St. Winthrop

Length of stay: In hospital or institution (Specify whether) years months 20 days. (If nonresident, give city or town and state) In this community 10 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 Emilie Vitale (Give maiden name or wife in full)

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

6 Age of husband or wife if alive years

7 IF STILLBORN, enter that fact here.

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

9 Occupation: Usual Salesman

10 Industry or Business: Swift & Co. Ret.

11 Social Security No.

12 BIRTHPLACE (City) (State or country) Italy

13 NAME OF FATHER Pasquale Capezza

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

15 MAIDEN NAME OF MOTHER Unable obtain

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

17 Informant (Address) Anthony Capezza (Relation, if any)

24 Paine St. Winthrop

A TRUE COPY.

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

DATE FILED Mar. 27, 1945

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH March 21, 1945 (Month) (Day) (Year)

19 I HEREBY CERTIFY. That I attended deceased from Mar. 1, 1945, to Mar. 21, 1945

I last saw him alive on Mar. 21, 1945 death is said to have occurred on the date stated above, at 3:30 P. M. Duration

Immediate cause of death Cerebral Hemorrhage Sev. yrs.

Due to General Arteriosclerosis
Chronic Myocarditis
Due to Hypertension

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) Alpine L. Ricci M. D.
(Address) 807 Salem St. Date 3/22/45

21 PLACE OF BURIAL CREMATION OR REMOVAL Gross Malden (Cemetery) (City or Town)

DATE OF BURIAL March 24, 1945

22 NAME OF FUNERAL DIRECTOR Kirby Bros.

ADDRESS 210 Winthrop St. Winthrop

Received and filed APR 23 1945

(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.

200m-10-139. No. 8477-4

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

(City or town making return)

Registered No. 79

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

2 FULL NAME Charles J. McGough

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

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

(a) Residence. No. 322 Revere St.

(Usual place of abode)

St.

length of stay: In hospital or institution 2 years 8 months 6 days. In this community 6 yrs. mos. days.

(Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male	4 COLOR OR RACE White	5 SINGLE MARRIED WIDOWED or DIVORCED Married	(write the word)
5a If married, widowed or divorced HUSBAND of Helen R. Davis McGough (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 56 Years Months Days If less than 1 day Hours Minutes			
9 Occupation: Pharmacist			
10 or Business: Drug			
11 Social Security No. 010-05-3564			
12 BIRTHPLACE (City) Charlestown (State or country) Mass			
13 NAME OF FATHER James McGough			
14 BIRTHPLACE OF FATHER (City) Ireland (State or country)			
15 MAIDEN NAME OF MOTHER Esther Campbell			
16 BIRTHPLACE OF MOTHER (City) Ireland (State or country)			

PARENTS

17 Informant Helen McGough Relation, if any Wife
(Address) 322 Revere St.

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

(Signature of Agent of Board of Health or other)

(Official Designation) (Date of Issue of Permit) 4/4/45

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH April 3 1945 (Month) (Day) (Year)	19 I HEREBY CERTIFY. That I attended deceased from September 30, 1944, to April 3, 1945. I last saw him alive on April 2, 1945, death is said to have occurred on the date stated above, at 3:40 A.M. Immediate cause of death: Coronary Heart Disease with Cardiac Failure Due to Coronary Thrombosis Other conditions None 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 Traubstein Jr. M.D. (Address) 562 Shirley St. Date April 3, 1945 21 Winthrop Place of Burial, Cremation or Removal APRIL 6 1945 DATE OF BURIAL 19 22 NAME OF FUNERAL DIRECTOR John J. Moley ADDRESS Winthrop Received and filed APR 5 1945 A TRUE COPY ATTEST: (Registrar)
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Duration
3 months
6 months

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.*

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

Suffolk

(County)

Winthrop

(City or Town)

No. 12 Sewall Ave.

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

Registrar's No.

80

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 James Allan Phillips
(If deceased is a married, widowed or divorced woman, give also maiden name.)(a) Residence. No. 12 Sewall Ave.
(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 5 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 Joan Simpson
(Give maiden name of wife in full)
(or) WIFE of (Husband's name in full)

6 Age of husband or wife if alive 79 years

7 IF STILLBORN, enter that fact here.

8 AGE 81 Years 4 Months 26 Days If less than 1 day Hours Minutes

9 Occupation: Usual Stone Quarrying

10 Industry or Business: Own Quarries

11 Social Security No. 029-12-0007

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

13 NAME OF FATHER James A Phillips

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

15 MAIDEN NAME OF MOTHER Agnes Allan

16 BIRTHPLACE OF MOTHER (City) Scotland
(State or country)17 Informant Joan Phillips Wife
(Address) 12 Sewall Ave. 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 Issuance of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH April 5 1945
(Month) (Day) (Year)19 I HEREBY CERTIFY, That I attended deceased from
, 19__, to __, 19__

I last saw him alive on __, 19__, death is said to

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

Immediate cause of death

apparently coronary embolism

Duration
IMPORTANT

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

IMPORTANT

Major findings:
Of operations

Date of

Of autopsy

What test confirmed diagnosis?

Physician

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

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

If so, specify (Signed) Edson (Address) Lowell
M. D. Date of death April 5 1945

21 Place of Burial, Cremation or Removal (City or Town) DATE OF BURIAL April 9 1945

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

Received and filed APR 6 1945

(Registrar)

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

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

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

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

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

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

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

RULES OF PRACTICE

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

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

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

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

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

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

SPACE FOR ADDITIONAL INFORMATION

N. D. - 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)-1-1-41-4695

PLACE OF DEATH

Suffolk
(County)
Winthrop
(City or Town)



May 7 1945
The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH

(City or town making return)

Registered No. 81

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

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

(a) Residence. No. 2 South St St. Beverly Mass. (If nonresident, give city or town and State)

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

PERSONAL AND STATISTICAL PARTICULARS

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

9 Usual Occupation:

10 Industry or Business:

11 Social Security No.

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

13 NAME OF FATHER Niels Nielsen

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

15 MAIDEN NAME OF MOTHER Lena Cacicio

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

17 Informant (Address) Niels Nielsen (Father) 2 South St Beverly

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

(Signature of Agent of Board of Health or other Health Officer) (Date of Issue of Permit) 4/9/45

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH April 6, 1945 (Month) (Day) (Year)

19 I HEREBY CERTIFY That I attended deceased from April 7, 1945 to April 12, 1945

I last saw him alive on April 6, 1945 death is said to have occurred on the date stated above, at 1:30 p.m.

Immediate cause of death: Regurgitation in infant

Due to: 5 month premature, severely cut by worms with prolapse

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) Seng. H. Schwartz

(Address) 19 Queen St. S. Date 4/6/45

21 St. Michael's Boston (City or Town)

DATE OF BURIAL April 10, 1945

22 NAME OF FUNERAL DIRECTOR Paul Buonfiglio

ADDRESS 128 Revere St Revere

Received and filed. 19

A TRUE COPY ATTEST: APR 11 1945 (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 an appointee to issue such permits, or if there is no such board, from a clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed 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 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

PLACE OF DEATH

Suffolk
(County)Winthrop
(City or Town)

No. 72 Cottage Pk. Rd.



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

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

Registered No.

82

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

2 FULL NAME Joseph J. Cotreau

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

(a) Residence, No. 72 Cottage Pk. Rd.
(Usual place of abode)

St.

(If nonresident, give city or town and State)

Length of stay: in hospital or institution none
(Before death) (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

widowed

5a If married, widowed or divorced
HUSBAND of Rose Mallette

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

6 Age of husband or wife if alive

years

7 IF STILLBORN, enter that fact here.

8 AGE 88 Years 3 Months 9 Days | If less than 1 day
Hours Minutes

9 Usual
Occupation:

Retired Carpenter

10 Industry

or Business: Navy Yard

11 Social Security No. none

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

13 NAME OF

FATHER Mark Cotreau

14 BIRTHPLACE OF

FATHER (City) Nova Scotia

(State or country)

15 MAIDEN NAME

OF MOTHER Mary Le Blanc

16 BIRTHPLACE OF

MOTHER (City) Nova Scotia

(State or country)

17 Informant
(Address)

Mrs Alabani Cotreau (niece)
72 Cottage Pk. Rd. Winthrop

Relation, if any

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

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF
DEATH

April 7, 1945
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That attended deceased from

Jan 1, 1944 to April 7, 1945

I last saw him alive on April 7, 1945, death is said to

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

Duration

Immediate cause of death

Cervical
Cancer of Cervical Glands

Due to

Cancer of Cervical Glands

Due to

Cancer of Cervical Glands

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) Frank H. S. C. C.

(Address) 19 Bennington St. E. B. Date 4/9, 1945

21 Holy Cross

Place of Burial, Cremation or Removal.

(City or Town)

DATE OF BURIAL April 10

22 NAME OF

FUNERAL DIRECTOR Richard C. Kirby
ADDRESS 17 Bennington, East Boston

Received and filed

APR 11 1945

19

(Registrar)

IMPORTANT

IMPORTANT

Physician

Underline
the cause to
which death
should be
charged
statistically

45

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

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

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

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)

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.

83

2 FULL NAME

Bertha M. Curran

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

(a) Residence, No.

72 Crystal Core Ave

(Usual place of abode)

St.

Winthrop

(If nonresident, give city or town and State)

Length of stay: In hospital or institution

Hospital

years

months 11

days.

In this community 36 yrs.

mos.

days.

(Before death)

(Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE (write the word)

MARRIED

WIDOWED

or DIVORCED

5a If married, widowed, or divorced

HUSBAND of

Martin J. Curran
(Husband's name in full)

(or) WIFE of

6 Age of husband or wife if alive

76 years

7 IF STILLBORN, enter that fact here.

8 AGE

66

Years

Months

Days

If less than 1 day

Hours

Minutes

9 Usual
Occupation:

House wife

10 Industry

own home

11 Social Security No.

none

12 BIRTHPLACE (City)

Arachat

(State or country)

U. S.

13 NAME OF
FATHER

Thomas La Vache

14 BIRTHPLACE OF
FATHER (City)

Arachat

(State or country)

U. S.

15 MAIDEN NAME
OF MOTHER

Esther La Blane

16 BIRTHPLACE OF
MOTHER (City)

Arachat

(State or country)

U. S.

17 Informant
(Address)Martin J. Curran
72 Crystal Core Ave, Win.

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

(Official Designation)

4/9/45
(Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF
DEATH

April

(Month)

7

(Day)

1945

(Year)

19 I HEREBY CERTIFY, That I attended deceased from
April 1, 1945, to April 7, 1945.I last saw her alive on April 7, 1945 death is said to
have occurred on the date stated above, at 5 p.m.

Immediate cause of death:

Hypertensive Myocarditis

Duration

IMPORTANT

Sudden

5 years

Due to

Chronic Hypertension

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations Carcinomatosis of
intestines

Date of April 7, 1945

Of autopsy

What test confirmed diagnosis? Clinical Signs

Physician

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

IMPORTANT

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

(Signed) Daniel J. O'Brien

M. D.

(Address) Winthrop, Mass

Date April 7, 1945

21 Place of Burial, Cremation or Removal

(City or Town)

DATE OF BURIAL

April 10,

1945

22 NAME OF
FUNERAL DIRECTOR

ADDRESS 11 Meridian St., E. R.

Received and Filed

APR 11 1945

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 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).

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 of 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

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

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

Registered No. 84

PLACE OF DEATH

Suffolk (County)
Weymouth (City or Town)
No. 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 Anna F. McBarry
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 118 Kimball Ave. Revere St. Revere, Mass.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or institution Mass. years 2 months days. In this community 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 Frank J. McBarry (Give maiden name, if in full)
(or) WIFE of Frank J. McBarry (Husband's name in full)

6 Age of husband or wife if alive 42 years

7 IF STILLBORN, enter that fact here.

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

Usual Occupation: at home

Industry or Business: Housewife

11 Social Security No.

12 BIRTHPLACE (City) Charleston
(State or country) South Carolina

13 NAME OF FATHER John Walsh

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

15 MAIDEN NAME OF MOTHER Not able to learn

16 BIRTHPLACE OF MOTHER (City) Not able to learn
(State or country)

17 Informant Anna McBarry (Address) 118 Kimball Ave. Revere (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:

Walter D. Clark (Signature of Agent of Board of Health or other)

Health Officer (Official Designation) 4/12/45 (Date of Issue of Permit)

18 DATE OF DEATH APRIL 9 1945
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from
June 5, 1945 to April 9, 1945
I last saw him alive on April 9, 1945 death is said to
have occurred on the date stated above, at 5:30 p.m.

Immediate cause of death

Intestinal Perforation
varicella of intestine
varicella
Due to Generalized arteriosclerosis

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 None

(Signed) Walter D. Clark M. D.
(Address) One Beach Street Date 4/12/45

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

DATE OF BURIAL April 13 1945

22 NAME OF FUNERAL DIRECTOR P. J. DeRue
ADDRESS Revere

Received and filed 19

APR 17 1945 (Registrar)

Duration
IMPORTANT
4-9-45

IMPORTANT

Physician

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

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. 46B 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

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

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

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

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

PLACE OF DEATH

Suffolk.

(County)

Winthrop.

(City or Town)

No. 48 Winthrop Shore Drive.

St.

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

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

Registered No. 85

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

2 FULL NAME John Thomas Collins.

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

(If U. S.
War Veteran, ☐
specify WAR)

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

(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 10 yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

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

5a If married, widowed, or divorced

HUSBAND of Mary Elizabeth Elliott
(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 4 Months 10 Days If less than 1 day
Hours Minutes

Usual Occupation: Registered

Industry or Business: Photographer

11 Social Security No. 7013

12 BIRTHPLACE (City) (State or country) New England.

13 NAME OF FATHER Emanuel Collins

14 BIRTHPLACE OF FATHER (City) (State or country) Lyne Regis England.

15 MAIDEN NAME OF MOTHER Mary Jane Crocker.

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

17 Relation, if any

Informant (Address) 48 Winthrop Shore Drive.

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

(Signature of Agent or Board of Health or other)

(Official Designation)

(Date of Issue of Permit) April 13/45

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH April 11 1945
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from April 10, 1945, to April 11, 1945.

I last saw him alive on April 11, 1945, death is said to have occurred on the date stated above, at 4 P. m.

Immediate cause of death.

Myocardial Infarct
Coronary Disease

Due to Ch. Hypertension, Arteriosclerosis, etc.

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

Major findings:

Of operations. — Date of. —

Of autopsy. —

What test confirmed diagnosis? Clinical

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

If so, specify

(Signed) Peter J. Farnham M. D.
(Address) 48 Winthrop St. Apt. 2 Date 4/12/45

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

DATE OF BURIAL April 13 1945

22 NAME OF FUNERAL DIRECTOR Charles R. Remison
ADDRESS 174 Winthrop St. Winthrop

Received and filed. 19

APR 17 1945

(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.....

SEVERE NOTICED
MAY 7

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

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

(a) Residence, No. 47 Dehon St. Revere
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or institution (Before death) 21 months 11 days. In this community yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH	
3 SEX <u>Female</u>	4 COLOR OR RACE <u>White</u>	5 SINGLE (write the word) <u>Single</u> MARRIED WIDOWED DIVORCED	18 DATE OF DEATH <u>April 11</u> 19 <u>45</u> (Month) (Day) (Year)	PHYSICIAN - IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR) <u>No</u> IMPORTANT Duration <u>11:26 A</u>
5a If married, widowed, or divorced HUSBAND of _____ (Give maiden name of wife in full) (or) WIFE of _____ (Husband's name in full)			19 I HEREBY CERTIFY, That I attended deceased from <u>April 11</u> 19 <u>45</u> to <u>April 11</u> 19 <u>45</u> I last saw him alive on <u>April 11</u> 19 <u>45</u> death is said to have occurred on the date stated above, at <u>11:26 A</u> Immediate cause of death _____	
6 Age of husband or wife if alive _____ years			Due to <u>Premature Birth</u> Due to <u>Premature Separation of Placenta</u>	
7 IF STILLBORN, enter that fact here.			Other conditions _____ (Include pregnancy within 3 months of death) IMPORTANT Physician _____ Underline the cause to which death should be charged statistically.	
8 AGE _____ Years _____ Months _____ Days If less than 1 day _____ Hours _____ Minutes			Major findings: Of operations _____ Date of _____ Of autopsy _____ What test confirmed diagnosis? _____	
9 Usual Occupation: _____			20 Was disease or injury in any way related to occupation of deceased? _____ If so, specify _____ (Signed) _____ M. O. (Address) _____ Date _____ 19 <u>45</u>	
10 Industry or Business: _____			21 <u>St. Lebanon Workmen's Church - W. Lo</u> Place of Burial, Cremation or Removal _____ (City or Town) DATE OF BURIAL <u>April 13</u> 19 <u>45</u>	
11 Social Security No. <u>none</u>			22 NAME OF FUNERAL DIRECTOR <u>Manuel Hlanetsky</u> ADDRESS <u>Washington St., Dor</u>	
12 BIRTHPLACE (City) <u>Winthrop, Mass.</u> (State or country)			Received and Aged _____ 19 <u>45</u> APR 17 1945 (Registrar)	
13 NAME OF FATHER <u>Samuel Salhanick</u>				
14 BIRTHPLACE OF FATHER (City) <u>Russia</u> (State or country) <u>Fall River, Mass.</u>				
15 MAIDEN NAME OF MOTHER <u>Ruth Werner</u>				
16 BIRTHPLACE OF MOTHER (City) <u>Boston, Mass.</u> (State or country)				
17 Informant (Address) <u>Alice Maliszewski</u> <u>44 Dehon St., Revere</u> (Relationship if any) <u>Grandmother</u>				
I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued: <u>Wm. L. Cullen</u> (Signature of Agent of Board of Health or other) <u>Health Officer</u> (Official Designation) <u>4/13/45</u> (Date of Issue of Permit)				

per hosp. 4/30/45

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

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

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

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



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

STANDARD
CERTIFICATE OF DEATH

Registered No. 87

PLACE OF DEATH

Suffolk
(County)
Winthrop
(City or Town)

No. 214 Somerset Ave St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Louise Adele (Hunter) Staples (If deceased is a married, widowed or divorced woman, give also maiden name.) (If U. S. War Veteran, specify WAR) no

(a) Residence. No. 214 Somerset Ave St. (Usual place of abode) (If nonresident, give city or town and state)

Length of stay: In hospital or institution years months days. In this community 33 yrs. mos. days. (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

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

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

(or) WIFE of Walter James Staples (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 10 Months 8 Days If less than 1 day Hours Minutes

9 Usual Occupation: house wife

10 Industry or Business:

11 Social Security No.

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

13 NAME OF FATHER William Henry Hunter

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

15 MAIDEN NAME OF MOTHER Eliza Davis

16 BIRTHPLACE OF MOTHER (City) Portsmouth (State or country) New Hampshire

17 Relation, if any

Informant: Richard H. Staples (Address) 214 Somerset Ave. Winthrop

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

(Signature of Agent of Board of Health or other)

(Official Designation) (Date of Issue of Permit) 4/6/45

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH April 15 1945 (Month) (Day) (Year)

19 I HEREBY CERTIFY That I attended deceased from April 14, 1945 to April 15, 1945

Last saw her alive on April 14, 1945, death is said to have occurred on the date stated above, at 10:50 a.m.

Immediate cause of death. Coronary Thrombosis

Duration IMPORTANT 24 hours

Due to

Due to

Other conditions Arterio Sclerosis 4 years (Include pregnancy within 3 months of death) IMPORTANT

Major findings: Of operations none Underline the cause to which death should be charged statistically.

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) Sydney M. Sieberson M. D.

(Address) Winthrop, Mass. Date 4/15/1945

21 Place of Burial, (City or Town) Winthrop, Mass. Date 4/16/1945

DATE OF BURIAL April 17, 1945

22 NAME OF FUNERAL DIRECTOR Chas. P. Benjamin

ADDRESS 174 Winthrop St. Winthrop

Received and filed 19

APR 17 1945 (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, empowered to issue such permits, 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 the board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., (Tercentenary Edition).*

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

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

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

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

SPACE FOR ADDITIONAL INFORMATION

Physicians should state CAUSE OF DEATH in plain terms, so 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
Winthrop
(City or Town)



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

(City or town making return)

STANDARD
CERTIFICATE OF DEATH

Registered No. 88

1 No. Winthrop Community Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)
2 FULL NAME Lizzil Durham (Lunt) Belcher (If deceased is a married, widowed or divorced woman, give also maiden name.)
(a) Residence. No. 226 Cottage Park Road St. (Usual place of abode) (If nonresident, give city or town and State)
Length of stay: In hospital or institution 2 months years 2 months — days. In this community 70 yrs. — mos. — days.
(Before death) (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

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

6a If married, widowed, or divorced

HUSBAND of (Give maiden name of wife in full)

(or) WIFE of Orlando Fuller Belcher
(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 6 Months 11 Days If less than 1 day Hours MinutesUsual Occupation: at home

Industry or Business:

11 Social Security No. none12 BIRTHPLACE (City) Orono, Meant
(State or country) name13 NAME OF FATHER Nathaniel Lunt14 BIRTHPLACE OF FATHER (City) unable to obtain
(State or country)15 MAIDEN NAME OF MOTHER Lois Whittier16 BIRTHPLACE OF MOTHER (City) unable to obtain
(State or country)

17 Mrs C. R. Buffum Relation. If any (wife)
Informant by marriage
(Address) 226 Cottage Park Rd

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

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

Health Officer (Official Designation) 4/21/45 (Date of issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH April 20 1945
(Month) (Day) (Year)

19 I HEREBY CERTIFY That I attended deceased from September 15, 1944, to April 20, 1945.
I last saw him alive on April 20, 1945, death is said to have occurred on the date stated above, at 12:45 P. M.

Immediate cause of death: Angina Pectoris Duration Important 6 months

Due to Arteriosclerotic Heart Disease 3 years.

Due to
Other conditions: None Important
(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? No

If so, specify Maurice Traustsen M. D.
(Signed) 567 Shirley St. Date April 20, 1945
(Address) Winthrop, Meant

21 Winthrop Community Hospital
Place of Burial, Cremation or Removal. (City or Town)
DATE OF BURIAL April 23 1945

22 NAME OF FUNERAL DIRECTOR Charles R. Bonniwell
ADDRESS 174 Winthrop St. Winthrop

Received and filed. 19

A TRUE COPY ATTEST:

APR 20 1945

(Registrar)

APR 20 1945

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

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

six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or 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.....

Suffolk (County)		Winthrop (City or Town)		No. <u>26 Center Street</u>		St. { (If death occurred in a hospital or institution, give its NAME instead of street and number)		Registrar's No. <u>89</u>	
2 FULL NAME <u>Robert George McKinley</u> (If deceased is a married, widowed or divorced woman, give also maiden name.) (a) Residence. No. <u>26 Cenetr Street</u> St. _____ (Usual place of abode) (If nonresident, give city or town and State) Length of stay: In hospital or Institution _____ years _____ months _____ days. In this community <u>25</u> 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 WIDOWED or DIVORCED Married			18 DATE OF DEATH <u>April. 22, 1945</u> (Month) (Day) (Year)				
5a If married, widowed, or divorced HUSBAND of <u>Elizabeth Hunter</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, 1945</u> to <u>April 22, 1945</u> I last saw him alive on <u>April 21, 1945</u>, death is said to have occurred on the date stated above, at <u>3 A. M.</u>				
6 Age of husband or wife if alive <u>63</u> years					Immediate cause of death <u>Acute Pulmonary edema</u> IMPORTANT <u>1 day</u>				
7 IF STILLBORN, enter that fact here.					Due to <u>Chronic hypercalcemia</u> 5 months				
8 AGE <u>63</u> years <u>4</u> Months _____ Days _____ Hours _____ Minutes					Due to <u>Chronic Hypertension and nephritis</u> 5 months				
9 Occupation: <u>Bank Messenger</u>					Other conditions <u>nephritis</u> IMPORTANT				
10 Industry or Business: <u>First National Bank (Boston)</u>					(Include pregnancy within 3 months of death)				
11 Social Security No. <u>022-10-4787</u>					Major findings: _____ Of operations _____ Date of _____				
12 BIRTHPLACE (City) (State or country) <u>Ireland</u>					Of autopsy _____ What test confirmed diagnosis? _____				
13 NAME OF FATHER <u>David McKinley</u>					Physician _____ Underline the cause to which death should be charged statistically.				
14 BIRTHPLACE OF FATHER (City) (State or country) <u>Ireland</u>					20 Was disease or injury in any way related to occupation of deceased? _____				
15 MAIDEN NAME OF MOTHER <u>Martha Heaney</u>					If so, specify <u>George H. Schwartz</u> M. D. (Signed) <u>9 Princeton St. W.B.</u> Date <u>4/23/45</u> (Address)				
16 BIRTHPLACE OF MOTHER (City) (State or country) <u>Ireland</u>					21 <u>Winthrop</u> <u>Winthrop</u> Place of Burial, Cremation or Removal (City or Town)				
17 Informant <u>Elizabeth McKinley</u> <u>Wife</u> (Address) <u>26 Center St. Winthrop</u>					DATE OF BURIAL <u>April 24</u> <u>45</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. Chilcress</u> (Signature of Agent of Board of Health or other) <u>Health Officer</u> <u>4/23/45</u> (Official Designation) (Date of Issue of Permit)					22 NAME OF FUNERAL DIRECTOR <u>Howard S. Reynolds</u> ADDRESS <u>Winthrop Mass.</u> Received and filed _____ 19 _____ <u>APR 26 1945</u> (Registrar)				

APR 26 1945

(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. 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. **90**

1 PLACE OF DEATH
Suffolk
(County)
Winthrop
(City or Town)
No. 195 Bartlett Rd.,



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

PHYSICIAN - IMPORTANT

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

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

(a) Residence, No. 195 Bartlett Rd., 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 116 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 Widow

5a If married, widowed, or divorced

HUSBAND of (Give maiden name of wife in full)
(or) WIFE of Willard Hall Hodgkins
(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 0 Months 0 Days If less than 1 day Hours Minutes

Usual Occupation: none

Industry or Business: at home

11 Social Security No. none

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

13 NAME OF FATHER Frederick Freeman

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

15 MAIDEN NAME OF MOTHER Margaret Cuthbertson

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

17 Informant Mrs. A. S. Tredwell (daughter)
(Address) 195 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:

(Signature of Agent of Board of Health or other)
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH April 24 1945
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from
September 10, 1942 to April 24, 1945

I last saw her alive on April 24, 1945, death is said to
have occurred on the date stated above, at 7:15 P.M.

Immediate cause of death Duration

Cerebral Hemorrhage 3 weeks
Due to Anteriorly located Heart Disease 2 years

Due to

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

Major findings: None Physician

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

(Signed) Maurice Tredwell, Jr. M. D.
(Address) 562 South St. Date April 24, 1945

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

DATE OF BURIAL April 27, 1945

22 NAME OF FUNERAL DIRECTOR L. E. Parker

ADDRESS 300 Meridian St., E. Boston

Received and filed MAY 1 1945

(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).

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.

(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 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, apnoea, 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 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 STATISTICSCOPY OF
CERTIFICATE OF DEATH

Stoneham

(City or town making return)

Registered No. 54 91

PLACE OF DEATH

Middlesex
(County)Stoneham
(City or Town)

No. New Eng. San. & Hosp.

St. (If death occurred in a hospital or institution,
give its NAME instead of street and number)2 FULL NAME Mary Frances Cusolito nee' Santo Spirito
(If deceased is a married, widowed or divorced woman, give also maiden name.)(If U. S.
War Veteran,
specify WAR)(a) Residence, No. 355 Winthrop
(Usual place of abode)St. Winthrop
(If nonresident, give city or town and State)Length of stay: In hospital or institution hospital years months 24 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 widowed
or DIVORCED5a If married, widowed, or divorced
HUSBAND of (Give maiden name of wife in full)
(or) WIFE of John Cusolito
(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 2 Months Days If less than 1 day
Hours MinutesUsual
9 Occupation: Housewife10 Industry
or Business:

11 Social Security No.

12 BIRTHPLACE (City) Lipari
(State or country) Italy

13 NAME OF FATHER Joseph Santo Spirito

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

15 MAIDEN NAME OF MOTHER Angela Cusolito

16 BIRTHPLACE OF MOTHER (City) Lipari
(State or country) Italy17 Informant Hospital record (Relation, if any)
(Address)

A TRUE COPY.

ATTEST: Winthrop A. W. P. (Registrar of city or town where death occurred)

DATE FILED April 7, 19 45

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH April 4, 1945
(Month) (Day) (Year)19 I HEREBY CERTIFY, That I attended deceased from
Feb. 15, 1945, to April 4, 1945.
I last saw her alive on April 4, 1945, death is said to
have occurred on the date stated above, at 11:19 p.m.

Immediate cause of death Surgical shock Duration 36 hrs

Due to Operation for cancer
of rectum 6 mos.

Due to

Other conditions
(Include pregnancy within 3 months of death)Major findings: Cancer of Rectum
Of operations Date of 4/3/45

Of autopsy Underline the cause to which death should be charged statistically.

What test confirmed diagnosis?

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

If so, specify Arthur L. Tauro, M. D.
(Signed) (Address) Malden, Mass. Date 4/4 19 4521 PLACE OF BURIAL, St. Michaels, Boston
CREMATION OR REMOVAL (Cemetery) (City or Town)

DATE OF BURIAL April 7, 19 45

22 NAME OF FUNERAL DIRECTOR Leo M. Norton
ADDRESS Malden, Mass.

Received and filed MAY 15 1945 19

(Registrar of City or Town where deceased resided)



The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

Tewksbury State Hospital

and Infirmary

(City or town making return)

COPY OF
CERTIFICATE OF DEATH

Registered No. 108 92

PLACE OF DEATH

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)

Elizabeth Larkin

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. 125 Cliff Avenue

Winthrop

(Usual place of abode)

(If nonresident, give city or town and State)

Length of stay: In hospital or institution years 10 months 19 days.

In this community 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

18 DATE OF DEATH April 18 1945
(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
May 29, 19 44, to Apr. 18, 19 45
I last saw her alive on Apr. 18, 19 45 death is said to
have occurred on the date stated above, at 8:40 A. M.

6 Age of husband or wife if alive years

Immediate cause of death

Duration

7 IF STILLBORN, enter that fact here.

Medullary Carcinoma of Rt.
Breast with Metastases? 1 1/2
Yrs.8 AGE 69 Years 6 Months 0 Days | If less than 1 day
Hours MinutesDue to Old Cerebral Hemorrhage
with Right HemiplegiaUsual
9 Occupation: HouseworkDue to Hypertensive Heart
Disease

10 or Business:

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

11 Social Security No.

Physician

12 BIRTHPLACE (City) Not learned
(State or country) EnglandUnderline
the cause to
which death
should be
charged sta-
tistically.

13 NAME OF FATHER William P. Larkin

Major findings:
Of operations

Date of

14 BIRTHPLACE OF FATHER (City) Not learned
(State or country) EnglandOf autopsy Biopsy and
What test confirmed diagnosis? Clinical

15 MAIDEN NAME OF MOTHER Anne Cochrane

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

If so, specify

(Signed) Lois B. Crowell, M. D.
(Address) T. S. H. and I. Tewksbury Date 4-18 19 4516 BIRTHPLACE OF MOTHER (City) Not learned
(State or country) England21 PLACE OF BURIAL St. Joseph, W. Roxbury
CREMATION OR REMOVAL (Cemetery) (City or Town)17 Informant Hospital Records (Relation, if any)
(Address)

DATE OF BURIAL April 21 19 45

A TRUE COPY. C. Winthrop Houghton Supt.
ATTEST: (Registrar of city or town where death occurred)22 NAME OF FUNERAL DIRECTOR H. L. Farmer and Son
ADDRESS Tewksbury, Massachusetts

DATE FILED April 18 19 45

Received and filed 19

(Registrar of City or Town where deceased resided)



PLACE OF DEATH
1

Suffolk

(County)

Winthrop

(City or Town)

No. Winthrop Community Hospital

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. 94

St. { (If death occurred in a hospital or institution,
give its NAME instead of street and number)2 FULL NAME Daisy L (Reid) Wilcke
(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. 457 Shirley Street
(Usual place of abode)

(If nonresident, give city or town and State)

Length of stay: In hospital or institution Hosp. years months 2 days. In this community 27 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
WIDDED
or DIVORCED Married5a If married, widowed, or divorced
HUSBAND of Henry H Wilcke (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 57 Years 9 Months 17 Days | If less than 1 day
Hours MinutesUsual
9 Occupation: HousewifeIndustry
10 or Business: Own Home

11 Social Security No. None

12 BIRTHPLACE (City)
(State or country) Canada13 NAME OF
FATHER John Reid14 BIRTHPLACE OF
FATHER (City)
(State or country) Ireland15 MAIDEN NAME
OF MOTHER Margaret Mathews16 BIRTHPLACE OF
MOTHER (City)
(State or country) Scotland

PARENTS

17 Informant Henry H Wilcke Husband
(Address) 457 Shirley St.I HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:Wm S Lechidress
(Signature of Agent of Board of Health or other)H.O. May 4/45
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF
DEATH May 2 1945
(Month) (Day) (Year)19 I HEREBY CERTIFY, That I attended deceased from
April 30, 1945, to May 2, 1945.
I last saw him alive on May 2, 1945, death is said to
have occurred on the date stated above, at 11:50 P.M.Immediate cause of death: Cerebral Hemorrhage
Duration April 30 1945

Due to

Due to Hypertension 1938

Other conditions
(Include pregnancy within 3 months of death)Major findings:
Of operations noneDate of
Of autopsy
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? No.

If so, specify
(Signed) Howard S. Reynolds M. D.
(Address) Winthrop, Mass. Date May 4 194521 Winthrop Winthrop
Place of Burial, Cremation or Removal. (City or Town)
DATE OF BURIAL May 5 194522 NAME OF
FUNERAL DIRECTOR Howard S. Reynolds
ADDRESS Winthrop, Mass.

Received and filed MAY 5 1945 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

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

1 PLACE OF DEATH

Suffolk
(County)

Winthrop
(City or Town)

No. 147 Court Road



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. 95

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

(a) Residence. No. 147 Court Rd. 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 _____ yrs. _____ mos. 48 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 allye _____ years

7 IF STILLBORN, enter that fact here.

8 AGE _____ Years 1 Months 18 Days If less than 1 day _____ Hours _____ Minutes

Usual
9 Occupation:

Industry
10 or Business:

11 Social Security No.

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

13 NAME OF FATHER Robert H. Reid

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

15 MAIDEN NAME OF MOTHER Lillian Jackman

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

17 Informant Robert H. Reid (Father)
(Address) 147 Court Road Winthrop

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

(Signature of Agent of Board of Health or other)

(Official Designation) (Date of Issue of Permit) 5/4/45

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH May - 3 - 1945
(Month) (Day) (Year)

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

20 Accident, suicide, or homicide (specify) accidental
Date of occurrence May - 3 - 1945

Where did injury occur? Winthrop Mass.
(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 Found dead in his room
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) _____ M. D.
(Address) 131 State St. Winthrop - 3 - 1945

22 Winthrop Winthrop
Place of Burial, Cremation or Removal (City or Town)
DATE OF BURIAL May 4 1945

23 NAME OF FUNERAL DIRECTOR John F. O'Malley
ADDRESS Winthrop Massachusetts

Received and filed _____ 19

MAY 5 1945

(Registrar)



It required 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. Winthrop Community Hospital

2

FULL NAME

Carl E. Larson
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(a) Residence. No. 29 Plummer Ave.,
(Usual place of abode)
Length of stay: In hospital or Institution 14 days
(Before death) (Specify whether)
years — months 8 days. In this community 35 yrs. mos. days.

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 Betty Peterson
(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

4

Months

6

Days

If less than 1 day

Hours

Minutes

9

Occupation:

Stationary Engineer

10

Industry or Business:

Pumping Station

11

Social Security No.

none

12

BIRTHPLACE (City)
(State or country)

Sweden

13

NAME OF FATHER

Emanuel Larson

14

BIRTHPLACE OF FATHER (City)
(State or country)

Sweden

15

MAIDEN NAME OF MOTHER

Kristana Sunbeck

16

BIRTHPLACE OF MOTHER (City)
(State or country)

Sweden

17

Informant Pontus Larson
(Address) 29 Plummer Ave., Winthrop
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)
Relation, if any (Son)
(Date of Issue of Permit) 5/11/45

18

DATE OF DEATH

May 8 1945
(Month) (Day) (Year)

19

I HEREBY CERTIFY That I attended deceased from

December 20 1943, to May 8 1945

I last saw him alive on May 8 1945, death is said to have occurred on the date stated above, at 6 P. M.

Immediate cause of death

Acute Coronary Thrombosis

Due to Angina Pectoris

Due to Congestive failure

Other conditions none

Major findings: 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) Jacoby Abrahamson, M. D.
(Address) 562 Shirley St. Date 5/10/45

21

Winthrop Winthrop
Place of Burial, Cremation or Removal. (City or Town)
DATE OF BURIAL May 11, 1945

22

NAME OF FUNERAL DIRECTOR Richard White
ADDRESS 147 Winthrop St., Winthrop

Received and filed MAY 15 1945

Registrar's No. 97

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

Duration IMPORTANT
5 day
2 mo
1 mo
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

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.

Registered No. 98

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.)

PHYSICIAN—IMPORTANT

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

(a) Residence, No.

(Usual place of abode)

St.

(If nonresident, give city or town and State)

Length of stay: In hospital or Institution

(Before death)

(Specify whether)

years

months

days

In this community

ys.

mos. & days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE (write the word)

MARRIED
WIDOWED
or DIVORCED

Male

White

Widowed

5a If married, widowed, or divorced

HUSBAND of

(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

Industry

10 or Business:

Busin. Fireman

11 Social Security No.

none

12 BIRTHPLACE (City)

(State or country)

East Boston mass

13 NAME OF
FATHER

Michael Ryan

14 BIRTHPLACE OF
FATHER (City)

(State or country)

Ireland

15 MAIDEN NAME
OF MOTHER

Margaret Kennedy

16 BIRTHPLACE OF
MOTHER (City)

(State or country)

Ireland

17 Informant
(Address)

Dennis J. Ryan

25 Summer St. Boston

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

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF
DEATH

May

11

1946

(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 myocardial infarction with resultant
fatal & probable
cerebral congestion

20 Accident, suicide, or homicide (specify)

Date of occurrence

May

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

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)

D. H. 100 Thos. M.D.

(Address)

Boston

Date May 11 1946

22

Place of Burial, Cremation or Removal

(City or Town)

DATE OF BURIAL

May 13

1946

23 NAME OF
FUNERAL DIRECTOR

W. P. Carley

ADDRESS

Reverton Mass

Received and filed

MAY 15 1946

19

(Registrar)

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

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

DESCRIPTION (for unknown person).....

THIS CERTIFICATE CONSTITUTES SUCH PERMIT

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. 99

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 Catena Messina
(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. 263 Chelsea St. East Boston
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or institution 2 wks. years months 7 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 WIDDED or DIVORCED Married

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

6 Age of husband or wife if alive 56 years

7 IF STILLBORN, enter that fact here.

8 AGE 47 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) Caltanissetta
(State or country) Italy

13 NAME OF FATHER Baldassaro Augusta

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

15 MAIDEN NAME OF MOTHER Rosa Geraci

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

17 Informant Charles Messina, Husband
(Address) 263 Chelsea St. East Boston

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

(Signature of Agent of Board of Health or other)

(Official Designation) Health Officer (Date of Issue of Permit) 5/16/45

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH May 12, 1945
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from May 5, 1945, to May 12, 1945

I last saw her alive on May 12, 1945, death is said to have occurred on the date stated above, at 9:15 p.m.

Immediate cause of death cirrhosis of liver

chronic pneumonia

Due to

Due to

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

Major findings: Of operations

Date of

Of autopsy

What test confirmed diagnosis?

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

If so, specify

(Signed) J. M. Ceplea M. D.
(Address) 5920 Margaret St. Boston Data 5-11-1945

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

DATE OF BURIAL May 16, 1945

22 NAME OF FUNERAL DIRECTOR Pennacchio & Son

ADDRESS 5920 Margaret St. Boston

Resolved and filed MAY 15 1945 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

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.	Registrar's No. 160
		Winthrop (City or Town)		No. 105 Grovers 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) No	
2	FULL NAME Dagney O. Paulson, (nee Hansen)		{ (If deceased is a married, widowed or divorced woman, give also maiden name.)				
(a) Residence. No. 105 Grovers Ave.		St.	(If nonresident, give city or town and State)				
Length of stay: In hospital or Institution None		years	months	days.	In this community 55 yrs. 7 mos. 22 days.		
		(Before death)		(Specify whether)			
PERSONAL AND STATISTICAL PARTICULARS							
3 SEX	4 COLOR OR RACE	5 SINGLE (write the word)					
Female	White	MARRIED WIDOWED or DIVORCED Married					
5a If married, widowed, or divorced HUSBAND of _____ (Give maiden name of wife in full) (or) WIFE of Ernest O. Paulson (Husband's name in full)							
6 Age of husband or wife if alive. 44 years							
7 IF STILLBORN, enter that fact here. --							
8 AGE 55 Years 7 Months 22 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) Cambridge (State or country) Mass.							
P A R E N T S	13 NAME OF FATHER Olof Hansen						
	14 BIRTHPLACE OF FATHER (City) Oslo (State or country) Norway						
	15 MAIDEN NAME OF MOTHER Gunda Michaelson						
	16 BIRTHPLACE OF MOTHER (City) Oslo (State or country) Norway						
17 Informant Ernest O. Paulson Relation, if any Husband (Address) 105 Grovers Ave. Winthrop							
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. M. D. Childress (Signature of Agent of Board of Health or other Health Officer) 5/14/45 (Official Designation) (Date of Issue of Permit)							
MEDICAL CERTIFICATE OF DEATH							
18 DATE OF DEATH May 13 1945 (Month) (Day) (Year)							
19 I HEREBY CERTIFY, That I attended deceased from April 7 , 19 45 , to May 13 , 19 45 I last saw her alive on May 13 , 19 45 , death is said to have occurred on the date stated above, at 11:40 P.M.							
Immediate cause of death Recurrent carcinoma of uterus (Post operative)							
Due to _____							
Due to _____							
Other conditions Metastases to rectum (Include pregnancy within 3 months of death) and bladder							
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? No If so, specify _____							
(Signed) Paul Weinsoft M. D. (Address) 89 Crest Ave. Winthrop, 1/4 1945							
21 Mt. Auburn Place of Burial, Cremation or Removal. (City or Town) Cambridge							
DATE OF BURIAL May 17, 1945							
22 NAME OF FUNERAL DIRECTOR Christian Berglund ADDRESS Arlington							
Received and filed. MAY 15 1945							
(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

NOTE 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.

Am(h)-1-11-4695

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. 101

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

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

(a) Residence. No. 123 Quincy Avenue St. Winthrop, Massachusetts (Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or institution 19 days Hospital months days. In this community 50 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

6a If married, widowed, or divorced HUSBAND of Marion G. Davis (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 Occupation: Retired Industry Advertising 10 or Business:

11 Social Security No.

12 BIRTHPLACE (City) Prince Edward Island (State or country)

13 NAME OF FATHER Michael Quinlan

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

15 MAIDEN NAME OF MOTHER Cannot be learned

16 BIRTHPLACE OF MOTHER (City) Prince Edward Island (State or country)

17 Informant Mildred M. Quinlan (Daughter) (Address) 123 Quincy 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:

William D. Childers (Signature of Agent of Board of Health or other) Agent May 20/45 (Official designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH May 19 1945 (Month) (Day) (Year)

19 I HEREBY CERTIFY That I attended deceased from April 30, 1945, to May 19, 1945. I last saw him alive on May 18, 1945, death is said to have occurred on the date stated above, at 8:30 a.m. Immediate cause of death Duodenal ulcer of 4 years

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: none

Of operations Date of

Of autopsy What test confirmed diagnosis? Clinical signs

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

If so, specify (Signed) Daniel H. Preen M. D. (Address) Winthrop Mass Date May 17 1945

21 Lakeside Cochituate Mass Place of Burial, Cremation or Removal May 21 (City or Town) 45 DATE OF BURIAL 19

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

Received and filed MAY 22 1945 19

A TRUE COPY ATTEST: (Registrar)

SPACE FOR ADDITIONAL INFORMATION

PLACE OF DEATH		The Commonwealth of Massachusetts OFFICE OF THE SECRETARY DIVISION OF VITAL STATISTICS		To be filed for burial permit with Board of Health or its Agent.	
1 { Suffolk (County) Winthrop (City or Town) No. 148 Winthrop St.,		STANDARD CERTIFICATE OF DEATH		Registrar's No. 102	
2 FULL NAME <u>Dr. Richard Metcalf</u> (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) World 1	
(a) Residence. No. <u>148 Winthrop St.,</u> (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 <u>5</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>			
5a If married, widowed, or divorced HUSBAND of <u>Ethel Stevenson Metcalf</u> (Give maiden name or wife in full) (or) WIFE of _____ (Husband's name in full)					
6 Age of husband or wife if alive <u>49</u> years					
7 IF STILLBORN, enter that fact here.					
8 AGE <u>57</u> Years <u>1</u> Months <u>20</u> Days If less than 1 day Hours _____ Minutes _____					
9 Usual Occupation: <u>Physician</u>					
10 Industry or Business: <u>Medicine</u>					
11 Social Security No. _____					
12 BIRTHPLACE (City) <u>Providence</u> (State or country) <u>R. I.</u>					
13 NAME OF FATHER <u>Joseph M. Metcalf</u>					
14 BIRTHPLACE OF FATHER (City) <u>Brooklyn</u> (State or country) <u>Cenn.</u>					
15 MAIDEN NAME OF MOTHER <u>Cora Cornell</u>					
16 BIRTHPLACE OF MOTHER (City) <u>Dover</u> (State or country) <u>N. H.</u>					
17 Informant <u>Ethel S. Metcalf</u> Relation, if any <u>(Wife)</u> (Address) <u>148 Winthrop 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>W. S. Childress</u> (Signature of Agent of Board of Health or other) <u>Health Officer</u> (Official Designation) <u>5/23/45</u> (Date of Issue of Permit)					
MEDICAL CERTIFICATE OF DEATH					
18 DATE OF DEATH <u>May 21 1945</u> (Month) (Day) (Year)					
19 I HEREBY CERTIFY, That I attended deceased from <u>Dec 21 1944</u> to <u>May 21 1945</u> I last saw him alive on <u>May 20 1945</u> ; death is said to have occurred on the date stated above, at <u>6:5 A.M.</u> Immediate cause of death <u>Coronary Thrombosis</u> Duration IMPORTANT <u>6 mos.</u>					
Due to _____					
Due to _____					
Other conditions (Include pregnancy within 3 months of death) _____					
Major findings: Of operations: <u>none</u> Date of _____					
Of autopsy: <u>none</u> What test confirmed diagnosis? <u>Clinical Signs</u>					
20 Was disease or injury in any way related to occupation of deceased? <u>No</u> If so, specify _____ (Signed) <u>Harold A. B. ...</u> M. D. (Address) <u>Winthrop</u> Date <u>May 21 1945</u>					
21 <u>Winthrop</u> <u>Winthrop</u> Place of Burial, Cremation or Removal (City or Town) DATE OF BURIAL <u>May 23, 1945</u>					
22 NAME OF FUNERAL DIRECTOR <u>Richard W. White</u> ADDRESS <u>147 Winthrop St., Winthrop</u>					
Received and filed <u>MAY 25 1945</u> (Registrar)					

PARENTS

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

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

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

1st Lt. Richard Metcalf

United States Army Medical Corp

#1533257

Date of Enlistment June 9, 1917 -

Date of Separation Dec. 24, 1918

PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)

No. 7 Temple Ave



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

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

Registered No.

103

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

2 FULL NAME **Florence A. Ford**
(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. **7 Temple 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

MEDICAL CERTIFICATE OF DEATH

3 SEX **female** 4 COLOR OR RACE **white** 5 SINGLE (write the word)
MARRIED
WIDOWED **single**
or **DIVORCED**

18 DATE OF DEATH **3** **1945**
(Month) (Day) (Year)

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

19 I HEREBY CERTIFY, That I attended deceased from
19 to 19
I last saw him alive on 1915, death is said to
have occurred on the date stated above, at m.
Immediate cause of death

6 Age of husband or wife if alive years

7 IF STILLBORN, enter that fact here.

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

9 Occupation: **At Home**

10 Industry or Business: **Housework**

11 Social Security No.

12 BIRTHPLACE (City)
(State or Country) **East Boston**
Massachusetts

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?

Duration

IMPORTANT

3

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) **Edward J. Trautner** M. D.
(Address) **20** Date **1915**

21 **Holy Cross** **Malden**
Place of Burial, Cremation or Removal (City or Town)
DATE OF BURIAL **May 26 1945**

22 NAME OF FUNERAL DIRECTOR **John F. O'Malley**
ADDRESS **Winthrop Massachusetts**

Received and Filed

MAY 28 1945

(Registrar)

19

17 Informant **Gertrude Silver** (sister)
(Address) **7 Temple Ave Winthrop Mass**

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

(Signature of Agent of Board of Health or other)

Health Officer (Official Designation) **5/20/46** (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

terms, so 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, require physicians to insert a recital to that effect.

100m. (g.) 1-45-15510



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

STANDARD
CERTIFICATE OF DEATH

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

Registered No. 104

1 PLACE OF DEATH
Suffolk (County)
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 Phyllis Colby Allen.
(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. 177 Somerset Avenue
(Usual place of abode)

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

Length of stay: In hospital or institution Hospital years months 8 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. WIDOWED or DIVORCED

5a If married, widowed, or divorced HUSBAND of Robert H. Allen.
(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 0 Months 11 Days | If less than 1 day Hours Minutes

Usual Occupation: House wife

Industry or Business: At home

11 Social Security No. No. - East Boston

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

13 NAME OF FATHER Charles Sumner Colby.

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

15 MAIDEN NAME OF MOTHER Elizabeth Stratton

16 BIRTHPLACE OF MOTHER (City) South Portland (State or country) Maine.

17 Informant Miss Virginia Allen (daughter) (Address) 177 Somerset Ave Winthrop

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

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH May 24 1945
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from Jan 1, 1945, to May 24, 1945.
I last saw her alive on 5/24/45. Death is said to have occurred on the date stated above, at 8:30 P.M.

Immediate cause of death.

Pneumonia
Chronic Myocarditis

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

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) Fred L. Hagan M. D.
(Address) 6705 Arlington St. Date 5/24/45

21 Arlington National Cem Arlington Va.
Place of Burial, Cremation or Removal. (City or Town)

DATE OF BURIAL May 29, 1945 19

22 NAME OF FUNERAL DIRECTOR Charles R. Benson
ADDRESS 174 Winthrop St. a.m.

Received and Filed 19

MAY 28 1945

(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 bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. 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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(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance 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

DATE OF ENTERING MILITARY SERVICE _____

DATE OF DISCHARGE _____

RANK, RATING _____

ORGANIZATION AND OUTFIT _____

SERVICE NUMBER _____

May 18

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

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

Registered No. **105**

**STANDARD
CERTIFICATE OF DEATH**

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

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

(a) Residence, No. **52 Orlando Avenue** St. (If nonresident, give city or town and State)
(Usual place of abode)

Length of stay: In hospital or institution years months days. In this community **58** 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 May (Month) 25 (Day) 1945 (Year)	19 I HEREBY CERTIFY, That I attended deceased from September , 19 42 , to May , 19 45 , 19 45 I last saw him 4 alive on May 25 , 19 45 , death is said to have occurred on the date stated above, at 8:30 P. m. Duration 2 yrs.	
5a If married, widowed, or divorced HUSBAND of Helen F. Hubbard (Give maiden name of wife in full) (or) WIFE of (Husband's name in full)			Immediate cause of death Chronic Myocarditis		
6 Age of husband or wife if alive 70 years			Due to		
7 IF STILLBORN, enter that fact here.			Due to		
8 AGE 77 Years Months 8 Days If less than 1 day Hours Minutes			Other conditions Hypertension - Cancer of (Include pregnancy within 8 months of death) Tongue + Rt. lower jaw.		
9 Usual Occupation: Retired			Major findings: CANCER Of operations		
10 Industry or Business: Merchant			Date of Oct. 1943		
11 Social Security No. none			Of autopsy		
12 BIRTHPLACE (City) Roxbury (State or country) Mass			What test confirmed diagnosis?		
PARENTS	13 NAME OF FATHER Charles R. Gardner		20 Was disease or injury in any way related to occupation of deceased? No If so, specify		
	14 BIRTHPLACE OF FATHER (City) Boston (State or country) Mass		(Signed) Edward J. Frank (Address) 205 Washington Ave Date May 24 19 45 M. D.		
	15 MAIDEN NAME OF MOTHER Hannah French		21 Winthrop Place of Burial, Winthrop Removal (City or Town)		
	16 BIRTHPLACE OF MOTHER (City) unknown (State or country)		OATE OF BURIAL May 28 19 45		
17 Informant Mrs. C. R. Gardner (Address) Wife Relation, If any			22 NAME OF FUNERAL DIRECTOR Charles R. Benson ADDRESS 174 Winthrop St.		
I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued: William D. Childers (Signature of Agent of Board of Health or other) Agent (Official designation) May 28/45 (Date of issue of permit)			Received and filed MAY 28 1945 (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.

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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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RULES OF PRACTICE

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

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

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

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

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

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

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

PLACE OF DEATH

Suffolk
(County)
Winthrop
(City or Town)

No. 63 Prospect 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.

106

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

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

(a) Residence. No. 63 Prospect Ave.
(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 33 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 83 Years 3 Months 11 Days | If less than 1 day
Hours Minutes

9 Usual Occupation: Housework

Industry Own Home
10 or Business:

11 Social Security No. None

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

13 NAME OF FATHER Ephraim D Downes

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

15 MAIDEN NAME OF MOTHER Elizabeth Sargent

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

17 Informant Elizabeth Smyth (Name of any
(Address) 294 Edgenhill Rd. Milton)

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

(Signature of Agent of Board of Health or other)

Health Officer 5/31/45
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH May 28 1945
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from
May 24, 1945, to May 28, 1945.
I last saw her alive on May 28, 1945, death is said to
have occurred on the date stated above, at 7:20 P. m.

Immediate cause of death: Cerebral Hemorrhage
Due to chronic Hypertension
Duration 4 days

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations: 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: No. (Signed) M. D. (Address) Winthrop, Mass. Date May 29 1945

21 Mt. Hope Boston
Place of Burial, Cremation or Removal. (City or Town)
DATE OF BURIAL May 31 1945

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

Received and Filed JUN 1 1945 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

DEATH in plain terms, so 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-9-44-14955

PLACE OF DEATH

Suffolk
(County)Winthrop
(City or Town)

No. 205 Cliff Ave



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

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

Registered No.

107

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

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

(a) Residence. No. 205 Cliff 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 — yrs 33 mos. — days.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6 Age of husband or wife if alive 60 years

7 IF STILLBORN, enter that fact here.

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

9 Occupation Heating Engineer

10 Industry Heating

11 Social Security No. 309--03--4304

12 BIRTHPLACE (City) New York
(State or Country) N.Y.

13 NAME OF FATHER Robert S. Wilson

14 BIRTHPLACE OF FATHER (City) New York
(State or Country) N. Y.

15 MAIDEN NAME OF MOTHER Sophie D. Millburn

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

17 Informant Edith M. Wilson (Wife if any)
(Address) 205 Cliff Ave

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

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

Health Officer (Official Designation) 5/31/45
(Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH May 29 1945
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from March 9 1945 to May 29 1945
I last saw him alive on May 29 1945 death is said to have occurred on the date stated above, at 2:30 A.M.

Immediate cause of death Acute Coronary Thrombosis Duration 24 hours 3 mos
Due to Angina Pectoris

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

Major findings: Of operations none

Of autopsy none Date of What test confirmed diagnosis clinical & laboratory

20 Was disease or injury in any way related to occupation of deceased? No
It so, specify Jacob Abrams M.D.
(Signed) 602 Shirley St. Date May 29 1945
(Address) Winthrop

21 Winthrop Winthrop
Place of Burial, Cremation or Removal. June 1 1945
DATE OF BURIAL

22 NAME OF FUNERAL DIRECTOR John M. O'Malley
ADDRESS Winthrop

Received and Filed JUN 1 1945 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).

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

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)-1-41-4095

PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)

No. 16A Lincoln Street

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

STANDARD
CERTIFICATE OF DEATH

(City or town making return)

Registered No. 108

2 FULL NAME Cora M.E. (Davison) Irwin

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

(a) Residence. No. 16A Lincoln 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 U. S. War Veteran?)

If so, (specify WAR)

Length of stay: In hospital or institution (Before death)

years months days

In this community 74 yrs. 7 mos. 11 days

PERSONAL AND STATISTICAL PARTICULARS

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

6a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of Samuel Irwin

(Husband's name in full)

8 Age of husband or wife if alive 74 years

7 IF STILLBORN, enter that fact here.

8 AGE 74 Years 7 Months 11 Days If less than 1 day Hours Minutes

9 Usual Occupation Housewife

10 Industry or Business Own Home

11 Social Security No. None

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

13 NAME OF FATHER John Davison

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

15 MAIDEN NAME OF MOTHER Lovicy White

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

17 Informant Samuel Irwin Husband (Address) 16A Lincoln Street Winthrop

1 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
(Signature of Agent of Board of Health or other Health Officer)
(Official Designation)
(Date of Issue of Permit) 6/1/45

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH May 31 1945 (Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from May 15, 1945, to May 31 1945

I last saw her alive on May 30 1945, death is said to have occurred on the date stated above, at 10:45 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

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) M. D.

(Address) Winthrop Date May 31 1945

21 Woodlawn Crematory Everett

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

DATE OF BURIAL June 2 1945

22 NAME OF FUNERAL DIRECTOR Howard S. Reynolds

ADDRESS Winthrop

Received and filed JUN 1 1945

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.*

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

six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or 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 STATISTICSCOPY OF
CERTIFICATE OF DEATH

REVERE

(City or town making return)

Registered No. 135 109

PLACE OF DEATH

Suffolk

(County)

Revere

(City or Town)

No. Revere General Hospital

St. { (If death occurred in a hospital or institution,
give its NAME instead of street and number)2 FULL NAME Arthur S. Didham
(If deceased is a married, widowed or divorced woman, give also maiden name.)(If U. S.
War Veteran,
specify WAR)(a) Residence, No. 101 Upland Road
(Usual place of abode)

St. Winthrop

(If nonresident, give city or town and State)

Length of stay: In hospital or institution Hosp. *****15 days.
(Before death) (Specify whether) years months

In this community 20 yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

Male White Married

5a If married, widowed, or divorced Elsie S. Coddington
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 57 Years 9 Months 6 Days | If less than 1 day
Hours MinutesUsual
9 Occupation: ForemanIndustry
10 or Business: Shade and Screen Co.

11 Social Security No. 029-03-6505

12 BIRTHPLACE (City) Halifax
(State or country) Nova Scotia13 NAME OF
FATHER Joshua Didham14 BIRTHPLACE OF
FATHER (City) Canada
(State or country)15 MAIDEN NAME
OF MOTHER Sarah Stoyles16 BIRTHPLACE OF
MOTHER (City) Canada
(State or country)17 Informant Elsie S. Didham (Relation, if any)
(Address) 101 Upland Rd. Winthrop

A TRUE COPY.

ATTEST:

(Registrar of city or town where death occurred)

DATE FILED May 12, 1945

18 DATE OF
DEATH May 5 1945
(Month) (Day) (Year)19 I HEREBY CERTIFY, That I attended deceased from
March 20, 1945, to May 5, 1945
I last saw him alive on May 5, 1945, death is said to
have occurred on the date stated above, at 1:55 A. m.Immediate cause of death
Coronary Thrombosis 2 weeks
Coronary heart disease 1 years
Due to Generalized arterio
sclerosis and hypertension 7 yearsDue to
Other conditions left nephrectomy 6 years
(Include pregnancy within 3 months of death) PhysicianMajor findings:
Of operations
Date of
Of autopsy
What test confirmed diagnosis? clinical20 Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Paul Weinsort M. D.
(Address) 89 Crest Ave., Revere Date 5/7 194521 PLACE OF BURIAL, Winthrop Winthrop
CREMATION OR REMOVAL (Cemetery) (City or Town)

DATE OF BURIAL May 8 1945

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

Received and filed JUN 20 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 and the deceased were recorded 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

EVERETT

(City or town making return)

COPY OF
CERTIFICATE OF DEATH

Registered No.

110

PLACE OF DEATH

Middlesex

(County)

Everett

(City or Town)

No. Whidden Hospital

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

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

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

(a) Residence, No.

32 Prospect Ave.

St.

Winthrop

(Usual place of abode)

(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 yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

m

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 Years Months 1 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)

Everett
Mass.

13 NAME OF
FATHER

Henry A.

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

Mass.

15 MAIDEN NAME
OF MOTHER

Rita A. Hirrel

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

Mass.

17 Informant
(Address)

Mary A. Foley grandmother
Medford

A TRUE COPY.

ATTEST:

(Registrar of city or town where death occurred)

DATE FILED

5-23-19 45

MEDICAL CERTIFICATE OF DEATH

18 DATE OF
DEATH

May 19,

1945

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY, that attended deceased from 5-18 1945, to 5-19 1945

I last saw him alive on 5-19 1945, death is said to have occurred on the date stated above, at 6.15p.m.

Immediate cause of death.

Atelectasis

Duration

1 dy.

Due to

Prematurity

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. Barbarisi

M. D.

(Address)

Everett

Date 5-21 1945

21 PLACE OF BURIAL,
CREMATION OR REMOVAL

Oak Grove, Medford

(Cemetery)

(City or Town)

DATE OF BURIAL

5-22-19 45

22 NAME OF
FUNERAL DIRECTOR

Edward J. Gaffey & Sons
Medford

ADDRESS

Received and filed

JUN 22 1945

19 45

(Registrar of City or Town where deceased resided)

M-11-11-42 10746

PLACE OF DEATH

Suffolk

(County)

(City or Town)

No. The Children's Hospital

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY

DIVISION OF VITAL STATISTICS

COPY OF

CERTIFICATE OF DEATH

(City or town making return)

Registered No. 111 4593

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

2 FULL NAME Steven Hewitt

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

122 Court Rd.

Winthrop Mass.

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

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

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

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

PERSONAL AND STATISTICAL PARTICULARS

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

5a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

6 Age of husband or wife if alive years

7 IF STILLBORN, enter that fact here.

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

9 Usual Occupation: ---

10 Industry or Business:

11 Social Security No.

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

13 NAME OF FATHER Robert " Hewitt

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

15 MAIDEN NAME OF MOTHER Ruth Hodgkins

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

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

A TRUE COPY.

ATTEST (Registrar of city or town where death occurred)

DATE FILED May 24, 1945 19

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH May 22, 1945 (Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from May 18, 1945 to May 22, 1945 I last saw him alive on May 22, 1945, death is said to have occurred on the date stated above, at 12:45a m. Duration

Immediate cause of death Peritonitis 4-5 dys

Due to Meckels diverticulum cong.

Due to Volvulus of intestina and gangrene " " 4-5 dys

Other conditions Prematurity (Include pregnancy within 3 months of death) Physician

Major findings: Of operations Gangrene of intestine and peritonitis Date of 5/19/45 Underline the cause to which death should be charged statistically.

Of autopsy Operation What test confirmed diagnosis? Operation

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

(Signed) R. Gross M. D. (Address) Boston Date 5/22/45

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

DATE OF BURIAL May 23, 1945

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

Resolved and filed 19

JUN 11 1945 (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 and 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

Cambridge

(City or town making return)

COPY OF
CERTIFICATE OF DEATH

Registered No. 772112

PLACE OF DEATH

Middlesex

(County)

Cambridge

(City or Town)

No. Holy Ghost Hospital

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

2 FULL NAME Marguerite LePage (Trahan)

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

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

(a) Residence, No.

29 Washington Ave.

St.

Winthrop

(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 1

months 25 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

5a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

6 Age of husband or wife if alive

years

7 IF STILLBORN, enter that fact here.

8 AGE 76

Years Months Days

If less than 1 day

Hours Minutes

Usual

9 Occupation:

at home

Industry

10 or Business:

Housework

11 Social Security No.

none

12 BIRTHPLACE (City)

Salem

(State or country)

Mass.

13 NAME OF

FATHER

Luke Trahan

14 BIRTHPLACE OF

FATHER (City)

Salem

(State or country)

Mass.

15 MAIDEN NAME

OF MOTHER

Mary Frances Terrio

16 BIRTHPLACE OF

MOTHER (City)

Salem

(State or country)

Mass.

17 Informant

(Address)

Miss Marie LePage (daughter)

29 Washington Ave Winthrop

A TRUE COPY.

ATTEST:

May 29, 1945

(Registrar of city or town where death occurred)

DATE FILED

Frederick H. Burke

MEDICAL CERTIFICATE OF DEATH

18 DATE OF

DEATH

May 28, 1945

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY, That I attended deceased from

May 1

1945, to

May 28, 1945.

I last saw her alive on May 28, 1945, death is said to

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

Immediate cause of death

Arteriosclerosis

Duration

4 yrs

Due to

Due to

Empyema

7 mos

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) Daniel MacKillop

(Address) Cambridge

Date 5/29/45 M. D.

21 PLACE OF BURIAL,

CREMATION OR REMOVAL

St Marys Cem. Salem

(Cemetery)

(City or Town)

DATE OF BURIAL

May 30, 1945

19

22 NAME OF

FUNERAL DIRECTOR

Joany E. Shea

ADDRESS

323 Broadway Cambridge

Received and filed

MAY 11 1945 JUN 1 1945

(Registrar of City or Town where deceased resided)

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(t)-1-44-1-5634

Suffolk

(County)

Winthrop

(City or Town)

No. 125 Cliff Ave.



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

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

Registered No. 113

PLACE OF DEATH

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

2 FULL NAME Emma Elizabeth (Willwerth) Daley

(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 hotel or institution (Before death) Hosp. years months days. In this community 2 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

(or) WIFE of James F. Daley (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 10 Months 23 Days | If less than 1 day Hours Minutes

Usual Occupation: Housewife

Industry Own Home

10 or Business: None

11 Social Security No.

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

13 NAME OF FATHER Frank Willwerth

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 Emily Ward (Address) 789 Shirley St. Winthrop

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

(Signature of Agent of Board of Health or other)

(Official Designation) (Date of Issue of Permit) 6/5/45

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH June 2, 1945
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from December 30, 1944, to June 2, 1945. I last saw him alive on June 2, 1945, death is said to have occurred on the date stated above, at 3:10 P. m.

Immediate cause of death.

Angina Pectoris

Duration

5 months
IMPORTANT

Due to Arteriosclerotic Heart Disease 3 years

Due to Generalized Arteriosclerosis 3 years

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

IMPORTANT

Major findings: None
Of operations

Physician

Of autopsy: None 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) Maurice Transfain Jr. M.D. D. (Address) 62 Shirley St. Winthrop Date June 4, 1945

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

DATE OF BURIAL June 5, 1945

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

Received and filed JUN-6-1945 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 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.

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

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

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

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

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

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

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

SPACE FOR ADDITIONAL INFORMATION

term, so that it may be properly classified. Exact statement of cause of death 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.

Registered No. **114**

1 PLACE OF DEATH
Suffolk
(County)
Winthrop
(City or Town)
No. *85 Sagamore Avenue*

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

2 FULL NAME *Moses M. Louie*
(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. *85 Sagamore Avenue*
(Usual place of abode)

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

Length of stay: In hospital or institution *no* years months days. In this community *58* yrs. mos. days.
(Before death) (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

18 DATE OF DEATH *June 3, 1945*
(Month) (Day) (Year)

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

19 I HEREBY CERTIFY, That I attended deceased from
December 22, 1934, to *June 3, 1945*
I last saw him alive on *April 1, 1945*, death is said to
have occurred on the date stated above, at *11:00 a.m.*

6 Age of husband or wife if alive years

Immediate cause of death *Acute Coronary Thrombosis*

7 IF STILLBORN, enter that fact here.

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

Due to *Angina Pectoris*

9 Usual Occupation: *None Retired*

Due to *Arteriosclerosis*

10 Industry or Business: *None Retired*

11 Social Security No. *none*

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

Other condition *none* *reported to mother of death*

Major findings: *none* *Heart.*

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? *no*
If so, specify

(Signed) *Jacob Chays M.D.*
(Address) *567 Shirley St. Boston 1945*

21 *Chesna Ave. Winthrop*
Place of Burial, Cremation or Removal (City or Town)

DATE OF BURIAL *June 4, 1945*

22 NAME OF FUNERAL DIRECTOR *J. J. Tor*

ADDRESS *151 Washington Ave. Chelsea*

Received and filed *JUN 6 1945*

19

17 Informant *Sarah Louie* (Address) *85 Sagamore Ave. Winthrop*
(Address)

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

Wm. D. Chas. Drury, Jr.
(Signature of Agent of Board of Health or other)

Health Office 6/4/45
(Official Designation) (Date of Issue of Permit)

PARENTS

13 NAME OF FATHER *Isaac Louie*

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

15 MAIDEN NAME OF MOTHER *Sarah (not obtainable)*

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

100m(t)-1-44-15034

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

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

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)-1-11-4667

1 PLACE OF DEATH

Suffolk.
(County)
Winthrop
(City or Town)

No.

29 Wilshire

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

2 FULL NAME

Charles E. Bennison

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

(a) Residence. No.

29 Wilshire

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 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

Married

5a If married, widowed, or divorced

HUSBAND of

Edith (Burrill)

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

6 Age of husband or wife if alive

71

years

7 IF STILLBORN, enter that fact here.

8

AGE 75 Years 11 Months 15 Days

If less than 1 day

Hours Minutes

Usual

9 Occupation:

Retired Funeral Director

Industry

10 or Business:

Funeral Business

11 Social Security No.

029-12-1163-A

12 BIRTHPLACE (City)

Yarmouth

(State or country)

Mass.

13 NAME OF

FATHER

Charles E. Bennison.

14 BIRTHPLACE OF

FATHER (City)

Sussex County

(State or country)

New Brunswick

15 MAIDEN NAME

OF MOTHER

Carolyn Taylor.

16 BIRTHPLACE OF

MOTHER (City)

Yarmouth

(State or country)

Mass

17

Informant

Mrs. Edith Bennison

Relation, if any

Wife

(Address)

29 Wilshire St.

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

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

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

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

Registered No.

115

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.

(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.

MEDICAL CERTIFICATE OF DEATH

18 DATE OF
DEATH

(Month)

(Day)

(Year)

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

Acute myocardial infarction
antecedent to coronary atherosclerosis

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?

Acute symptoms developed

Manner of

injury

Nature of

injury

While at work?

Was there an autopsy?

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

If so, specify

(Signed)

(Address)

Date

M. D.

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

DATE OF BURIAL June 9, 1945

23 NAME OF
FUNERAL DIRECTOR

ADDRESS

174 Winthrop St.

Received and filed

JUN 11 1945

(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 in be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which

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

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

100m (1)-1-44-13634
 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.



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

STANDARD
 CERTIFICATE OF DEATH

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

Registered No. **116**

1 PLACE OF DEATH
Suffolk
 (County)
Winthrop
 (City or Town)
 No. **89 Freemont Street**

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

2 FULL NAME **Nellie (Fitzherbert) Taylor**
 (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. **89 Freemont 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 **22** 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**

18 DATE OF DEATH **June 14 1945**
 (Month) (Day) (Year)

5a If married, widowed, or divorced
 HUSBAND of **Thomas C Taylor**
 (or) WIFE of **Thomas C Taylor**
 (Husband's name in full)

I HEREBY CERTIFY, That I attended deceased from
June 14 1945, to **June 14 1945**
 I last saw him alive on **June 14 1945** death is said to
 have occurred on the date stated above, at **9 P** m.

6 Age of husband or wife if alive **66** years

Immediate cause of death **Hypostatic pneumonia** Duration

7 IF STILLBORN, enter that fact here.

8 AGE **73** years **9** Months Days If less than 1 day
 Hours Minutes

IMPORTANT

9 Usual Occupation: **Housewife**

Due to **hypostatic pneumonia** 10 yrs

10 Industry or Business: **Own Home**

Due to **hypostatic pneumonia**

11 Social Security No. **None**

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

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

13 NAME OF FATHER **James Fitzherbert**

Major findings: Of operations Physician

14 BIRTHPLACE OF FATHER (City) **Fort Fairfield**
 (State or country) **Maine**

Data of Underline the cause to which death should be charged statistically.

15 MAIDEN NAME OF MOTHER **Agnes Sloat**

16 BIRTHPLACE OF MOTHER (City) **Fort Fairfield**
 (State or country) **Maine**

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

17 Informant **Thomas C Taylor** (Relationship, if any)
 (Address) **89 Freemont St Winthrop**

(Signed) **Thomas C Taylor** M. D.
 (Address) **Washington St** Date **6/15 1945**

21 **Presque Isle** **Maine**
 Place of Burial, Cremation or Removal (City or Town)

DATE OF BURIAL **June 18 1945**

22 NAME OF FUNERAL DIRECTOR **Howard S. Reynolds**
 ADDRESS **Winthrop Maine**

Received and filed **JUN 15 1945**

I HEREBY CERTIFY that a satisfactory standard 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)

(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

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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

1 PLACE OF DEATH		Suffolk (County)		Winthrop (City or Town)		104 Highland Ave. No.		St. { (If death occurred in a hospital or institution, give its NAME instead of street and number)		To be filed for burial permit with Board of Health or its Agent.		Registered No. 117	
2 FULL NAME		Catherine (Millen) Gentle										{ PHYSICIAN - IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR)	
(If deceased is a married, widowed or divorced woman, give also maiden name.)													
(a) Residence. No.		89 Main Street										St.	
(Usual place of abode)												(If nonresident, give city or town and State)	
Length of stay: In hospital or institution		Hosp.										/ years 6 months days.	
(Before death)		(Specify whether)										In this community 28 yrs. mos. days.	
PERSONAL AND STATISTICAL PARTICULARS												MEDICAL CERTIFICATE OF DEATH	
3 SEX		4 COLOR OR RACE		5 SINGLE (write the word)		18 DATE OF DEATH		June 15 1945					
Female		White		MARRIED WIDOWED or DIVORCED		Widowed		(Month) (Day) (Year)					
5a If married, widowed, or divorced		HUSBAND of										19 I HEREBY CERTIFY, That I attended deceased from	
(or) WIFE of		Cuthbert Gentle										, 19, to, 19	
(Husband's name in full)												I last saw h. alive on, 19, death is said to	
6 Age of husband or wife if alive		years										have occurred on the date stated above, at, m.	
7 IF STILLBORN, enter that fact here.												Immediate cause of death	
8 94 Years 8 Months 22 Days		If less than 1 day										Duration	
AGE		Years Months Days Hours Minutes										IMPORTANT	
9 Usual Occupation:		At Home										Due to	
Industry												Due to	
10 or Business:												Other conditions	
11 Social Security No.		None										(Include pregnancy within 3 months of death)	
12 BIRTHPLACE (City)		Scotland										IMPORTANT	
(State or country)												Major findings:	
13 NAME OF FATHER		John Millen										Of operations	
14 BIRTHPLACE OF FATHER (City)		Scotland										Of autopsy	
(State or country)												What test confirmed diagnosis?	
15 MAIDEN NAME OF MOTHER		Helen Pettie										20 Was disease or injury in any way related to occupation of deceased?	
16 BIRTHPLACE OF MOTHER (City)		Scotland										If so, specify	
(State or country)												(Signed)	
17 Informant		Norman Gentle										(Address)	
(Address)		89 Main St Winthrop										Winthrop Winthrop	
I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or cremation permit was issued:												DATE OF BURIAL	
(Signature of Agent or Board of Health or other)												June 16 1945	
H.D. [Signature]		June 15/45										22 NAME OF FUNERAL DIRECTOR	
(Official Designation)												ADDRESS	
												Received and filed	
												JUN 19 1945	
												(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).

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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

See instructions and extra forms 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. (R)-1-45-15510



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

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

Registered No. **118**

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

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

2 FULL NAME **Melissa Judith (MacWilliams) Wood.**
(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. **270 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 **55** yrs. mos. days.
(Before death) (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX **Female** 4 COLOR OR RACE **White** 5 SINGLE (write the word) **Married**
MARRIED **Oliver**
WIDOWED
OR DIVORCED
5a If married, widowed, or divorced
HUSBAND of **William O. Wood**
(Give maiden name of wife in full)
(or) WIFE of **William O. Wood**
(Husband's name in full)
6 Age of husband or wife if alive **80** years
7 IF STILLBORN, enter that fact here.
8 AGE **80** Years **5** Months **25** 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) **Tryon County**
(State or country) **Prince Edward Island**
PARENTS
13 NAME OF FATHER **David MacWilliams**
14 BIRTHPLACE OF FATHER (City) **Tryon County**
(State or country) **Prince Edward Island**
15 MAIDEN NAME OF MOTHER **Jane Enman.**
16 BIRTHPLACE OF MOTHER (City) **Charlottetown**
(State or country) **Prince Edward Island.**
17 Informant **William O. Wood.** (Address) **Winthrop Husband**

18 DATE OF DEATH **June 17 1945**
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from
April 25, 1945, to June 17, 1945

I last saw him **alive on June 17, 1945**, death is said to
have occurred on the date stated above, at **230 P** m.
Duration

Immediate cause of death **Carcinoma of Rectum** **6 mos**

Due to **Carcinoma of Rectum** **IMPORTANT**

Due to **Carcinoma of Rectum** **IMPORTANT**

Other conditions **Broncho pneumonia** **2 days**
(Include pregnancy within 8 months of death) **IMPORTANT**

Major findings: **Of operations** **Physician**

Date of **Underline the cause to which death should be charged statistically.**

20 Was disease or injury in any way related to occupation of deceased? **no**
If so, specify **Louis J. Salerno** M. D.

(Signed) **Louis J. Salerno** M. D.
(Address) **175 Pleasant St.** Date **June 18, 1945**

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

DATE OF BURIAL **June 19, 1945** 19

22 NAME OF FUNERAL DIRECTOR **Maurice J. Kirby**
ADDRESS **210 Winthrop St.**

Received and filed **JULY 1 1945** 19

(Registrar)

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

(Signature of Agent of Board of Health or other)
Health Officer (Date of Issue of Permit) **6/19/45**

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

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

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

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

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

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

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

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE _____

DATE OF DISCHARGE _____

RANK, RATING _____

ORGANIZATION AND OUTFIT _____

SERVICE NUMBER _____

be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so 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-(g)-1-45-15510

PLACE OF DEATH		The Commonwealth of Massachusetts OFFICE OF THE SECRETARY DIVISION OF VITAL STATISTICS		STANDARD CERTIFICATE OF DEATH		To be filed for burial permit with Board of Health or its Agent.	
1	Suffolk (County) Winthrop (City or Town) No. 230 Pleasant			ST (If death occurred in a hospital or institution, give its NAME instead of street and number)		Registered No. 119	
2 FULL NAME Edward M. Goodwin (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. 230 Pleasant (Usual place of abode)		ST		(If nonresident, give city or town and State)			
Length of stay: In hospital or institution 100 (Before death) (Specify whether)		years		months		days	
				In this community		7 yrs. — mos. — days.	
PERSONAL AND STATISTICAL PARTICULARS							
3 SEX male	4 COLOR OR RACE white	5 SINGLE (write the word) MARRIED WIDOWED or DIVORCED wid.					
5a If married, widowed, or divorced HUSBAND of (or) WIFE of		Isabel A. Pefflow (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 — Months — Days		If less than 1 day Hours — Minutes					
9 Usual Occupation: Box maker (retired)							
10 Industry or Business: Atwood M. Munnis							
11 Social Security No. none							
12 BIRTHPLACE (City) (State or country)		South Boston Mass					
PARENTS	13 NAME OF FATHER		Nehemiah Goodwin				
	14 BIRTHPLACE OF FATHER (City) (State or country)		Litchfield Maine				
	15 MAIDEN NAME OF MOTHER		Phileas Springer				
	16 BIRTHPLACE OF MOTHER (City) (State or country)		Litchfield Maine				
17 Mrs. Grace B. Wiley Informant (Address) 230 Pleasant St. Winthrop		Relation, if any (Mother)					
I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued: Wm. S. McLaughlin (Signature of Agent of Board of Health or other) Health Officer (Date of Issue of Permit) 6/20/45							
MEDICAL CERTIFICATE OF DEATH							
18 DATE OF DEATH		June 19, 1945 (Month) (Day) (Year)					
19 I HEREBY CERTIFY, That I attended deceased from November 25, 1942, to June 19, 1945							
I last saw him alive on June 18, 1945, death is said to have occurred on the date stated above, at 11:45 A.M.							
Immediate cause of death		Acute Coronary Thrombosis					
Due to		Angina Pectoris					
Due to		Arteriosclerosis					
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		Jacob Abrams					
(Signed)		M. D.					
(Address)		502 1st St. N. Wash. D.C.					
21 Place of Burial, Cremation or Removal		(City or Town) Caret					
DATE OF BURIAL		June 21, 1945					
22 NAME OF FUNERAL DIRECTOR		Albert F. Douglas					
ADDRESS		242 Washington Ave., Wash.					
Received and Filed		JUN 26 1945					
		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).

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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

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE 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. **120**

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. **123 Hermon St., Winthrop** St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME **Anna Palvik (Wartko)**
(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. **123 Hermon St.** St. (If nonresident, give city or town and State)
(Usual place of abode)

Length of stay: In hospital or institution **none** years months days. In this community **6 yrs. - mos. - days.**
(Before death) (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6 Age of husband or wife if alive years

7 IF STILLBORN, enter that fact here.

AGE **65** Years **8** Months **23** Days | If less than 1 day
Hours Minutes

Usual Occupation: **At home**

Industry **housewife**
10 or Business:

11 Social Security No. **none**

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

13 NAME OF FATHER **John Wartko**

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

15 MAIDEN NAME OF MOTHER **Anna (unknown)**

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

17 Informant **Peter P. Palvik** (Relation, if any)
(Address) **123 Hermon St., Winthrop**

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

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH **June 21** **1945**
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from **Oct 1944** **1940** to **June 21**, **1945**

I last saw h. **er** alive on **June 15**, **1945** death is said to have occurred on the date stated above, at **11:30 A. m.**

Immediate cause of death **Coronary occlusion: Coronary sclerosis**

Due to

Due to

Other conditions **Arteriosclerosis generalized**
(Include pregnancy within 8 months of death)

Major findings:
Of operations

Of autopsy

What test confirmed diagnosis? **Ecq. Ecq.**

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

(Signed) **H. B. Greenfield** M. D.
(Address) **447 State St., Boston** Data **6-22** **1945**

21 **Clifton New Jersey**
Place of Burial, Cremation or Removal. (City or Town)

DATE OF BURIAL **June 25 1945** **19**

22 NAME OF FUNERAL DIRECTOR **Richard C Kirby**
ADDRESS **Boston**

Received and filed **JUN 26 1945** **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).

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

DATE OF ENTERING MILITARY SERVICE _____

DATE OF DISCHARGE _____

RANK, RATING _____

ORGANIZATION AND OUTFIT _____

SERVICE NUMBER _____

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

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

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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.

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SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

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)-1-1-4695

PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)

No. Winthrop Community Hosp.

2 FULL NAME Charles Henry Palmer

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

(a) Residence. No. 27 Bellevue Ave.

(Usual place of abode)

Length of stay: In hospital or institution Hosp. (Before death)

years

months

6 days.

(Specify whether)

In this community 24 yrs. mos. days.

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



STANDARD

CERTIFICATE OF DEATH

(City or town making return)

Registered No. 122

(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

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

Male

White

MARRIED

WIDOWED

or DIVORCED

Married

5a If married, widowed, or divorced

HUSBAND of Emma Vosburgh

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

6 Age of husband or wife if alive 74 years

7 IF STILLBORN, enter that fact here.

8 AGE 72 Years 10 Months 1 Days If less than 1 day

9 Occupation Gate Tender (Retired)

10 Industry or Business N. Y. & N. H. Railroad

11 Social Security No. 706-03-0341

12 BIRTHPLACE (City) Boston, M. ss.

13 NAME OF FATHER

Ezra Palmer

14 BIRTHPLACE OF FATHER (City)

(State or country)

Canada

15 MAIDEN NAME OF MOTHER

Georgeanna Stedman

16 BIRTHPLACE OF MOTHER (City)

(State or country)

Nova Scotia

17 Informant Emma E Palmer (Wife)

(Address) 27 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:

(Signature of Agent of Board of Health or other)
Health Officer 6/25/45

(Official Designation)

(Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH June 23, 1945

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY. That I attended deceased from September 2, 1944, to June 22, 1945

I last saw him alive on June 22, 1945, death is said to have occurred on the date stated above, at 7:05 A. m.

Immediate cause of death

Cerebral Hemorrhage

Duration Important

5 days

Due to Hypertension

2 years

Due to Atherosclerosis

5 years

Other conditions None

Important

(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings:

Of operations None

Date of

Of autopsy None

What test confirmed diagnosis? Cerebral + laboratory

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) Maurice Traubert, Jr. M. D.

(Address) 562 Shirley St. Date June 23, 1945

21 Winthrop Winthrop

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

DATE OF BURIAL June 25, 1945

22 NAME OF FUNERAL DIRECTOR Howard S. Reynolds

ADDRESS Winthrop, Mass.

Received and filed JUN 26 1945 19

A TRUE COPY ATTEST:

(Registrar)

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been hurried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician. If any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the 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 healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework*. For a person engaged in domestic service for wages, however, designate the occupation by 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

No.

2 FULL NAME

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

(a) Residence. No.

(Usual place of abode)

Length of stay: In hospital or institution

(Specify whether)

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

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

(If nonresident, give city or town and state) 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

5a If married, widowed or divorced HUSBAND of Eva Shuman

(Give maiden name of wife in full)

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

6 Age of husband or wife if alive. 30 years

7 IF STILLBORN, enter that fact here.

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

9 Occupation: Warehouse Worker

10 Industry or Business: Elm Farm Foods Inc.

11 Social Security No. 023-07-2651

12 BIRTHPLACE (City) Austria (State or country)

13 NAME OF FATHER Jacob Kwatcher

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

15 MAIDEN NAME OF MOTHER Sarah Strietz

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

17 Informant Eva Kwatcher (Address) 19-101 Elm St. Roxbury Relation Wife

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

Signature of Agent of Board of Health or other)

(Official Designation) Jun 27 1945 (Date of Issue of Permit)

BOSTON HEALTH DEPT.

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. 123

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH June 27 / 1945 (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 liver and right adrenal

Crushed between tailboard of truck and wall of building June 26

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

20 Where did injury occur? Wentworth, Mass. (City or town and State)

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

If so, specify Industrial

(Signed) Dr. J. J. [Signature] M. D.

(Address) 10-11th St. and [Address] Date June 27 1945

22 Place of Burial, Cremation or Removal. St. Sebastian's P.C. [Address] (City or Town)

DATE OF BURIAL June 28 1945

23 NAME OF FUNERAL DIRECTOR Isaac Stetsky

ADDRESS 10-11th St. and [Address]

Received and Filed June 27 1945 13

(Registrar)

RETURN OF CERTIFICATES OF DEATH

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

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

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

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

DESCRIPTION (for unknown person).....

THIS CERTIFICATE CONSTITUTES SUCH PERMIT

should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so 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-(g)-1-45-15510

PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)

No. 33 Paine



The Commonwealth of Massachusetts
OFFICE OF THE 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

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

(e) Residence, No. 33 Paine
(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)

Winthrop

(If nonresident, give city or town and State)

Length of stay: In hospital or institution years months days. In this community 15 yrs. mos. days.
(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

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

Industry
10 or Business: At Home

11 Social Security No. None

12 BIRTHPLACE (City) Italy
(State or country)

13 NAME OF
FATHER Luigi Viglione

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

15 MAIDEN NAME
OF MOTHER Unknown

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

17 Nicholas Fronduto Relation, if any
Informant 33 Paine St., Winthrop (Son)
(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 at Board of Health or other)

(Official Designation)

(Date of Issue of Permit) 6/30/45

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH June 28 1945
(Month) (Day) (Year)

19 I HEREBY CERTIFY, that I attended deceased from
June 25 1945, to June 28 1945
last saw him alive on June 25 1945, death is said to
have occurred on the date stated above, at 6:45 p.m.

Immediate cause of death.....

Due to coronary thrombosis

Due to diabetes

Other conditions (Include pregnancy within 8 months of death) leukemia

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) Albert Scaramella M.D.
(Address) 100 North St., East Boston 1945

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

DATE OF BURIAL July 2, 1945

22 NAME OF FUNERAL DIRECTOR Albert Scaramella
ADDRESS 39 Orleans St., East Boston

Received and Aired JUL 3 1945 19

(Registrar)

IMPORTANT

IMPORTANT

Physician

Underline
the cause to
which death
should be
charged statistically.

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

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

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

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

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

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

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

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

per hosp. 7/4/45

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

STANDARD
CERTIFICATE OF DEATH

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

Registered No. 125

1 PLACE OF DEATH

Suffolk
(County)
Winthrop
(City or Town)

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

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

(a) Residence, No. 14 - Wash. St.
(Usual place of abode)

(If nonresident, give city or town and State)

Length of stay: In hospital or institution (Before death) (Specify whether) 3 years months days In this community yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

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

8 AGE 1 Years 2 Months 3 Days 4 If less than 1 day Hours 5 Minutes

9 Occupation: Usual

10 Industry or Business:

11 Social Security No.

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

13 NAME OF FATHER Irving Gould

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

15 MAIDEN NAME OF MOTHER Eva Weiner

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

17 Informant (Address) Irving Gould (Father) 14 - Wash. 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) July 2/45

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH June 29th 1945 (Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from June 29, 1945, to June 29, 1945

I last saw her alive on June 29, 1945, death is said to

have occurred on the date stated above, at 11:45 p.m.

Immediate cause of death

Pneumonia

Due to Atelectasis

Due to Atelectasis

Other conditions (Include pregnancy within 8 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) 14 - Wash. St. Winthrop

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

DATE OF BURIAL July 3, 1945

22 NAME OF FUNERAL DIRECTOR

ADDRESS 10 - Wash. St. Winthrop

Received and filed July 3, 1945

(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 bereunder. If the death certificate contains a recital, as required

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

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

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

information should be carefully supplied. AGE should be stated EXACTLY. If OCCUPATION is very important, DEATH in plain terms, so 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-9-44-14955

PLACE OF DEATH

Suffolk
(County)Winthrop
(City or Town)

No. 320 Bowdoin 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.

Registered No.

126

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

2 FULL NAME David P. Harrigan

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

(a) Residence No. 320 Bowdoin 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 30 yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Male

4 COLOR OR RACE

White

5 SINGLE (write the word)

MARRIED
WIDOWED
or DIVORCED Married5a If married, widowed or divorced
HUSBAND of

Laura C. Hines

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

6 Age of husband or wife if alive

46

years

7 IF STILLBORN, enter that fact here.

8 AGE

47

Years

Months

Days

If less than 1 day

Hours

Minutes

Usual

9 Occupation:

Machinist

10 Industry
or Business:

U. S. Navy

11 Social Security No.

12 BIRTHPLACE (City)
(State or Country)

East Boston

Massachusetts

13 NAME OF
FATHER

David J. Harrigan

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

East Boston

Massachusetts

15 MAIDEN NAME
OF MOTHER

Elizabeth Fitzpatrick

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

East Boston

Massachusetts

17 Informant
(Address)Laura C Harrigan (Wife of any)
320 Bowdoin 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)

H.O. Atte.

(Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF
DEATHJune 29 1945
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from

November 3, 1944 to June 29, 1945

I last saw him alive on June 29, 1945, death is said to

have occurred on the date stated above, at

12.30 A.M.

Immediate cause of death

Carcinomatosis

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operationsLesions in prostate - Bladder -
Liver - Sigmoid -

Date of April 13, 1945

Of autopsy

What test confirmed diagnosis?

Pathological -

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

No

(Signed)

(Address)

Edward J. Frammery
200 Washington St

Date June 29 1945

M. O.

21 Winthrop

Place of Burial, Cremation or Removal.

Winthrop

DATE OF BURIAL

July 2 1945

22 NAME OF
FUNERAL DIRECTOR

ADDRESS

John F. O'Malley
Winthrop, Massachusetts

Received and Filed

JUL 3 1945

(Registrar)

19

IMPORTANT

Physician

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

IMPORTANT

Duration

9 mos -

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

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

RUTLAND

(City or town making return)

Registered No. 1945

WORCESTER

(County)

RUTLAND

(City or Town)

No. Rutland State Sanatorium

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

2 FULL NAME Patricia Agnes Honan

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

(a) Residence. No. 23 Fremont

(Usual place of abode)

St. Winthrop, Mass.

(If nonresident, give city or town and State)

Length of stay: In hospital or Institution Sanatorium 4 years 1 month 17 days

(Before death)

(Specify whether)

In this community 4 yrs. 1 mos. 17 days.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX

Female

4 COLOR OR RACE

White

5 SINGLE (write the word)

MARRIED Single
WIDOWED
or DIVORCED

5a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

6 Age of husband or wife if alive

years

7 IF STILLBORN, enter that fact here.

8

AGE 26 Years 0 Months 15 Days

If less than 1 day

Hours Minutes

Usual

9 Occupation:

Clerk

Industry

10 or Business:

11 Social Security No.

029-03-3677

12 BIRTHPLACE (City)

Winthrop

(State or country)

Mass.

13 NAME OF

FATHER

Daniel Honan

14 BIRTHPLACE OF

FATHER (City)

Fall River

(State or country)

Mass.

15 MAIDEN NAME

OF MOTHER

Josephine Grimes

16 BIRTHPLACE OF

MOTHER (City)

Ireland

(State or country)

17 Informant

(Address)

State San. Records

(Relation, if any)

A TRUE COPY.

ATTEST:

(Registrar of city or town where death occurred)

DATE FILED

June 1, 1945

19

18 DATE OF
DEATH

June

1,

1945

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY, That I attended deceased from April 15, 1941, to June 1, 1945

I last saw her alive on June 1, 1945, death is said to

have occurred on the date stated above, at 1:00 A.M.

Duration

Immediate cause of death

Pulmonary tuberculosis

4 years

10 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? Microscopical

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

If so, specify

(Signed) Gabriel Madaeu

M. O.

(Address) Rutland State San. Date 6/1 1945

21 PLACE OF BURIAL,

CREMATION OR REMOVAL

Winthrop, Winthrop, Mass.

(Cemetery)

(City or Town)

DATE OF BURIAL

June 4, 1945

19

22 NAME OF

FUNERAL DIRECTOR

Birby Bros.

ADDRESS

Winthrop, Mass.

Received and filed

JUL 9 1945

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)

128

Registered No. 5664

1 PLACE OF DEATH

(County)
BOSTON
(City or Town)
No. **Carney Hospital**St. { (If death occurred in a hospital or institution,
give its NAME instead of street and number)2 FULL NAME **Ann Geever**

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

{ (If U. S.
War Veteran,
specify WAR)(a) Residence. No. **26 Sagamore Ave.** St. **Winthrop Mass.**
(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 **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 **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 **59** Years Months Days | If less than 1 day
Hours MinutesUsual
9 Occupation: **Domestic**Industry
10 or Business: **Home**

11 Social Security No.

12 BIRTHPLACE (City)
(State or country) **Ireland**13 NAME OF
FATHER **Patrick Geever**14 BIRTHPLACE OF
FATHER (City) **Ireland**
(State or country)15 MAIDEN NAME
OF MOTHER **May Fleming**16 BIRTHPLACE OF
MOTHER (City) **Ireland**
(State or country)17 Informant **Geo. Cusick** Relation, if any
(Address) **none**

A TRUE COPY.

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

DATE FILED **June 27, 1945** 19

MEDICAL CERTIFICATE OF DEATH

18 DATE OF
DEATH **June 24/45**
(Month) (Day) (Year)19 I HEREBY CERTIFY, That I attended deceased from
6/23/45, 19....., to **6/24/45**, 19.....
I last saw him/her alive on **6/24/45**, 19....., death is said to
have occurred on the date stated above, at **11:50p** m. Duration

Immediate cause of death.....

Acute circulatory failure dys**Uremia** dys

Due to.....

Due to.....

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

Date of.....

Of autopsy.....

What test confirmed diagnosis? **N**

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

If so, specify.....

(Signed) **L. J. Kenney**, M. D.(Address) **Boston Mass** Date **6/25/45**21 PLACE OF BURIAL, **Holyhood Brookline**
CREMATION OR REMOVAL (Cemetery) (City or Town)DATE OF BURIAL **June 27/45** 1922 NAME OF
FUNERAL DIRECTOR **J. F. O'Maly**
ADDRESS **Winthrop**

Received and filed 19

JUL 1 2 1945
(Registrar of City or Town where deceased resided)

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(t)-1-44-13634



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

STANDARD
CERTIFICATE OF DEATH

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

Registered No.

120

1 PLACE OF DEATH
Suffolk
(County)
Winthrop
(City or Town)
No. 95 Circuit Road

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

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

PHYSICIAN - IMPORTANT

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

(a) Residence, No. 95 Circuit 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 days. In this community 2 yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX 7 4 COLOR OR RACE white 5 SINGLE (write the word) MARRIED Married

18 DATE OF DEATH July 4 1945
(Month) (Day) (Year)

5a If married, widowed, or divorced
HUSBAND of (Give maiden name of wife in full)
(or) wife of Russell Wright (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 P. m.

6 Age of husband or wife if alive 41 years

Immediate cause of death: Vent condition. IMPORTANT

7 IF STILLBORN, enter that fact here.

8 AGE 37 Years 8 Months 15 Days | If less than 1 day Hours Minutes

9 Usual Occupation: Housewife

Due to: U.S. Armed jurisdiction

10 Industry or Business: none

11 Social Security No. none

12 BIRTHPLACE (City) Hamilton
(State or country) Ontario, Canada

Other conditions (Include pregnancy within 3 months of death)

IMPORTANT

13 NAME OF FATHER Maurice Edwin

Major findings: Of operations

Physician

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

Date of Underline the cause to which death should be charged statistically.

15 MAIDEN NAME OF MOTHER Ethel (cannot be named)

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

17 Informant Russell Wright (Address) 95 Circuit Road, Winthrop
(Address)

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

(Signed) George J. Smith M. D.
(Address) 151 Washington Ave. Chelsea Date 7-5 1945

21 Place of Burial, Cremation or Removal: Burial Ground of Beachmont - Everett
(City or Town)

DATE OF BURIAL July 6, 1945

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: Hyman Wolf
ADDRESS: 151 Washington Ave. Chelsea

(Signature of Agent of Board of Health or other)
Health Officer

Received and filed 19

(Official Designation) (Date of Issue of Permit) 7/5/45

JUL 6 1945

(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

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-9-4-14955

PLACE OF DEATH

Suffolk
(County)Winthrop
(City or Town)

No. 49 Hermon St



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

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

Registered No.

130

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

2 FULL NAME Joseph H. Wilson
(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. 49 Hermon 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 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 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 75 Years Months Days If less than 1 day Hours Minutes		
9 Usual Occupation: Shipper		
10 Industry or Business: Candy		
11 Social Security No. 031 --09--9346		
12 BIRTHPLACE (City) South Boston Mass (State or Country)		
PARENTS	13 NAME OF FATHER Joseph E. Wilson	
	14 BIRTHPLACE OF FATHER (City) Finland (State or Country)	
	15 MAIDEN NAME OF MOTHER Margaret McKeon	
	16 BIRTHPLACE OF MOTHER (City) Boston Mass (State or Country)	
17 Informant (Address) Eileen Wilson 49 Hermon St (Niece)		

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH July 5 1945 (Month) (Day) (Year)	IMPORTANT Physician Underline the cause to which death should be charged statistically.
19 I HEREBY CERTIFY, That I attended deceased from June 29 1945, to July 5 1945 I last saw him alive on July 5 1945 Death is said to have occurred on the date stated above, at 3:30 P. M. Immediate cause of death Myocarditis Due to Atherosclerosis 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. O'Donoghue (Address) Winthrop Mass Date 7/6/1945	
21 Place of Burial, Cremation or Removal Winthrop Winthrop (City or Town) DATE OF BURIAL July 11 1945 7-6-1945 22 NAME OF FUNERAL DIRECTOR John T. O'Malley ADDRESS Winthrop Received and Filed JUL 10 1945 (Registrar)	

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued.
Wm. S. Childers
(Signature of Agent of Board of Health or other)
Health Officer (Date of Issue of Permit) 7/6/45

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

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

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

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

1 PLACE OF DEATH

Suffolk
(County)
Winthrop
(City or Town)



The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH

(City or town making return)

Registered No. **131**

No. **Winthrop Community Hospital** St. { (If death occurred in a hospital or institution, give its NAME instead of street and number)
Robert Wellington Veitch
2 FULL NAME. **Veitch Robert W**
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(a) Residence. No. **476 Shirley St Winthrop** St.
(Usual place of abode)
Length of stay: In hospital or institution **Hospital** years months **9** days. (If nonresident, give city or town and state)
(Specify whether) In this community **17** yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX **Male** 4 COLOR OR RACE **White** 5 SINGLE (write the word) **Married**
5a If married, widowed, or divorced **Eunice Wilson**
HUSBAND of (Give maiden name of wife in full)
(or) WIFE of (Husband's name in full)

6 Age of husband or wife if alive **64** years

7 IF STILLBORN, enter that fact here.

8 AGE **70** Years **2** Months **28** Days If less than 1 day Hours Minutes

9 Usual Occupation: **Guard** (Woolen Co.)

10 Industry or Business: **American Woolen Co.**

11 Social Security No. **021-03-9691**

12 BIRTHPLACE (City) **Centerville**
(State or country) **Quebec**

13 NAME OF FATHER **John Veitch**

14 BIRTHPLACE OF FATHER (City) **Scotland**
(State or country)

15 MAIDEN NAME OF MOTHER **Berthea Law**

16 BIRTHPLACE OF MOTHER (City) **Scotland**
(State or country)

17 Informant **Eunice Veitch** Relation, if any **Wife**
(Address) **476 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. S. Childress
(Signature of Agent of Board of Health or other)

Health Officer (Official Designation) **7/9/45** (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH **July 7, 1945**
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from **July 5, 1945** to **July 7, 1945**
I last saw him alive on **July 7, 1945** death is said to have occurred on the date stated above, at **10:20 AM**.

Immediate cause of death **Coronary thrombosis** Duration **20 minutes**

Due to **Atherosclerosis** **2 years**

Due to

Other conditions **Pneumonia 2 weeks ago**
(Include pregnancy within 3 months of death)

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 + laboratory**

20 Was disease or injury in any way related to occupation of deceased? **No**

If so, specify

(Signed) **Maurice Tremblay Jr.** M. D.
(Address) **502 Shirley St Winthrop** Date **July 7, 1945**

21 **Winthrop** Place of Burial, Cremation or Removal (City or Town)

DATE OF BURIAL **July 10, 1945**

22 NAME OF FUNERAL DIRECTOR **Howard S. Parnell**

ADDRESS **Winthrop Mass**

Received and filed **JUL 10 1945** 19

A TRUE COPY ATTEST: (Registrar)

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such a removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be

obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., (Tercentenary Edition.)*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . *Chap. 114, Sec. 46, G. L., (Tercentenary Edition.)*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners will investigate and certify to all deaths 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

1 { PLACE OF DEATH
Suffolk
(County)
Winthrop
(City or Town)
No. 396-S



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. 132

PLAC No. 395 Shirley St. { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Hennetta F. Cronan { 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. 395 Shirley St. St. (If nonresident, give city or town and State)
(Usual place of abode)

Length of stay: in hospital or Institution _____ years _____ months _____ days. In this community 30 yrs. _____ mos. _____ days.
(Before death) (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX 31 4 COLOR OR RACE 31 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 Number of husband or wife if alive _____ years

7 IF STILLBORN, enter that fact here.

8 AGE 68 Years - Months - Days If less than 1 day
Hours Minutes

9 Usual Occupation: Retired

10 Industry or Business: Dress maker

11 Social Security No. _____

12 BIRTHPLACE (City) Malden Mass
(State or country)

PARENTS

13 NAME OF FATHER *John G. Cronan*

14 BIRTHPLACE OF FATHER (City) *Ireland*
(State or country)

15 MAIDEN NAME OF MOTHER *Margaret Sullivan*

16 BIRTHPLACE OF MOTHER (City) *Ireland*
(State or country)

17 Informant *Charlotte Cronan* (Address) *same* Relation, if any *mother*

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other) *Wm. L. Childress*
(Official Designation) *Health Officer* (Date of Issue of Permit) *7/9/14*

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH July 8 1948
(Month) (Day) (Year)

19 I HEREBY CERTIFY that I have Investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows: (If an injury was involved, state fully.)
Natural Cause
Arterio-sclerotic Cardio-Vascular Disease
with acute myocardial failure

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
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. R. Chatterton M. D.
(Address) Date July 8, 1948

22 St. Mary's Malden
Place of Burial, Cremation or Removal. (City or Town)
DATE OF BURIAL July 10 1948

23 NAME OF FUNERAL DIRECTOR Owen P. Doonan Sons
ADDRESS Malden

Received and filed.....19.....

JUL 13 1945

(Registrar)

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)."

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of 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

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

N. B.—WRITE PLAINLY, WITH UNFADING INK. INFORMATION SHOULD BE STATED EXACTLY. PHYSICIANS should state information should be supplied. AGE should be stated EXACTLY. Exact statement of OCCUPATION should be stated in plain terms, so that it may be properly classified. See instructions and extracts from the laws on back of certificate. is very important.

100m-2-40-D-729-a

PLACE OF DEATH

Buffolk

(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... Ada L. Hoff

(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 23 yrs. mos. days.

(Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE (write the word) MARRIED WIDOWED or DIVORCED Single

5a If married, widowed, or divorced

HUSBAND of (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

6 Age of husband or wife if alive years

7 IF STILLBORN, enter that fact here.

8 AGE 73 Years 3 Months 18 Days If less than 1 day Hours Minutes

9 Occupation: At Home

10 Industry or Business: none

11 Social Security No. none

12 BIRTHPLACE (City) Union Springs (State or country) N. Y.

13 NAME OF FATHER James B. Hoff

14 BIRTHPLACE OF FATHER (City) Union Springs (State or country) N. Y.

15 MAIDEN NAME OF MOTHER Sarah Creque

16 BIRTHPLACE OF MOTHER (City) Union Springs (State or country) N. Y.

17 Informant. Welfare Dept. Records (Address) Town Winthrop Relation, If any

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation) (Date of Issue of Permit)



The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD
CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

Registered No. 134

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH July 10, 1945 (Month) (Day) (Year)

19 I HEREBY CERTIFY That I attended deceased from October 15, 1944, to July 9, 1945. I last saw her alive on July 9, 1945, death is said to have occurred on the date stated above, at 6:00 P. m. Immediate cause of death: Coronary Thrombosis

Due to Chronic Hypertensive heart disease 34 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) W. J. O'Brien M.D. (Address) 2014 16th St. N.Y.C. Date July 11, 1945

21 Chestnut Hill Union Springs, N. Y. Place of Burial, Cremation or Removal (City or Town) DATE OF BURIAL July 13, 1945

22 NAME OF FUNERAL DIRECTOR Richard W. White ADDRESS 147 Winthrop St., Winthrop

Received and filed 19

JUL 13 1945

(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.....

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. 135

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. 15 Nevada St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Annie Freeman (If deceased is a married, widowed or divorced woman, give also maiden name.)
(a) Residence No. 15 Nevada St. (Usual place of abode) (If nonresident, give city or town and State)
Length of stay: In hospital or institution — years months days. In this community 30 yrs. mos. days.

PHYSICIAN - IMPORTANT

(Was deceased a U. S. War Veteran, if so specify WAR) Yes

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 Widow	18 DATE OF DEATH July 15 1945 (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) Gordon Freeman			19 I HEREBY CERTIFY, That I attended deceased from January 10, 1938, to July 15, 1945. last saw her alive on July 14, 1945, death is said to have occurred on the date stated above, at 10 A. M.		
6 Age of husband or wife if alive — years			Immediate cause of death: Cerebral Hemorrhage 24 hours		
7 IF STILLBORN, enter that fact here.			Due to: Arteriosclerosis 2 years		
8 AGE 74 Years — Months — Days If less than 1 day Hours — Minutes			Other conditions: Peripheral Endarteritis 1 year		
9 Usual Occupation: No work			Major findings: none		
10 Industry or Business: of home			Of operations: none		
11 Social Security No. none			What test confirmed diagnosis? clinical + lab		
12 BIRTHPLACE (City) (State or country) Russia			20 Was disease or injury in any way related to occupation of deceased? If so, specify: (Signed) Jacob M. D. (Address) 562 Shirley St. W. Rox. 1945		
13 NAME OF FATHER Abraham Metcalf			21 Place of Burial, Cremation or Removal (City or Town) W. Rox.		
14 BIRTHPLACE OF FATHER (City) (State or country) Russia			DATE OF BURIAL July 17 1945		
15 MAIDEN NAME OF MOTHER Anna M. Leonard			22 NAME OF FUNERAL DIRECTOR: Emanuel Starchuk		
16 BIRTHPLACE OF MOTHER (State or country) Russia			ADDRESS: 10 West St. W. Rox.		
17 Informant (Address) Rebecca Freeman 15 Nevada St. (Signature of Agent of Board of Health or other) Wm. H. Childress 140. at 7/16/45			Received and filed JUL 19 1945		
I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued.			(Registrar)		
(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).

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

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. In case of death, the cause and manner of death 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

1 PLACE OF DEATH

Suffolk
(County)
Winthrop
(City or Town)
No. 14 Mermaid Ave



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. 136

St. { (If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME Minnie Albert
(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. 49 Jones Ave
(Usual place of abode) St. Dorchester

(If nonresident, give city or town and State)

Length of stay: In hospital or institution..... years months days. In this community yrs. mos. 19 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 Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Morris Albert
(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 80 Years — Months — Days If less than 1 day Hours Minutes

9 Usual Occupation: Housewife

10 Industry or Business: at home

11 Social Security No. none

12 BIRTHPLACE (City) (State or country) Russia

13 NAME OF FATHER Morris Kushner

14 BIRTHPLACE OF FATHER (City) (State or country) Russia

15 MAIDEN NAME OF MOTHER Esther Ann Miller

16 BIRTHPLACE OF MOTHER (City) (State or country) Russia

17 Informant Nathan Albert (Address) 77- Salem St. Boston

PARENTS

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH July - 17 - 1945
(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
Arterio Sclerotic Myocarditis

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 while
Nature of Injury seated in a chair
While at work? — Was there an autopsy? no

21 Was disease or injury in any way related to occupation of deceased?.....
If so, specify.....
(Signed) J. F. Brickley, M. D.
(Address) Boston Date 18-19-45

22 Place of Burial, Cremation or Removal. Zurich Cem. Brookline, Mass.
(City or Town)
DATE OF BURIAL July 19 1945

23 NAME OF FUNERAL DIRECTOR Daniel Storchly
ADDRESS 10- Wash St. Dor.

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued.

(Signature of Agent of Board of Health or other)

Received and filed JUL 23 1945 19

(Registrar)

(Official Designation) 1-1245 (Date of Issue of Permit)

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, 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.

...He shall in all cases certify to the town clerk or registrar in the place where 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 and together with the circumstances, when these are known. For example: "Compound fracture of the femur with ensuing septicæmia (gas bacillus) caused by a steam railway accident." "Pistol shot wound of the chest with associated hemorrhage, homicidal." "Asphyxiation by suspension, suicidal." "Syncope while under the influence of ether administered as a surgical anaesthetic." "Fracture of the skull with associated internal injury sustained under circumstances unknown."

If disease or injury was related to occupation, specify. If investigation shows the death to have been due to disease, specify: (1) Under cause its known or presumable nature; and (2) under manner, indicate the circumstances leading to medico-legal inquiry. For example: "Hemorrhage spontaneous of the brain (basal ganglia) (found dead in bed)." "Heart disease, presumably coronary sclerosis, (Sudden death)."

DESCRIPTION (for unknown person).....

NOTICE TO UNDERTAKERS: No embalming fluid, or any substitute therefor, shall be injected into the body of any person supposed to have met his death by violence, until a permit, signed by the Medical Examiner, has first been obtained.—General Laws, Chap. 38, Sec. 14.

THIS CERTIFICATE CONSTITUTES SUCH PERMIT

WRITE PLAINLY, WITH UNFADING BLACK INK. THIS IS AN OFFICIAL RECORD. PHYSICIANS should state CAUSE OF DEATH in plain terms, so 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-9-44-14955

PLACE OF DEATH

No.

2 FULL NAME

(a) Residence. No. (Usual place of abode)

Length of stay: In hospital or institution (Before death)

(Specify whether)

years

months

days.

In this community

mos.

days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE (write the word)

5a If married, widowed or divorced HUSBAND of

(or) WIFE of

6 Age of husband or wife if alive

7 IF STILLBORN, enter that fact here.

8 AGE

9 Occupation:

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)

18 (Address)

19 (Address)

20 (Address)

21 (Address)

22 (Address)

23 (Address)

24 (Address)

5 SINGLE (write the word)

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5 SINGLE (write the word)

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

Registered 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)

St. (If nonresident, give city or town and State)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH

19 I HEREBY CERTIFY, That I attended deceased from

I last saw him alive on

have occurred on the date stated above, at

Immediate cause of death

Due to

Due to

Other conditions

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)

(Address)

(Address)

(Address)

(Address)

(Address)

(Address)

(Address)

(Address)

(Address)

(Address)

(Month) (Day) (Year)

April 15, 1945 to July 18, 1945

I last saw him alive on July 18, 1945, death is said to

have occurred on the date stated above, at 9:45 p. m.

Immediate cause of death

Cardiac decompensation

Arterio sclerotic heart disease

Cirrhosis of Liver

Other conditions

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)

(Address)

(Address)

(Address)

(Address)

(Address)

(Address)

(Address)

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(Address)

(Address)

(Address)

(Address)

(Address)

(Address)

(Address)

(Address)

(Address)

(Address)

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or funeral was held

Wm. L. Childress

Health Officer

(Date of Issue of Permit)

22 NAME OF FUNERAL DIRECTOR

ADDRESS

Received and Filed

JUL 24 1945

(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 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

Northampton

(City or town making return)

COPY OF
CERTIFICATE OF DEATH

Registered No.

138

1 PLACE OF DEATH
Hampshire
(County)
Northampton
(City or Town)
No. Veterans Administration



St. (If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME Walter C. Osgood
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S. World
War Veteran,
specify WAR) War 1

(a) Residence, No. Winthrop, Massachusetts
(Usual place of abode)

(If nonresident, give city or town and State)

Length of stay: In hospital or institution 17 years 4 months 1 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 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 About 53 Yrs. AGE Years Months Days If less than 1 day
Hours Minutes

Usual Occupation: Cook

Industry
10 or Business:

11 Social Security No. --

12 BIRTHPLACE (City) Lowell
(State or country) Massachusetts

13 NAME OF FATHER William B. Osgood

14 BIRTHPLACE OF FATHER (City) --
(State or country) Maine

15 MAIDEN NAME OF MOTHER Margaret Clinton

16 BIRTHPLACE OF MOTHER (City) Ireland
(State or country)

17 Informant Hospital Records (Relation, if any)
(Address)

A TRUE COPY.

ATTEST:

DATE FILED

(Registrar of city or town where death occurred)

July 24, 1945

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH July 23 1945
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from
March 22, 1928, to July 23, 1945

I last saw him alive on July 23, 1945, death is said to
have occurred on the date stated above, at 8:20 P.m.

Immediate cause of death Bronchogenic carcinoma
Duration 6 mos.

Due to

Due to

Other conditions Dementia Praecox
(Include pregnancy within 3 months of death)

Paranoid

Major findings: None
Of operations

Date of
Of autopsy Bronchogenic Carcinoma
with Metastasis autopsy

20 Was disease or injury in any way related to occupation of deceased? No

If so, specify R.T.O'Neil, Lt. Col. M.C. Clin, Dir
(Signed) Northampton, Mass. Date 7-24 1945
(Address)

21 PLACE OF BURIAL, L.I. National, Pinelawn
CREMATION OR REMOVAL (Cemetery) (City or town)

DATE OF BURIAL July 27, 1945

22 NAME OF DIRECTOR James H. Quinn
ADDRESS 71 King St. Northampton, Mass

Received and filed AUG 8 - 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-802 to the clerk of the city or town in which the deceased resided. (See Chap. 46, Sec. 12, G. L.)

RECEIVED



AUG - 8 1945 MI

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD
CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent

Registered No. **139**

1 PLACE OF DEATH

No. **1** **Shore Drive Wrentham** (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME **May D Nelson**
(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. **1 Shore Drive** St. **Wrentham**
(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)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX **Female** 4 COLOR OR RACE **White** 5 SINGLE (write the word) **widow**
MARRIED
WIDOWED
or DIVORCED

18 DATE OF DEATH **July 28, 1945**
(Month) (Day) (Year)

5a If married, widowed, or divorced
HUSBAND of **William Nelson** (Give maiden name in full)
(or) WIFE of **William Nelson** (Husband's name in full)

19 I HEREBY CERTIFY, That I attended deceased from
July 21, 1945, to July 28, 1945
(last saw him alive on **July 28, 1945**, death is said to
have occurred on the date stated above, at **1:05 P. M.**)

6 Age of husband or wife if alive **59** years

Immediate cause of death

Duration

7 IF STILLBORN, enter that fact here.

8 AGE **59** Years — Months — Days | If less than 1 day Hours — Minutes

Due to **Boucho pneumonia** **6 days.**
Carcinomatosis **2 months**

9 Usual Occupation: **at home**

Due to **Carcinoma of Vagina** **6 months**

10 Industry or Business: **—**

Other conditions **none**
(Include pregnancy within 3 months of death)

11 Social Security No. **None**

Major findings: **none**
Of operations

IMPORTANT

Physician

Underline
the cause to
which death
should be
charged sta-
tistically.

12 BIRTHPLACE (City) **Boston**
(State or country)

Date of

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) **Maxwell T. L. L. L.** M. D.
(Address) **502 Shubert St. Wrentham, Mass.** Date **July 31, 1945**

21 **Wrentham** Place of Burial, Cremation or Removal. (City or Town)

DATE OF BURIAL **July 31, 1945**

22 NAME OF FUNERAL DIRECTOR **Tracy Bros**

ADDRESS **Wrentham, Mass.**

Received and filed **19**

I HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:

Wm. L. Childress
(Signature of Agent of Board of Health or other)

Health Officer (Official Designation) **7/31/45** (Date of Issue of Permit)

JUL 31 1945

(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 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

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 (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 BINDING

PLACE OF DEATH

17H-1	Boro-Death	1
	Institution	165
	Boro Resid.	5
	Acre-Dist.	
	Occupation	
	Nativ. Dec.	01
	Citiz. Dec.	
	Nativ. Mother	11
	Case 1	0932
	Case 2	080-
	Operation	U
	Type Accid.	
	O. T. Accid.	
	Att-Autop.	1
	Com.	7

DEPARTMENT OF HEALTH
BOROUGH OF MANHATTAN

FILED
1945 MAY 14 AM 11 04



The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH

(City or town making return)
Registered No. 140

No. St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

PHYSICIAN-IMPORTANT
(Was deceased a patient?)

Certificate of Death

Certificate No. 10015

1. NAME OF DECEASED SAMUEL HALL
(Print or Type-write) First Name Middle Name Last Name Social Security Number

PERSONAL PARTICULARS
(To be filled in by Funeral Director)

MEDICAL CERTIFICATE OF DEATH
(To be filled in by the Physician)

2 USUAL RESIDENCE: (a) State MASS (b) Co. WINTHROP (c) Post Office WINTHROP (d) No. 20 LEWIS AVE. (e) Length of residence or stay in City of New York immediately prior to death NON RES
3 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) MARRIED
4 WIFE HUSBAND of MATTIE
5 DATE OF BIRTH OF DECEASED (Month) (Day) (Year) JANUARY 23- 1879
6 AGE 66 yrs. 3 mos. 20 days hrs. or min.

16 PLACE OF DEATH: (a) NEW YORK CITY: (b) Borough MANHATTAN (c) Name of Hospital or Institution METROPOLITAN (If not in hospital or institution, give street and number.)
17 DATE AND HOUR OF DEATH (Month) (Day) (Year) (Hour) MAY 13 1945 8:50 A.M.
18 SEX MALE 19 COLOR OR RACE WHITE 20 Approximate Age 66 YEARS

A Trade, profession, or particular kind of work done, as spinner, sewer, bookkeeper, etc. IRON WORKER BUILDING
B Industry or business in which work was done, as silk mill, sawmill, bank, own business, etc. CONSTRUCTION

21 I HEREBY CERTIFY that (if attended the deceased)* (a staff physician of this institution attended the deceased)* from MAY 8- 1945, to MAY 13, 1945, and last saw him alive at 8 AM on MAY 13, 1945

8 BIRTHPLACE OF DECEASED: (a) State UNITED STATES (b) County PHILA. (c) City, Town or Village PHILA, PA.
9 OF WHAT COUNTRY WAS DECEASED A CITIZEN AT TIME OF DEATH? U. S.

I further certify that death was not caused, directly or indirectly by accident, homicide, suicide, acute or chronic poisoning, or in any suspicious or unusual manner, and that it was due to NATURAL CAUSES more fully described in the confidential medical report filed with the Department of Health.

10 WAS DECEASED WAR VETERAN IF SO, NAME WAR NO
11 NAME OF FATHER OF DECEASED ISAAC
12 BIRTHPLACE OF FATHER (State or country) UNITED STATES
13 MARRIAGE NAME OF MOTHER OF DECEASED MARY BURNS
14 BIRTHPLACE OF MOTHER (State or country) IRELAND

I further certify that death was not due to communicable disease listed in Section 103 of the Sanitary Code, (see over), which requires that the casket must be permanently sealed before removal from the place of death.
* Cross out words that do not apply.
† See first instruction on reverse of certificate.

15 SIGNATURE OF INFORMANT MATTIE HALL RELATIONSHIP TO DECEASED WIFE ADDRESS 817 FEDERAL ST. CAMDEN, N.J.

Witness my hand this 13 day of MAY 1945.
Signature Maudie Hahn M.D.
Address Metropolitan Hospital

22 PLACE OF BURIAL OR CREMATION NORTHWOOD CEM. PHILA, PA.

DATE OF BURIAL OR CREMATION MAY 16th 1945

23 FUNERAL DIRECTOR New York Funeral Service ADDRESS 148 East 74th PERMIT NUMBER 2383

BUREAU OF RECORDS AND STATISTICS

DEPARTMENT OF HEALTH

CITY OF NEW YORK

(Signature of Agent of Board of Health or other)

Received and filed AUG 21 1945 19

(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

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of 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 bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-

six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or 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.....

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

(County)

Chelsea



The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

Chelsea

(City or town making return)

COPY OF
CERTIFICATE OF DEATH

Registered No. 363 141

No. Soldiers' Home Hospital

St. { (If death occurred in a hospital or institution, give its NAME instead of street and number)

Henry W. Wilson

2 FULL NAME (If deceased is a married, widowed or divorced woman, give also maiden name.) 304 Pleasant Winthrop, Mass. { (If U. S. War Veteran, specify WAR) WW1

(a) Residence, No. (Usual place of abode) hospital 20 Min. (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 Married

5a If married, widowed or divorced HUSBAND of Margaret T. Harvey (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 58 Years 2 Months - Days If less than 1 day Hours Minutes

Usual Occupation: Clerk Selective Service Board

10 Industry or Business:

11 Social Security No.

12 BIRTHPLACE (City) East Boston, Mass. (State or country)

13 NAME OF FATHER Charles

14 BIRTHPLACE OF FATHER (City) Norway (State or country)

15 MAIDEN NAME OF MOTHER Emma Anderson

16 BIRTHPLACE OF MOTHER (City) Sweden (State or country)

17 Informant (Address) Soldiers' Home Hosp. (Records)

A TRUE COPY.

ATTEST: Joseph C. Farrell (Registrar of city or town where death occurred)

DATE FILED July 1, 1945 19

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH July 1, 1945 (Month) (Day) (Year)

19 I HEREBY CERTIFY, that I attended deceased 46 July 1, 1945, 1945 I last saw him alive on July 1, 1945, death is said to have occurred on the date stated above, at 4 p.m. Duration

Immediate cause of death Gastric hemorrhage 6 hrs.

? Cancer of stomach ?

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy clinical

What test confirmed diagnosis?

20 Was disease or injury in any way related to occupation of deceased?

If so, specify A. Roubley

(Signed) Soldiers' Home Date 7/1 1945

(Address) Winthrop, Mass. City or Town

21 PLACE OF BURIAL, CREMATION OR REMOVAL July 4, 1945

DATE OF BURIAL John P. O'Malley 19

22 NAME OF FUNERAL DIRECTOR Winthrop, Mass.

Received and filed AUG 23 1945 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. 6035

142

PLACE OF DEATH

(County)

(City or Town)

No. Boston Floating Hospital

St. { (If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME

Baby Girl DeLauretis

(If deceased is a married, widowed or divorced woman, give also maiden name.)

{ (If U. S.
War Veteran,
specify WAR)

(a) Residence, No.

85 Bowdoin St

St. Winthrop

(Usual place of abode)

(If nonresident, give city or town and State)

Length of stay: In hospital or institution
(Before death)

years

months 7 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

-

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 11

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)

Boston Mass.

13 NAME OF
FATHER

John DeLauretis

14 BIRTHPLACE OF
FATHER (City)
(State or country)

Italy

15 MAIDEN NAME
OF MOTHER

Elizabeth Fotini

16 BIRTHPLACE OF
MOTHER (City)
(State or country)

Boston

17 Informant
(Address)

Father

(Relation, if any)

A TRUE COPY

ATTEST:

(Registrar of city or town where death occurred)

DATE FILED

July 11, 1945

MEDICAL CERTIFICATE OF DEATH

18 DATE OF
DEATH

July 8, 1945

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY, That I attended deceased from

7/2/45

19

to 7/8/45

19

I last saw her alive on 7/8/45 19, death is said to

have occurred on the date stated above, at 6:10p.m.

Duration

Immediate cause of death

Cardio resp failure

Due to Colon meningitis

7 dys

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Date of

Of autopsy

lumbar tap

What test confirmed diagnosis?

blood culture

20 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

B M McDonald

M. D.

(Address)

Boston

Date

7/8/45

21 PLACE OF BURIAL,
CREMATION OR REMOVAL

Holy Cross

Malden

(Cemetery)

(City or Town)

DATE OF BURIAL

July 9, 1945

19

22 NAME OF

FUNERAL DIRECTOR

C DiPietro

ADDRESS

Boston Mass

Resolved and filed

JUL 13 1945

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.

6094

1743

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

Henry B Melbourne Lucas

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S.
War Veteran,
specify WAR)

(a) Residence, No.

15 Crest 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 19 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

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

Fannie E. Thacher

(Husband's name in full)

6 Age of husband or wife if alive

58

years

7 IF STILLBORN, enter that fact here.

8

AGE

58

Years

7

Months

8

Days

If less than 1 day

Hours

Minutes

Usual

9 Occupation:

clerk

Industry

10 or Business:

Cunard Steamship Docks

11 Social Security No.

028-01-7645

12 BIRTHPLACE (City)

(State or country)

Boston Mass.

PARENTS

13 NAME OF
FATHER

Arthur J H Lucas

14 BIRTHPLACE OF
FATHER (City)

(State or country)

15 MAIDEN NAME
OF MOTHER

Carrie Sawyer

16 BIRTHPLACE OF
MOTHER (City)

(State or country)

17

Informant
(Address)

Son M T Lucas

(Relation, if any)

A TRUE COPY.

ATTEST:

(Registrar of city or town where death occurred)

DATE FILED

July 12/45

19

MEDICAL CERTIFICATE OF DEATH

18 DATE OF
DEATH

July 10/45

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY, That I attended deceased from

June 21/45, 19

to July 10/45, 19

I last saw him alive on July 10/45, 19

death is said to
have occurred on the date stated above, at 1:20a

Duration

Immediate cause of death

Cerebral sclerosis (artery)

Term.

Due to

Bronchopneumonia (left

dys

Due to

Other conditions

(Include pregnancy within 3 months of death)

Physician

Underline
the cause to
which death
should be
charged sta-
tistically.

Major findings:

Of operations

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)

R Luden

M. D.

(Address)

Boston

Date 7/10/45

21 PLACE OF BURIAL,
CREMATION OR REMOVAL

Winthrop Winthrop

(Cemetery)

(City or Town)

DATE OF BURIAL

July 12/45

19

22 NAME OF

FUNERAL DIRECTOR

A B Marsh

ADDRESS

Winthrop

Received and filed

JUL 13 1945

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. 608144

PLACE OF DEATH
1

(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

Frank Marukelli

(If deceased is a married, widowed or divorced woman, give also maiden name.)

{ (If U. S. War Veteran, specify WAR)

(a) Residence. No.

52 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

1 days

In this community

yrs.

mos.

1 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

Years

9

Months

25

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

Armand Marukelli

14 BIRTHPLACE OF

FATHER (City)

Boston

(State or country)

15 MAIDEN NAME

OF MOTHER

Lillian Solomon

16 BIRTHPLACE OF

MOTHER (City)

Boston

(State or country)

17

Informant
(Address)

Father

(Relation, if any)

A TRUE COPY.

ATTEST:

(Registrar of city or town where death occurred)

DATE FILED

July 12/45

19

MEDICAL CERTIFICATE OF DEATH

18 DATE OF

DEATH

July 10/45

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY, That I attended deceased from

6/9/45

19

to 7/10/45

19

I last saw him alive on 7/10/45

death is said to have occurred on the date stated above, at 4:10a m.

Duration

Immediate cause of death.

Acute interstitial pneumonia

12 hrs

Due to

Due to

Other conditions Infantile eczema

(Include pregnancy within 3 months of death)

9 mos

Physician

Major findings:

Of operations

Adenoidectomy

Date of 6/22/45

Of autopsy

What test confirmed diagnosis? Clinical

20 Was disease or injury in any way related to occupation of deceased?

If so, specify

no

(Signed)

F Haase

M. D.

(Address)

Boston

Date 7/10/45

21 PLACE OF BURIAL,
CREMATION OR REMOVAL

Winthrop

Winthrop

(Cemetery)

(City or Town)

DATE OF BURIAL

July 12/45

19

22 NAME OF

FUNERAL DIRECTOR

Kirby Bros

ADDRESS

Winthrop Mass.

Received and filed

JUL 13 1945

19

(Registrar of City or Town where deceased resided)

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
COPY OF
CERTIFICATE OF DEATH



BOSTON

(City or town making return)

Registered No. 6245

PLACE OF DEATH

(County)

(City or Town)

No. Veterans Administration Facility St. { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Nicholas Halligan
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence, No. 149 Main St Winthrop Mass.

Length of stay: In hospital or institution. (Specify whether) years months 4 days. (If nonresident, give city or town and state) In this community yrs. mos. 4 days.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX Male 4 COLOR OR RACE White 5 SINGLE (write the word) MARRIED Married

5a If married, widowed, or divorced HUSBAND of Bridget Guinan
(Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

6 Age of husband or wife if alive 76 years

7 IF STILLBORN, enter that fact here.

8 AGE 88 Years 2 Months 8 Days If less than 1 day Hours Minutes

9 Usual Occupation: Freight handler (retired)

10 Industry or Business: Cunard Wharf E Boston Mass.

11 Social Security No.

12 BIRTHPLACE (City) Ireland
(State or country)

13 NAME OF FATHER John Halligan

14 BIRTHPLACE OF FATHER (City) Ireland
(State or country)

15 MAIDEN NAME OF MOTHER Judy Delehanty

16 BIRTHPLACE OF MOTHER (City) Ireland
(State or country)

17 Informant Hospital records Relation, if any (Address)

A TRUE COPY Francis J. Gay
ATTEST: (Registrar of city or town where death occurred)

DATE FILED July 17/45 19

18 DATE OF DEATH July 13/45
(Month) (Day) (Year)

19 I HEREBY CERTIFY. That I attended deceased from July 9/45, 19, to July 13/45, 19.

I last saw him alive on July 13/45, death is said to have occurred on the date stated above, at 2:15 p.m.

Immediate cause of death: Arteriosclerosis of coronary arteries

Due to Mesenteric thrombosis and gangrene of intestine Senility

Oper. Peritonitis Localized gangrenous Other conditions (Include pregnancy within 3 months of death)

Major findings: small intestine cause undetermined

Of operations see above Date of

What test confirmed diagnosis? Autopsy clinically

20 Was disease or injury in any way related to occupation of deceased?

If so, specify no
(Signed) H W Baxley M. D.
(Address) Boston Date 7/13/45

21 PLACE OF BURIAL Holy Cross Malden
CREMATION OR REMOVAL (Cemetery) (City or Town)

DATE OF BURIAL July 16/45 19

22 NAME OF FUNERAL DIRECTOR J C Kelly
ADDRESS Boston Mass.

Received and filed JUL 13 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.)

25m (h)-1-1-41-4067

PLACE OF DEATH

SUFFOLK

(County)

BOSTON

(City or Town)

No.

en route to E Boston Relief Station 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.)

Michael Joseph Sullivan

(If U. S. War Veteran, specify WAR)

W. W. 1

(a) Residence. No.

59 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

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

Married

5a If married, widowed, or divorced

Eunice Patchel

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

40

years

7 IF STILLBORN, enter that fact here.

8 AGE

49

Years

10

Months

Days

If less than 1 day

Hours

Minutes

Usual

9 Occupation:

Bricklayer

Industry

10 or Business:

11 Social Security No.

12 BIRTHPLACE (City)
(State or country)

Somerville Mass.

13 NAME OF
FATHER

John J Sullivan

14 BIRTHPLACE OF
FATHER (City)
(State or country)

Wales

15 MAIDEN NAME
OF MOTHER

Mary F Donovan

16 BIRTHPLACE OF
MOTHER (City)
(State or country)

Canada

17 Informant
(Address)

Wife

(Relation, if any)

A TRUE COPY

ATTEST:

(Registrar of City or Town where death occurred)

DATE FILED

July 19, 1945

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
COPY OF
MEDICAL EXAMINER'S
CERTIFICATE OF DEATH



BOSTON

(City or town making return)

Registered No. 6263 146

MEDICAL CERTIFICATE OF DEATH

18 DATE OF
DEATH

July 14/45

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows: (If an injury was involved, state fully.)

Acute cardiac failure

Probably coronary sclerosis

20 Accident, suicide, or homicide (specify)

Date of occurrence

19

Where did

Injury occur?

(City or town and State)

Did injury occur in or about the home, on farm, in industrial place, or in public place?
(Specify type of place)

Manner of
Injury

Collapsed and died quickly en

Nature of
Injury

route to Hospital

While at work?

Was there an autopsy?

no

21 Was disease or injury in any way related to occupation of deceased?

If so, specify

W. J. Brickley

(Signed)

M. D.

(Address)

Boston Mass

Date 7/15/45

22 Winthrop Winthrop

Place of Burial, Cremation or Removal

(City or Town)

DATE OF BURIAL

July 17/45 19

23 NAME OF
FUNERAL DIRECTOR

Kirby Bros

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
COPY OF
CERTIFICATE OF DEATH

REVERE

(City or town making return)

Registered No. 1944

PLACE OF DEATH

Suffolk
(County)Revere
(City or Town)

No. Wheaton Nursing Home

St. (If death occurred in a hospital or institution,
give its NAME instead of street and number)2 FULL NAME Walter A. Cook
(If deceased is a married, widowed or divorced woman, give also maiden name.)(If U. S.
War Veteran,
specify WAR)

(a) Residence, No. 76 Bowdoin

St. Winthrop

(Usual place of abode) April 1945

Previously at Children's Hospital, Boston

(If nonresident, give city or town and State)

Length of stay: in hospital or institution none years months days.

In this community 2 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 6 Years 10 Months Days If less than 1 day
Hours MinutesUsual
9 Occupation: At SchoolIndustry
10 or Business:

11 Social Security No.

12 BIRTHPLACE (City) East Boston
(State or country) Mass.13 NAME OF
FATHER Harold H. Cook14 BIRTHPLACE OF
FATHER (City) East Boston
(State or country) Mass.15 MAIDEN NAME
OF MOTHER Doris A. Godfrey16 BIRTHPLACE OF
MOTHER (City) London
(State or country) England17 Informant Harold H. Cook (Relation, if any)
(Address) 76 Bowdoin St., Winthrop

A TRUE COPY.

ATTEST: Charles B. Pagan
(Registrar of city or town where death occurred)

DATE FILED July 27, 1945

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH July 24 1945
(Month) (Day) (Year)19 I HEREBY CERTIFY, That I attended deceased from
July 20, 1945, to July 23, 1945
I last saw him alive on July 23, 1945 death is said to
have occurred on the date stated above, at 6: A.m. Duration

Immediate cause of death.

Brain Tumor
(Intramedullary Neoplasm)

Due to.

Due to.

Other conditions. -----
(Include pregnancy within 3 months of death)Major findings: Intramedullary Neoplasm
Of operations Children's Hosp.

Date of April 1945

Of autopsy -----
Clinical Signs

What test confirmed diagnosis? No

20 Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) D. J. O'Brien M. D.
(Address) Winthrop, Mass. Date 7/24/4521 PLACE OF BURIAL, Glenwood Everett
CREMATION OR REMOVAL (Cemetery) (City or Town)

DATE OF BURIAL July 26 1945

22 NAME OF FUNERAL DIRECTOR Frederick J. Magrath
ADDRESS 64 Meridian St., East Boston

Received and filed JUL 14 1945 19

(Registrar of City or Town where deceased resided)

RECEIVED



AUG 14 1945 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-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)-1-41-4667

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY

COPY OF

MEDICAL EXAMINER'S
CERTIFICATE OF DEATH

(City or town making return)

Registered No. 148

PLACE OF DEATH

Plymouth

(County)

Lakeville

(City or Town)

No. County RdSt. { (If death occurred in a hospital or institution,
give its NAME instead of street and number)2 FULL NAME Nathan Israele Lovin.

(If deceased is a married, widowed or divorced woman, give also maiden name.)

{ (If U. S.
War Veteran,
specify WAR)(a) Residence No. 11 Hawthorne Ave
(Usual place of abode)St. Winthrop Mass
(If nonresident, give city or town and State)Length of stay: In hospital or institution years months days. In this community yrs. mos. 10 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 DIVORCED5a If married, widowed, or divorced Annie Shair
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 about 59 years

7 IF STILLBORN, enter that fact here.

8 AGE 59 years months days | If less than 1 day
 hours minutesUsual
9 Occupation: Merchant10 Industry or Business: Millinery Supplies11 Social Security No. none12 BIRTHPLACE (City)
(State or country) Unknown
Russia13 NAME OF
FATHER Henry Lemelman14 BIRTHPLACE OF
FATHER (City) Unknown
(State or country) Russia15 MAIDEN NAME
OF MOTHER Unknown16 BIRTHPLACE OF
MOTHER (City) Unknown
(State or country) Russia17 Informant Mrs Bessie Niles (Daughter)
(Address) 1470 Beacon St Brookline

A TRUE COPY.

ATTEST: John G. Paine
(Registrar of city or town where death occurred)DATE FILED Aug 4 1945 19

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH August 4 1945
(Month) (Day) (Year)19 I HEREBY CERTIFY that I have investigated the death
of the person above-named and that the CAUSE AND MANNER thereof
are as follows: (If an injury was involved, state fully.)Natural causes
Coronary Thombosis20 Accident, suicide, or homicide (specify)
Date of occurrence 19 Where did
injury occur?
(City or town and State)Did injury occur in or about the home, on farm, in industrial place, or in
public place?
(Specify type of place)Manner of
injury Nature of
injury While at work? Was there an autopsy? 21 Was disease or injury in any way related to occupation of deceased? If so, specify A. Vincet Smith M. D.(Signed) Middleboro Date 8/4/ 19 4522 Mounttoule Woborn Mass.
Place of Burial, Cremation or Removal. (City or Town)DATE OF BURIAL Aug 5 19 4523 NAME OF
FUNERAL DIRECTOR Clarence H. Hayward
ADDRESS 35 Oak St. Middleboro Mass.Received and filed Aug 4 1945 19

(Registrar of City or Town where deceased resided)

SEP 5 1945

SEP 20 1901

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

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

(City or town making return)

Registered No. **149**

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. **10 Cote St. Concord N.H.**

(Usual place of abode)

(If nonresident, give city or town and State)

Length of stay: In hospital or institution. **Hospital**
(Before death) (Specify whether)

— years — months **7** days **7** hrs In this community yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX **F.** 4 COLOR OR RACE **W.** 5 SINGLE (write the word)
MARRIED
WIDOWED
or DIVORCED **Married**

6a If married, widowed, or divorced

HUSBAND of _____
(Give maiden name of wife in full)

(or) WIFE of **Carl F Ericson**
(Husband's name in full)

8 Age of husband or wife if alive **73** years

7 IF STILLBORN, enter that fact here.

8 AGE **70** Years **5** Months **13** Days If less than 1 day
Hours _____ Minutes _____

Usual
9 Occupation: **Housewife**

10 Industry
or Business: **Own Home**

11 Social Security No. **None**

12 BIRTHPLACE (City)
(State or country) **Sweden**

13 NAME OF
FATHER **? Hedman**

14 BIRTHPLACE OF
FATHER (City)
(State or country) **Sweden**

15 MAIDEN NAME
OF MOTHER **Unable to obtain**

16 BIRTHPLACE OF
MOTHER (City)
(State or country) **Sweden**

17 Informant **Carl D Ericson** (Son)
(Address) **25 Bates Ave. Winthrop Mass**

I HEREBY CERTIFY that a satisfactory standard certificate of death
was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit) **8/6/45**

MEDICAL CERTIFICATE OF DEATH

18 DATE OF
DEATH **August 5 1945**
(Month) (Day) (Year)

19 I HEREBY CERTIFY That I attended deceased from
July 28, 1945 to August 5, 1945

I last saw her alive on **August 4, 1945** death is said to
have occurred on the date stated above, at **5 A. m.**

Immediate cause of death **Lobar pneumonia (left)** **10 days**

Due to **Pleurisy with effusion** **10 days**

Due to **Pulmonary embolism** **10 minutes**

Other conditions **none** **Important**

(Include pregnancy within 3 months of death)

none

Major findings: **none**

Of operations **none**

Of autopsy **see above (was done)**

What test confirmed diagnosis **clinical & pathological**

20 Was disease or injury in any way related to occupation of deceased? **no**

If so, specify **Jacob Phelan M.D.** **M. D.**

(Signed) **62 Hurley St. Concord N.H.** **Aug 5 1945**

(Address) **DATE OF BURIAL August 8 1945**

21 **Blossom Hill Winthrop Mass** **Concord N.H.**

Place of Burial, Cremation or Removal. (City or Town)

22 NAME OF
FUNERAL DIRECTOR **Howard S Reynolds**

ADDRESS **Winthrop Mass**

Received and filed **AUG 6 - 1945** **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.*

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 bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-

six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or 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.....

PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)

No. 16 Otis St.



The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

Registered No. 150

St. (If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME Daniel Blackley

(If deceased in a married, widowed or divorced woman, give also maiden name.)

(a) Residence, No. 262 Fellsway West

(Usual place of abode)

St. Medford, 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 20 yrs.

mos.

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male

4 COLOR OR RACE White

5 SINGLE (write the word)
MARRIED Married
WIDOWED
or DIVORCED5a If married, widowed or divorced
HUSBAND of Minnie A. Loomis Blackley

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

6 Age of husband or wife if alive 63

years

7 IF STILLBORN, enter that fact here.

8 AGE 72 Years 3 Months 3 Days | If less than 1 day
Hours MinutesUsual
9 Occupation: Meat cutter10 Industry
or Business: Meat market

11 Social Security No. 011-10-A1811A

12 BIRTHPLACE (City)
(State or country) Scotland13 NAME OF
FATHER James Blackley14 BIRTHPLACE OF
FATHER (City)
(State or country) Scotland15 MAIDEN NAME
OF MOTHER Agnes Calder16 BIRTHPLACE OF
MOTHER (City)
(State or country) Scotland17 Informant Minnie Blackley (Wife)
(Address) 262 Fellsway West, Medford, Mass.I HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH August 10 1945
(Month) (Day) (Year)19 I HEREBY CERTIFY, That I attended deceased from
January, 1936, to August 10, 1945
I last saw him alive on August 10, 1945 death is said to
have occurred on the date stated above, at 9:55 P.M.Immediate cause of death Chronic myocardiopathy
liver ascites hypostatic
congestion of the lungsDuration
10 yrs.
IMPORTANT
3 days

Due to

Due to

Other conditions Chronic myocardiopathy
(Include pregnancy within 8 months of death)
coronary thrombosis

IMPORTANT

Major findings:

Of operations

Date of

Of autopsy

What test confirmed diagnosis? Clinical & X-ray

Physician

Underline
the cause to
which death
should be
charged sta-
tistically.

20 Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) George C. Rush

(Address) 136 Forest St Medford, Mass. M. D.

21 Oak Grove Cem. Medford, Mass.
Place of Burial, Cremation or Removal (City or Town)

DATE OF BURIAL August 13th. 1945

22 NAME OF
FUNERAL DIRECTOR Allen Funeral Home
Conrad Z. Granath, Prop.
ADDRESS 49 Dudley St. Medford, Mass.

Received and filed

JUL 14 1945

(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

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. 85 Winthrop

2 FULL NAME William I. Greenfield
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(a) Residence. No. 85 Winthrop
(Usual place of abode)

Length of stay: In hospital or institution _____ years _____ months _____ 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 Susan Green
(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 93 Years _____ Months _____ Days | If less than 1 day Hours _____ Minutes

9 Occupation: Retired Meat Packer

10 Industry or Business: Meat Packing Co.

11 Social Security No. None

12 BIRTHPLACE (City) Nova Scotia
(State or country)

PARENTS

13 NAME OF FATHER Unknown

14 BIRTHPLACE OF FATHER (City) Unknown
(State or country)

15 MAIDEN NAME OF MOTHER Unknown

16 BIRTHPLACE OF MOTHER (City) Unknown
(State or country)

17 Informant Gertrude Greenfield (Daughter)
(Address) 85 Winthrop St. 85

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
William D. Childress
(Signature of Agent of Board of Health or other)
Agent (Official Designation) Aug. 13/45
(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. 351

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)

In this community 25 yrs. mos. days.

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH August 10 1945
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from Aug 10 1945, to Aug 10 1945.

I last saw him alive on Aug 10 1945, death is said to have occurred on the date stated above, at 9.30 P. M.

Immediate cause of death _____ Duration _____

Cerebral Thrombosis
Due to Generalized arteriosclerosis Sclerosis 10 years

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: None
Of operations _____

Of autopsy None Date of _____
What test confirmed diagnosis? clinical

20 Was disease or injury in any way related to occupation of deceased? No
If so, specify _____

(Signed) Sybil C. Robinson M. D.
(Address) Winthrop Mass Date 8/12 1945.

21 Place of Burial, Cremation or Removal. Holy Cross Malden
(City or Town)
DATE OF BURIAL Aug 13 1945

22 NAME OF FUNERAL DIRECTOR Charles H. Treason
ADDRESS East Boston

Received and filed JUL 14 1945 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

extraordinary. 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-(g)-1-45-15510

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.

Registered No. 152

2 FULL NAME Male Scorzello
 (If deceased is a married, widowed or divorced woman, give also maiden name.)
 (a) Residence, No. 227 Trenton 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 14 days. In this community 11 mos. 32 mos. X days.
 (Before death) (Specify whether)

PHYSICIAN - IMPORTANT

(Was deceased a U. S. War Veteran, if so 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 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 14 less than 1 day 10 Hours 32 Minutes
 9 Occupation: none
 10 Industry or Business: none
 11 Social Security No. none
 12 BIRTHPLACE (City) Winthrop (State or country) Mass
 13 NAME OF FATHER Rocco Scorzello
 14 BIRTHPLACE OF FATHER (City) East Boston (State or country) Mass.
 15 MAIDEN NAME OF MOTHER Gwenth Skinner
 16 BIRTHPLACE OF MOTHER (City) Ashland (State or country) Maine
 17 Informant Rocco Scorzello (Address) 227 Trenton St. East Boston

18 DATE OF DEATH Aug 10 - 1945
 (Month) (Day) (Year)
 19 I HEREBY CERTIFY, That I attended deceased from Aug 10, 1945 to Aug 10, 1945
 I last saw him alive on Aug 10, 1945; death is said to have occurred on the date stated above, at 1 p. m.
 Immediate cause of death: Congenital pneumonia 1 day
 Due to
 Due to
 Other conditions (Include pregnancy within 8 months of death)
 Major findings: Of operations
 Of autopsy
 What test confirmed diagnosis? Autopsy
 20 Was disease or injury in any way related to occupation of deceased? If so, specify Charles Meloni M. D.
 (Signed) (Address) 305 Hawthorn St. Boston Data Aug 11, 1945
 21 St. Michaels Cemetery, Boston
 Place of Burial, Cremation or Removal. (City or Town)
 DATE OF BURIAL August 11 1945

IMPORTANT

IMPORTANT

Physician

Underline the cause to which death should be charged statistically.

22 NAME OF FUNERAL DIRECTOR Richard C. Kirby
 ADDRESS 17 Bennington St. East Boston

Resolved and filed 19

JUL 14 1945

(Registrar)

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm. B. Childress
 (Signature of Agent of Board of Health or other)

Health Officer (Official Designation) 8/11/45 (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 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

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

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)-1-41-4667

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

COPY OF
CERTIFICATE OF DEATH



Monson
(City or town making return)

Registered No. 153

1 PLACE OF DEATH
Hampden
(County)
Monson
(City or Town)
No. Monson State Hospital St. { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Joseph P. Monaghan
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(a) Residence. No. 178 Herneon St. Winthrop, Mass.
(Usual place of abode) (If nonresident, give city or town and State)
Length of stay: In hospital or institution yes 14 years 11 months 27 days. In this community 14 yrs. 11 mos. 27 days.
(Before death) Monson State Hospital

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 cannot be learned
(Give maiden name of wife in full)
(or) WIFE of (Husband's name in full)
6 Age of husband or wife if alive years
7 IF STILLBORN, enter that fact here.
8 AGE 83 Years 5 Months 21 Days | If less than 1 day
Hours Minutes
Usual
9 Occupation: Labourer
Industry
10 or Business:
11 Social Security No.
12 BIRTHPLACE (City) London
(State or country) England
13 NAME OF FATHER Joseph Monaghan
14 BIRTHPLACE OF FATHER (City) Newcastle
(State or country) England
15 MAIDEN NAME OF MOTHER Elizabeth Hutchinson
16 BIRTHPLACE OF MOTHER (City) London
(State or country) England
17 Informant Records Monson State Hospital Relation, if any
(Address) Palmer, Mass.

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH August 14, 1945
(Month) (Day) (Year)
19 I HEREBY CERTIFY, That I attended deceased from Sept 1, 1930, to Aug. 14, 1945.
I last saw him alive on Aug. 14, 1945, death is said to have occurred on the date stated above, at 2:45 P.M.
Duration
Immediate cause of death Epilepsy 33 yrs
Due to
Due to
Other conditions (include pregnancy within 3 months of death)
Major findings:
Of operations
Date of
Of autopsy
What test confirmed diagnosis? Clinical
20 Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) Donald J. Maclean M.D.
(Address) Palmer, Mass. Date 8/14 1945
21 PLACE OF BURIAL St. Benedict Cem.
CREMATION OR REMOVAL Boston, Mass. (City or Town)
DATE OF BURIAL August 10, 1945

A TRUE COPY.
ATTEST: Mrs. Sanderson
(Registrar of city or town where death occurred)
DATE FILED Aug. 10, 1945

22 NAME OF FUNERAL DIRECTOR Laurice Kirby
ADDRESS Winthrop, Mass.
Received and filed AUG 20 1945
(Registrar of City or Town where deceased resided)





The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICSCOPY OF
CERTIFICATE OF DEATH

Danvers

(City or town making return)

Registered No. 151

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 Mary Louise Morrill
(If deceased is a married, widowed or divorced woman, give also maiden name.)(If U. S.
War Veteran,
specify WAR)(a) Residence, No. 140 Shirley
(Usual place of abode)St. Winthrop
(If nonresident, give city or town and State)Length of stay: In hospital or institution years 7 months 5 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 WIDOWED or DIVORCED5a If married, widowed, or divorced
HUSBAND of (Give maiden name of wife in full)
(or) WIFE of Winfield S. Morrill
(Husband's name in full)

6 Age of husband or wife if alive years

7 IF STILLBORN, enter that fact here.

8 AGE 91 Years Months Days | If less than 1 day
Hours Minutes

Usual Occupation: unable to work

Industry
10 or Business:

11 Social Security No. none

12 BIRTHPLACE (City) Carmel,
(State or country) Me.

13 NAME OF FATHER John Spearing

14 BIRTHPLACE OF FATHER (City) Maine
(State or country)

15 MAIDEN NAME OF MOTHER Sarah Perry

16 BIRTHPLACE OF MOTHER (City) Maine
(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)
8/20/45

DATE FILED 19

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH August 14, 1945
(Month) (Day) (Year)19 I HEREBY CERTIFY, That I attended deceased from
Jan. 9, 1945 to Aug. 14, 1945
I last saw him alive on Aug. 14, 1945 death is said to
have occurred on the date stated above, at 11:50P m. DurationImmediate cause of death:
Chronic myocarditis 5yrs
Generalized arteriosclerosis 15yrs

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death) PhysicianMajor findings:
Of operations 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?

If so, specify

(Signed) Leo Maletz M. D.
(Address) DSH Date 8/17/4521 PLACE OF BURIAL, Evergreen Brighton
CREMATION OR REMOVAL (Cemetery) 8/17/45 (City or Town)

DATE OF BURIAL 19

22 NAME OF FUNERAL DIRECTOR J. S. Waterman & Sons
ADDRESS BostonReceived and filed SEP 8 1945 19
(Registrar of City or Town where deceased resided)



PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)

No. **187 Lincoln 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

Registered No. **155**

2 FULL NAME **Mary Elizabeth (Ritchie) Kinney**
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence, No. **187 Lincoln 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
U. S. War Veteran,
if so specify WAR)

Length of stay: In hospital or institution _____ years _____ months _____ days. In this community **53** 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 DIVORCE **Widow**

5a If married, widowed, or divorced
HUSBAND of _____
(Give maiden name of wife in full)
(or) WIFE of **Samuel A Kinney**
(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 **3** Months **12** Days | If less than 1 day
Hours _____ Minutes _____

9 Usual Occupation: **Housewife**

10 Industry or Business: **Own Home**

11 Social Security No. **None**

12 BIRTHPLACE (City) **Yarmouth**
(State or country) **Nova Scotia**

13 NAME OF FATHER **John Ritchie**

14 BIRTHPLACE OF FATHER (City) **Aberdeen**
(State or country) **Scotland**

15 MAIDEN NAME OF MOTHER **Jane Pitman**

16 BIRTHPLACE OF MOTHER (City) **Richmond**
(State or country) **Scotland**

17 Informant **Dorothy Kinney Daughter**, If any
(Address) **187 Lincoln St Winthrop**

I HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:

Wm. S. Childs
(Signature of Agent of Board of Health or other)
Health Officer (Official Designation) **8/20/45**
(Date of Issue of Permit)

18 DATE OF DEATH **August 17** 19**45**
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from
July 31 19**45** to **August 17** 19**45**
I last saw her alive on **August 17** 19**45**, death is said to
have occurred on the date stated above, at **1:30 P. m.**

Immediate cause of death **Carcinoma of Sigmoid** **1 year**
Duration
Due to **General Carcinomatosis** **3 mos**

Due to **Chemia** **2 days**

Other conditions **none**
(Include pregnancy within 3 months of death)

Major findings: **none** Physician **IMPORTANT**

Of operations _____ Data of _____
Of autopsy **none** Underline the cause to which death should be charged statistically.

What test confirmed diagnosis **clinical + lab**

20 Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____

(Signed) **James A. Briggs** M. D. Date **8/20/45**
(Address) **152 Shirley** **Winthrop**

21 **Winthrop** (City or Town)
Place of Burial, Cremation or Removal
DATE OF BURIAL **August 20** 19**45**

22 NAME OF FUNERAL DIRECTOR **Howard S. Reynolds**
ADDRESS **Winthrop Mass.**

Received and filed **AUG 23 1945**
(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 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.

156

PLACE OF DEATH

SUFFOLK

(County)

WINTHROP

(City or Town)

No. 42 HARBOR VIEW AVENUE

St. (If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME MARY C WALSH [BERGER]
(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. 42 HARBOR VIEW AVE. St.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or institution NONE years months days. In this community 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 WIDOWED
or DIVORCED

18 DATE OF DEATH August 24 1945
(Month) (Day) (Year)

5a If married, widowed, or divorced
HUSBAND of (Give name of wife in full)
(or) WIFE of JOHN J. WALSH
(Husband's name in full)

19 I HEREBY CERTIFY, That I attended deceased from
Aug 21- 1945, to Aug 24- 1945
I last saw her alive on Aug 24 1945, death is said to
have occurred on the date stated above, at 742 p.m.

6 Age of husband or wife if alive years

Immediate cause of death
Broncho-pneumonia Duration
3 days

7 IF STILLBORN, enter that fact here.

8 AGE 89 Years 8 Months 1 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) MOUND CITY, ILLINOIS
(State or country)

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

IMPORTANT
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? N.O.
If so, specify

(Signed) Edward J. Frimberger M. D.
(Address) 200 Washington Ave. Date 8-25-1945

21 WINTHROP-CEN. WINTHROP
Place of Burial, Cremation or Removal (City or Town)

DATE OF BURIAL AUGUST 27 1945

22 NAME OF FUNERAL DIRECTOR R.C. KIRBY
ADDRESS BOSTON

Received and filed AUG 28 1945 19

(Registrar)

PARENTS

13 NAME OF FATHER AUGUSTUS BERGER

14 BIRTHPLACE OF FATHER (City) FRANCE
(State or country)

15 MAIDEN NAME OF MOTHER SUSAN BRAZIL

16 BIRTHPLACE OF MOTHER (City) MONTREAL, QUEBEC
(State or country)

17 Informant MRS. LOUISE MORAN (DAUGHTER)
(Address) DAUGHTER 42 HARBOR VIEW AVE.

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 8/27/45
(Official Designation) (Date of Issue of Permit)

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

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 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).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—The precise statement of occupation is very important, since the relative healthfulness of various pursuits can be known. Make an 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

DEATH in plan terms, so 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-9-44-14955

PLACE OF DEATH

Suffolk
(County)

Winthrop
(City or Town)

No. 293 Main St.



The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

Registered No. 15

St. { (If death occurred in a hospital or institution, give its NAME instead of street and number) }

2 FULL NAME Clara M. Finnegan Farmer
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 293 Main 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 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 Widowed

18 DATE OF DEATH August 26 1945
(Month) (Day) (Year)

5a If married, widowed or divorced HUSBAND of... (Give maiden name of wife in full)
(or) WIFE of James F. Farmer
(Husband's name in full)

19 I HEREBY CERTIFY, That I attended deceased from Mar. 2, 1945, to Aug. 26, 1945
I last saw her alive on Aug 26, 1945, death is said to have occurred on the date stated above, at 7:45 P. m.

6 Age of husband or wife if alive years

Immediate cause of death

Duration

7 IF STILLBORN, enter that fact here.
8 AGE 70 Years Months Days If less than 1 day Hours Minutes

Cerebral Hemorrhage

IMPORTANT
3 days

9 Usual Occupation: Housewife

Due to Hypertension, Atherosclerosis

6 months 4 yrs.

10 Industry or Business: Own Home

Due to Chronic Degenerative Arteriosclerosis

4 yrs.

11 Social Security No.

Chronic

12 BIRTHPLACE (City) Sherman Sta.
(State or Country) Maine

Other conditions
(Include pregnancy within 3 months of death)

IMPORTANT

13 NAME OF FATHER Cannot be learned

Major findings:
Of operations

Physician

14 BIRTHPLACE OF FATHER (City) Maine
(State or Country)

Date of

Underline the cause to which death should be charged statistically.

15 MAIDEN NAME OF MOTHER Catherine Hayes

Of autopsy

What test confirmed diagnosis? Physical Examination

16 BIRTHPLACE OF MOTHER (City) Maine
(State or Country)

20 Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Samuel B. Holthorp, M. D.
(Address) 270 Shirley St. Winthrop Date Aug 27 1945

17 Informant James Farmer (Son)
(Address) 293 Main St. Winthrop

21 Holy Cross Malden
Place of Burial, Cremation or Removal
DATE OF BURIAL Aug 29 1945 (City or Town)

22 NAME OF FUNERAL DIRECTOR John F. O'Malley
ADDRESS Winthrop

Received and Filed

AUG 28 1945

19

(Registrar)

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Win. S. Childers
(Signature of Agent of Board of Health or other)
Health Officer (Official Designation) 8/27/45
(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

STANDARD CERTIFICATE OF DEATH

State File No. 158
Registrar's No. 158

State of 06

1. PLACE OF DEATH:

(a) County Fairfield
(b) City or town Shelton
(If outside city or town limits, write RURAL)
(c) Name of hospital or institution: Huntington Center
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 da (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mass (b) County Winthrop
(c) City or town Winthrop (If outside city or town limits, write RURAL)
(d) Street No. 5 Gerald (If rural, give location)
(e) If foreign born, how long in U. S. A.? 25 years.

3. (a) FULL NAME Michael F. Cahill

3. (b) If veteran, name war name war
3. (c) Social Security No. No.

4. Sex M 5. Color or race W

6. (b) Name of husband or wife Agnes Mulloy
6. (c) Age of husband or wife if alive 4 years

7. Birth date of deceased April 4 1887
(Month) (Day) (Year)

8. AGE: Years 58 Months 2 Days 14
If less than one day hr. min.

9. Birthplace Newfoundland
(City, town, or county) (State or foreign country)

10. Usual occupation shoe worker

11. Industry or business United Shoe Worker

12. Name James Cahill

13. Birthplace Newfoundland
(City, town, or county) (State or foreign country)

14. Maiden name Mary Squires

15. Birthplace England
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mrs. G. Cahill

(b) Address Winthrop Mass

17. (a) Winthrop (b) Date thereof June 21, 1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place; burial or cremation Winthrop Mass

18. (a) Signature of funeral director J. J. Donovan

(b) Address Shelton Ct.

19. (a) 6/30/45 (b) Agatha Glynn
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. Date of death: Month June day 18 year 1945 hour 6 minute 50 P.M.

21. I hereby certify that I attended the deceased from 19 to 19 that I last saw h. alive on and that death occurred on the date and hour stated above.

Immediate cause of death coronary occlusion

sudden death

Due to

Due to

Other conditions (include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (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)

(e) Means of injury Med Ex

23. Signature W. J. Finn (M. D. or other)

Address Shelton Date signed 6/19/45

data per Win. Cemetery 9/26/45

SEP 26 1945

1881

SEP 20 11 AM

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate. 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

(County)
(City or Town)
No.



The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH

(City or town making return)

Registered No. 159

2 FULL NAME

(If deceased is a married, widowed or divorced woman, give also maiden name.)

St. (If death occurred in a hospital or institution, give its NAME instead of street and number)
PHYSICIAN—IMPORTANT
(Was deceased a U. S. War Veteran?
If so, (specify WAR)

(a) Re

Length of stay

DO NOT WRITE IN SPACES BELOW

PLACE OF DEATH

NEW JERSEY DEPARTMENT OF HEALTH—BUREAU OF VITAL STATISTICS

Registrar's No.

(City or town and State)

Yrs. mos. days.

PER

3 SEX

PLACE

County Monmouth
Township Oceanport
City or Borough Fort Monmouth
Names of Hospital or Institution
Length of Stay (If not in hospital or institution write street number or location)
yrs. mos. days hrs.

FORMER OR USUAL RESIDENCE
State Mass. County Suffolk
City or Borough Wintthrop
(If outside city or borough limits, name township)
Street No. 143 Pleasant Street
Citizen of (If rural give location)
foreign country? No country

DEATH

Day (Year)

5a If married HUSBAND of

Kindly Type or Print

FULL NAME
(Surname last, first name here)

EDWARD AUGUSTUS COATES

That I attended deceased from

19....., death is said to

(or) WIFE of

RESIDENCE

IF VETERAN, NAME WAR SOCIAL SECURITY NO.
SEX Male COLOR OR RACE White Single, Married, Widowed or Divorced (write the word) Widowed
HUSBAND OF (Give full maiden name) Emma Frances Jones
(or) WIFE OF

MEDICAL CERTIFICATION

DATE OF DEATH 29 July 1945
I HEREBY CERTIFY, That I attended the deceased from 19..... to 29 July 1945
that I last saw him alive on 29 July 1945 and that death occurred on the date stated above, at 9:00 P. M.

Immediate cause of death
Arteriosclerosis generalized

Due to
Due to

Other conditions (include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

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?

While at work? (Specify type of place)

Signature O. W. HAFKE, Capt. M.C. MD

Address Regional Hospital, Ft Monmouth, N.J.

DATE OF BURIAL

22 NAME OF FUNERAL DIRECTOR

ADDRESS

Received and filed

SEP 26 1945

A TRUE COPY ATTEST:

(Registrar)

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

PARENTS

13 NAME FATHER

CONT. CAUSE

14 BIRTH FATHER

(State of)

15 MAIDE OF MO

PLACE OF ACCIDENT

16 BIRTH MOTHER

(State of)

17

Informant (Address)

MOTHER FATHER
BIRTHPLACE (City or town) Vermont
(State or country)
MAIDEN NAME Cynthia Foster
BIRTHPLACE (City or town) Vermont
(State or country)
SIGNATURE OF INFORMANT Edward A. Coates, Jr.
(Address) Fort Monmouth, N.J.
PLACE OF BURIAL Cambridge, Mass.
Cremation or Removal
DATE 31 July 1945 Cambridge Cemetery
FUNERAL DIRECTOR John W. Flock
(Address) 117 Broadway, Long Branch, N.J.
RECEIVED 31 July 1945 John W. Flock Local Registrar

GOVERNING THE RETURN OF CERTIFICATES OF DEATH

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been hurried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he 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 permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the 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.—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)

BOSTON

No.

Infants Hospital

St.

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Registered No.

6710

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICSCOPY OF
CERTIFICATE OF DEATH

160

(City or town making return)

2 FULL NAME

Baby Girl Vaccaro

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S.
War Veteran,
specify WAR)

(a) Residence, No.

210 Woodside 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 6 days

In this community

yrs.

mos. 6 days

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX

4 COLOR OR RACE

5 SINGLE (write the word)

Female

White

MARRIED
WIDOWED
or DIVORCED

Single

5a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

6 Age of husband or wife if alive years

7 IF STILLBORN, enter that fact here.

8 AGE 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) Winthrop Mass.

13 NAME OF

FATHER

Ralph A Vaccaro

14 BIRTHPLACE OF

FATHER (City)

(State or country)

E Boston Mass.

15 MAIDEN NAME

OF MOTHER

Elizabeth A Austin

16 BIRTHPLACE OF

MOTHER (City)

(State or country)

E Boston Mass.

PARENTS

17

Informant

(Address)

Grand mother Mrs. S. Vaccaro

Relation, if any

A TRUE COPY:

ATTEST:

(Registrar of city or town where death occurred)

DATE FILED

Aug 3/45

19

18 DATE OF
DEATH

Jul 29/45

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY, That I attended deceased from

7/23/45, 19, to 7/29/45, 19

I last saw him or alive on 7/29/45, 19, death is said to

have occurred on the date stated above, at 6:00a.m.

Duration

Immediate cause of death

Bronchopneumonia

12 hrs

Due to

Aspiration of feeding

Due to

Other conditions

Prematurity

since birth

(Include pregnancy within 3 months of death)

Physician

Major findings:

Of operations

Date of

Of autopsy prematurity

What test confirmed diagnosis? Phys. exam

20 Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) W. FitzHugh

M. D.

(Address) 300 Longwood Ave Date 7/29/45

21 PLACE OF BURIAL,
CREMATION OR REMOVAL

Winthrop

Winthrop

(Cemetery)

(City or Town)

DATE OF BURIAL

Aug 3/45

19

22 NAME OF

FUNERAL DIRECTOR

A. B. Marsh

ADDRESS

Winthrop Mass.

Received and filed

SEP 11 1945

19

(Registrar of City or Town where deceased resided)

The first part of the paper is devoted to a general discussion of the problem of the origin of life. It is shown that the problem is one of the most important and most difficult in the history of science. The author discusses the various theories of the origin of life, and shows that the most plausible is the theory of spontaneous generation. This theory is based on the fact that life is a complex of many different parts, and that these parts are all derived from a common ancestor. The author shows that the theory of spontaneous generation is supported by the facts of the origin of life, and that it is the only theory that can explain the origin of life.

The second part of the paper is devoted to a discussion of the problem of the origin of the human race. It is shown that the problem is one of the most important and most difficult in the history of science. The author discusses the various theories of the origin of the human race, and shows that the most plausible is the theory of spontaneous generation. This theory is based on the fact that the human race is a complex of many different parts, and that these parts are all derived from a common ancestor. The author shows that the theory of spontaneous generation is supported by the facts of the origin of the human race, and that it is the only theory that can explain the origin of the human race.

The third part of the paper is devoted to a discussion of the problem of the origin of the human mind. It is shown that the problem is one of the most important and most difficult in the history of science. The author discusses the various theories of the origin of the human mind, and shows that the most plausible is the theory of spontaneous generation. This theory is based on the fact that the human mind is a complex of many different parts, and that these parts are all derived from a common ancestor. The author shows that the theory of spontaneous generation is supported by the facts of the origin of the human mind, and that it is the only theory that can explain the origin of the human mind.

Recorded during the previous month which occurred in your city or town in case the deceased resided in another city or town at the time of death should be made forthwith and transmitted on Form R-302 to the clerk of the city or town in which the deceased resided. (See Chap. 46, Sec. 12, G. L.)

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICSCOPY OF
CERTIFICATE OF DEATH

(City or town making return)

161

Registered No. 6838

PLACE OF DEATH

SUFFOLK

(County)

BOSTON

(City or Town)

No. Carney Hospital

St. (If death occurred in a hospital or institution,
give its NAME instead of street and number)2 FULL NAME Pauline Doucette
(If deceased is a married, widowed or divorced woman, give also maiden name.)(If U. S.
War Veteran,
specify WAR)(a) Residence, No. 66 Centre St. St. Winthrop Mass.
(Usual place of abode) (If nonresident, give city or town and State)Length of stay: In hospital or institution years 3 months 26 days. In this community 13 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 Married
or DIVORCED5a If married, widowed, or divorced
HUSBAND of (Give maiden name of wife in full)
(or) WIFE of Ulysse J Doucette
(Husband's name in full)

6 Age of husband or wife if alive 41 years

7 IF STILLBORN, enter that fact here.

8 AGE 39 Years Months Days If less than 1 day
Hours MinutesUsual
9 Occupation: Housewife10 Industry
or Business: Own Home

11 Social Security No.

12 BIRTHPLACE (City)
(State or country) Nova Scotia13 NAME OF
FATHER Leo LeBlanc14 BIRTHPLACE OF
FATHER (City) Nova Scotia
(State or country)15 MAIDEN NAME
OF MOTHER Emily Ward16 BIRTHPLACE OF
MOTHER (City) Nova Scotia
(State or country)17 Informant Husband (Relation, if any)
(Address)

A TRUE COPY.

ATTEST: (Registrar of city or town where death occurred)

DATE FILED Aug 9, 1945 19

MEDICAL CERTIFICATE OF DEATH

18 DATE OF
DEATH August 6, 1945
(Month) (Day) (Year)19 I HEREBY CERTIFY That I attended deceased from
Apr 10/45 19 to Aug 6/45 19I last saw her alive Aug 6/45 19, death is said to
have occurred on the date stated above, at 7:30a m.

Duration

Immediate cause of death
Circulatory collapseDue to Metastatic lesions of adenocarcinoma
Adenocarcinoma site unknown

Due to

Other conditions
(Include pregnancy within 3 months of death)

Physician

Major findings: Metastatic adenocarcinoma the cause to
Of operations which deathDate of should be
Of autopsy charged sta-

What test confirmed diagnosis? Path repeat of biopsy

20 Was disease or injury in any way related to occupation of deceased?

If so, specify no
(Signed) E Kilfoyle M. D.

(Address) Boston Date 8/6/45

21 PLACE OF BURIAL, Winthrop Winthrop
CREMATION OR REMOVAL (Cemetery) (City or Town)

DATE OF BURIAL Aug 8/45 19

22 NAME OF
FUNERAL DIRECTOR J F O'Maley
ADDRESS Winthrop Mass.

Resolved and filed SEP 11 1945 19

(Registrar of City or Town where deceased resided)

The first part of the paper discusses the importance of the study of the history of the United States. It is argued that a knowledge of the past is essential for a full understanding of the present. The author then proceeds to discuss the various factors that have shaped the development of the United States, including the role of the government, the influence of the economy, and the impact of the culture. The author concludes by stating that the study of the history of the United States is a task of great importance, and that it is one that should be undertaken by all who are interested in the future of the country.

The second part of the paper discusses the importance of the study of the history of the United States. It is argued that a knowledge of the past is essential for a full understanding of the present. The author then proceeds to discuss the various factors that have shaped the development of the United States, including the role of the government, the influence of the economy, and the impact of the culture. The author concludes by stating that the study of the history of the United States is a task of great importance, and that it is one that should be undertaken by all who are interested in the future of the country.

SUFFOLK

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

COPY OF
CERTIFICATE OF DEATH

(City or town making return)

Registered No. 7051

162

PLACE OF DEATH

(County)

BOSTON
(City or Town)

No. New England Deaconess Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Rachel Bennett
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S. War Veteran, specify WAR)

(a) Residence. No. 88 Circuit Rd St. Winthrop Mass.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or institution years months 18 days. In this community 3 yrs. mos. days.
(Before death) (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE "hite 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 (Husband's name in full)

6 Age of husband or wife if alive years

7 IF STILLBORN, enter that fact here.

8 AGE 63 Years Months Days If less than 1 day Hours Minutes

9 Occupation: Usual Housework

10 Industry or Business: Own home

11 Social Security No.

12 BIRTHPLACE (City) Newfoundland (State or country)

13 NAME OF FATHER Philip Penney

14 BIRTHPLACE OF FATHER (City) Newfoundland (State or country)

15 MAIDEN NAME OF MOTHER Catherine Lewis

16 BIRTHPLACE OF MOTHER (City) Newfoundland (State or country)

17 Informant Daughter Dorothy Huxley (Address) (Relation, if any)

A TRUE COPY ATTEST: (Registrar of city or town where death occurred) Aug 17/45

DATE FILED 19

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Aug 12/45 (Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from 7/24/45, 19, to 8/12/45, 19.

I last saw her alive on 8/11/45, 19, death is said to have occurred on the date stated above, at 5:40a m.

Immediate cause of death Uremia 3wks

Due to Carcinoma of ovari 6 mos

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) F. M. Ingersoll M. D.

(Address) Boston Date 8/12/45

21 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Cross Malden (Cemetery) (City or Town)

DATE OF BURIAL Aug 16/45 19

22 NAME OF FUNERAL DIRECTOR Charles H Treanor ADDRESS Boston Mass.

Received and filed SEP 11 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-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-302 to the clerk of the city or town in which the deceased resided. (See Chap. 46, Sec. 12, G. L.)

50m (c)-1-41-4667

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

COPY OF
CERTIFICATE OF DEATH

Westfield

(City or town making return)

Registered No.

163

PLACE OF DEATH

Hampden

(County)

Westfield

(City or Town)

No. Westfield State Sanatorium

St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Ernest Boutillier

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence, No.

55 Sunnyside Ave.

St.

Winthrop Mass.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of stay: In hospital or Institution

Hospital

(Before death)

years 2 months 14 days

In this community

yrs. 2 mos. 14 days

(Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Male

4 COLOR OR RACE

White

5 SINGLE (write the word)

MARRIED Married
WIDOWED
OR DIVORCED

5a If married, widowed, or divorced

HUSBAND of Jessie Galbraith

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

6 Age of husband or wife if alive 60 years

7 IF STILLBORN, enter that fact here.

8 AGE 66 Years 16 Days | If less than 1 day
Hours Minutes

9 Usual Occupation: Laborer

10 Industry or Business: Army Base, Boston, Mass.

11 Social Security No. 024-01-5528

12 BIRTHPLACE (City) East Boston
(State or country) Mass.

13 NAME OF FATHER

James W. Boutillier

14 BIRTHPLACE OF FATHER (City)
(State or country)

Boston,
Mass.

15 MAIDEN NAME OF MOTHER

Sarah Boutillier

16 BIRTHPLACE OF MOTHER (City)
(State or country)

Nova Scotia

17 Informant Hospital Records (Relation, if any)
(Address) Westfield State Sanatorium

A TRUE COPY.

ATTEST:

(Registrar of city or town where death occurred)

DATE FILED

Aug. 21, 1945

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH

Aug. 18, 1945
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from June 4, 1945, to August 18, 1945.

I last saw him alive on Aug. 18, 1945 death is said to have occurred on the date stated above, at 4:20 A. M.

Immediate cause of death

Advanced pulmonary tuberculosis

Duration

8 mos.

Due to

Due to

Other conditions Arteriosclerosis
(Include pregnancy within 3 months of death)

Physician

Major findings: Of operations no

Date of

Of autopsy See above

What test confirmed diagnosis? Autopsy, X-Ray

20 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Phoebe Clover M. D.
(Address) Westfield San. Date 8/18, 1945

21 PLACE OF BURIAL, CREMATION OR REMOVAL Winthrop-Winthrop Mass.
(Cemetery) (City or Town)

DATE OF BURIAL Aug. 22, 1945

22 NAME OF FUNERAL DIRECTOR Richard White

ADDRESS 147 Winthrop St., Winthrop

Received and filed SEP 11 1945 19

(Registrar of City or Town where deceased resided)



SUFFOLK

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

(City or town making return)

164

COPY OF
CERTIFICATE OF DEATH

Registered No. 7206

PLACE OF DEATH

(County)
BOSTON

(City or Town)

No. **Beth Israel Hospital**St. { (If death occurred in a hospital or institution,
give its NAME instead of street and number)2 FULL NAME **Celia Silverman**

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S.
War Veteran,
specify WAR)(a) Residence, No. **284 River Rd**
(Usual place of abode)St. **Winthrop Mass.**

(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. 8 days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX **Female** 4 COLOR OR RACE **White** 5 SINGLE (write the word)
MARRIED
WIDOWED **Married**
or DIVORCED

5a If married, widowed, or divorced

HUSBAND of **Give maiden name of wife in full**(or) WIFE of **(Husband's name in full)**6 Age of husband or wife if alive **72** years

7 IF STILLBORN, enter that fact here.

8 AGE **70** Years Months Days | If less than 1 day
Hours Minutes

Usual

9 Occupation: **Housewife**

Industry

10 or Business: **at home**

11 Social Security No.

12 BIRTHPLACE (City)
(State or country) **Austria**13 NAME OF
FATHER **Hirsh Waldman**14 BIRTHPLACE OF
FATHER (City) **Austria**
(State or country)15 MAIDEN NAME
OF MOTHER **Muttie ---**16 BIRTHPLACE OF
MOTHER (City) **Austria**
(State or country)17 Informant **Husband** (Relation, if any)
(Address)

A TRUE COPY.

ATTEST: **[Signature]**
(Registrar of city or town where death occurred)DATE FILED **Aug 21/45** 19

MEDICAL CERTIFICATE OF DEATH

18 DATE OF
DEATH **Aug 19/45**
(Month) (Day) (Year)19 I HEREBY CERTIFY, That I attended deceased from
Aug 12/45, 19, to **Aug 19/45**, 19.I last saw her alive on **Aug 19/45**, 19, death is said to
have occurred on the date stated above, at **9/10a m.** Duration

Immediate cause of death

Acute myocardial infarctDue to **Arteriosclerotic heart disease**

Due to

Other conditions
(Include pregnancy within 3 months of death)Major findings:
Of operations **none**

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) **M Lubin**(Address) **Boston** Date **8/19/45** M. D.21 PLACE OF BURIAL, **Ohel Jacob Woburn**
CREMATION OR REMOVAL (Cemetery) (City or Town)DATE OF BURIAL **Aug 20/45** 1922 NAME OF
FUNERAL DIRECTOR **E. Meltzer**
ADDRESS **Roxbury**Received and filed **SEP 11 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-802 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 cases 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

SUFFOLK
BOSTON



The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
COPY OF
MEDICAL EXAMINER'S
CERTIFICATE OF DEATH

BOSTON

(City or town making return)

165

Registered No. 7298

PLACE OF DEATH

1

No. Boston Psychopathic Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Manuel Silva (If deceased is a married, widowed or divorced woman, give also maiden name.) (If U. S. War Veteran, specify WAR)

(a) Residence. No. 349 Shirley 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

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 Aug 22/45 (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.)

Bronchopneumonia
Oedema brain and lungs
Alcoholism

6 Age of husband or wife if alive years

7 IF STILLBORN, enter that fact here.

8 AGE 47 Years 12 Months 12 Days If less than 1 day Hours Minutes

20 Accident, suicide, or homicide (specify)

Date of occurrence 19

9 Occupation: none

Where did Injury occur? (City or town and State)

10 Industry or Business:

Did Injury occur in or about the home, on farm, in industrial place, or in public place? (Specify type of place)

11 Social Security No.

12 BIRTHPLACE (City) Gloucester Mass. (State or country)

Manner of Injury Found collapsed in his home

Nature of Injury

While at work? Was there an autopsy? yes

13 NAME OF FATHER John P Silva

14 BIRTHPLACE OF FATHER (City) Azore Islands (State or country)

21 Was disease or injury in any way related to occupation of deceased?

If so, specify W J Brickley (Signed) M. D.

(Address) Boston Date 8/22/45

15 MAIDEN NAME OF MOTHER Mary Silva OK

16 BIRTHPLACE OF MOTHER (City) Azores Islands (State or country)

22 Calvary Cem Gloucester Mass. (City or Town)

DATE OF BURIAL Aug 25/45 19

17 Informant Mother (Address) (Relation, if any)

A TRUE COPY. Francis J. G. (Registrar of city or town where death occurred)

23 NAME OF FUNERAL DIRECTOR J. C. Greely

ADDRESS Gloucester Mass.

Received and filed SEP 11 1945 19

DATE FILED Aug 24/45 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

SUFFOLK

BOSTON

(County)



The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY

COPY OF

MEDICAL EXAMINER'S
CERTIFICATE OF DEATH

(City or town making return)

7378166

Registered No.

PLACE OF DEATH

1

No. Mass. General Hospital

St. { (If death occurred in a hospital or institution,
give its NAME instead of street and number)2 FULL NAME John P White
(If deceased is a married, widowed or divorced woman, give also maiden name.){ (If U. S.
War Veteran,
specify WAR)(a) Residence, No. 204 Pauline 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 35 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 DIVORCED5a If married, widowed, or divorced Mary G Harvey
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 MinutesUsual
9 Occupation: ConductorIndustry
10 or Business: B & M R R

11 Social Security No. 706-0544714

12 BIRTHPLACE (City) Lincoln Mass.
(State or country)

13 NAME OF FATHER Thomas White

14 BIRTHPLACE OF FATHER (City) Ireland
(State or country)

15 MAIDEN NAME OF MOTHER Ellen Cuffe

16 BIRTHPLACE OF MOTHER (City) Ireland
(State or country)17 Informant Son Thomas White (Relation, if any)
(Address)

A TRUE COPY.

ATTEST: (Registrar of city or town where death occurred)

DATE FILED Aug 27/45 19

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Aug 23/45
(Month) (Day) (Year)19 I HEREBY CERTIFY that I have investigated the death
of the person above-named and that the CAUSE AND MANNER thereof
are as follows: (If an injury was involved, state fully.)Acute cardiac failure
Chronic myocarditis
Probably coronary sclerosis

20 Accident, suicide, or homicide (specify)

Date of occurrence 19

Where did
Injury occur? (City or town and State)Did injury occur in or about 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 Date 8/23/45

22 Winthrop Winthrop

Place of Burial, Cremation or Removal. (City or Town)

DATE OF BURIAL Aug 27/45 19

23 NAME OF FUNERAL DIRECTOR J F O'Maley

ADDRESS Winthrop Mass

Received and filed 19

SEPT 11 1945
(Registrar of City or Town where deceased resided)

Return 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.)

22-M-(1)-11-42 10746



The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
COPY OF
CERTIFICATE OF DEATH

REVERE

(City or town making return)

Registered No. 231 167

PLACE OF DEATH

Suffolk

(County)

Revere

(City or Town)

No. Revere General Hospital

St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Baby Sweeney

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 207 Cottage Pk. Rd.

(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

4 COLOR OR RACE

5 SINGLE (write the word)

MARRIED

WIDOWED

or DIVORCED Single

Male

White

5a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

6 Age of husband or wife if alive years

7 IF STILLBORN, enter that fact here.

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)

Revere

Mass.

13 NAME OF

FATHER

John Sweeney

14 BIRTHPLACE OF

FATHER (City)

Revere

(State or country)

Mass.

15 MAIDEN NAME

OF MOTHER

Lillian Donovan

16 BIRTHPLACE OF

MOTHER (City)

E. Boston

(State or country)

Mass.

17

Informant

John Sweeney

(Relationship)

(Address)

207 Cottage Pk. Rd. Winthrop

A TRUE COPY.

ATTEST:

(Registrar of city or town where death occurred)

DATE FILED

September 5, 1945

MEDICAL CERTIFICATE OF DEATH

18 DATE OF

DEATH

August

24,

1945

(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.

Duration

Immediate cause of death

Stillbirth

Due to Premature Separation of the placenta

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Date of

Of autopsy

What test confirmed diagnosis?

20 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Emilio D'Errico

(Address) 27 Bay State Rd.

Date 8/24 1945

21 PLACE OF BURIAL, CREMATION OR REMOVAL St. Michael West, Roxbury

(Cemetery) (City or Town)

DATE OF BURIAL Aug. 27, 1945

22 NAME OF

FUNERAL DIRECTOR

R. J. DeNeill

ADDRESS

Revere

Received and filed SEP 13 1945 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.

200m-10-39, No. 8427-d

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

Winthrop
 (City or town making return)
 Registered No. 168

2 FULL NAME John C. DiSilvestro
 (If deceased is a married, widowed or divorced woman, give also maiden name.)
 (a) Residence. No. XXXXXXXXXXXX 72 Blue Hill Ave. Roxbury
 (Usual place of abode) St. XXXXXXXXXXXX
 length of stay: In hospital or institution 7 years — months — days. In this community yrs. mos. days.
 (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male	4 COLOR OR RACE White	5 SINGLE MARRIED WIDOWED or DIVORCED Single
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: _____ Industry _____ or Business: _____		
11 Social Security No. _____		
12 BIRTHPLACE (City) Winthrop (State or country) Mass.		
13 NAME OF FATHER Clementi Di Silvestro		
14 BIRTHPLACE OF FATHER (City) East Boston (State or country) Massachusetts		
15 MAIDEN NAME OF MOTHER Josephine Nucifora		
16 BIRTHPLACE OF MOTHER (City) Newark (State or country) New Jersey		

17 Informant (Address) Father Clementi Di Silvestro
 72 Blue Hill Ave. Roxbury
 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
 (Signature of Agent of Board of Health or other)
 Health Officer (Official Designation)
 (Date of Issue of Permit) 9/4/45

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Sept 1 1945 (Month) (Day) (Year)	19 I HEREBY CERTIFY, That I attended deceased from Sept 1, 1945, to Sept 1, 1945 I last saw him alive on Sept 1, 1945, death is said to have occurred on the date stated above, at _____ m. Immediate cause of death _____ Due to Stillborn Due to _____ Other conditions _____ (Include pregnancy within 3 months of death) Major findings: _____ Of operations _____ Date of _____ Of autopsy _____ 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) Charles J. Miller M. D. (Address) 72 Blue Hill Ave. Date 9/1/45		21 Place of Burial, Cremation or Removal (City or Town) DATE OF BURIAL Sept 6 1945
22 NAME OF FUNERAL DIRECTOR Baby Trapani ADDRESS 9 Chelsea St. E. Boston		Received and filed SEP 5 1945 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 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

..... 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)-1-41-4667

PLACE OF DEATH

1

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. 169

St. { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Joseph J. Pimentel

(If deceased is a married, widowed or divorced woman, give also maiden name.)

{ (If U. S. War Veteran, specify WAR)

(a) Residence, No. 10 Locust
(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 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 Rebello
(Give maiden name of wife in full)
(or) WIFE of (Husband's name in full)

6 Age of husband or wife cannot be learned years

7 IF STILLBORN, enter that fact here.

8 AGE 63 Years Months Days If less than 1 day AGE 63 Years Months Days Hours Minutes

Usual Occupation: unable to work

Industry none
10 or Business:

11 Social Security No. none

12 BIRTHPLACE (City) Portugal
(State or country)

13 NAME OF FATHER Anthony J. Pimentel

14 BIRTHPLACE OF FATHER (City) Portugal
(State or country)

15 MAIDEN NAME OF MOTHER Marion DeGloria

16 BIRTHPLACE OF MOTHER (City) Portugal
(State or country)

17 Informant M.K. McPhillips (Relation, if any)
(Address)

A TRUE COPY.

ATTEST: (Registrar of city or town where death occurred)

DATE FILED 9/7/45 19

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Sep. 2, 1945
(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.)
Rheumatic heart disease, broncho-pneumonia. Coronary arteriosclerosis

20 Accident, suicide, or homicide (specify) accident

Date of occurrence not known 19

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 Probably self inflicted

Nature of Injury contusion chest wall

While at work? Was there an autopsy? yes

21 Was disease or injury in any way related to occupation of deceased?

If so, specify Ralph E. Foss
(Signed) (Address) Peabody Date 9/3/45 M. D.

22 Winthrop Winthrop
Place of Burial, Cremation or Removal (City or Town)

DATE OF BURIAL 9/6/45 19

23 NAME OF FUNERAL DIRECTOR Richard C. Kirby
ADDRESS Boston

Received and filed OCT 9 1945 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-d

1 PLACE OF DEATH
 (County) Suffolk
 (City or town) Wentworth
 No. Wentworth Community Hosp. St. {



The Commonwealth of Massachusetts
 OFFICE OF THE SECRETARY
 DIVISION OF VITAL STATISTICS
 STANDARD
 CERTIFICATE OF DEATH

(City or town making return)

Registered No. 1702 FULL NAME Joseph Costa

(If deceased by a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 95 Marshall

(Usual place of abode)

St. Wentworth

(If nonresident, give city or town and state)

Length of stay: In hospital or institution 2 1/2 years

(Specify whether)

months 4 daysIn this community 1 yrs. 0 mos. 0 days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE MARRIED WIDOWED or DIVORCED Single (write the word)

5a If married, widowed, or divorced

HUSBAND of (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

6 Age of husband or wife if alive 35 years

7 IF STILLBORN, enter that fact here.

8 AGE 4 Years 4 Months 4 Days 0 Hours 0 Minutes

Usual

9 Occupation: —

Industry

10 or Business: —11 Social Security No. —12 BIRTHPLACE (City) Wentworth
(State or country) Massachusetts13 NAME OF FATHER Raymond C. Costa14 BIRTHPLACE OF FATHER (City) East Boston
(State or country) Massachusetts15 MAIDEN NAME OF MOTHER Genita M. Malone16 BIRTHPLACE OF MOTHER (City) Wentworth
(State or country) Massachusetts17 Informant Raymond Costa Relation, if any Father
(Address) 95 Marshall St. Wentworth

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other) Wm. St. Childress(Official Designation) H.O.(Date of Issue of Permit) Sept. 7/45

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Sept. 8 - 1945
(Month) 9 (Day) 8 (Year) 194519 I HEREBY CERTIFY, That I attended deceased from Sept. 3, 1945, to Sept. 6, 1945I last saw him alive on Sept. 6, 1945, death is said to have occurred on the date stated above, at 1 p.m. DurationImmediate cause of death congenital hydrocephalus+ other congenital defectsDue to —Due to —Other conditions —
(Include pregnancy within 3 months of death)Major findings: — Of operations — Underline the cause to which death should be charged statistically.Date of —Of autopsy —What test confirmed diagnosis? Inspection

20 Was disease or injury in any way related to occupation of deceased?

If so, specify Charles Malone M. D.(Signed) Charles Malone M. D.(Address) 205 Haver St. Boston Date 9/7 194521 Place of Burial, Cremation or Removal St. Michael's Church BostonDATE OF BURIAL Sept. 10 194522 NAME OF FUNERAL DIRECTOR John P. RyanADDRESS 9 Church St. East BostonReceived and filed 19A TRUE COPY ATTEST: SEP 7 1945 (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-10-139. 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. **171**

PLACE OF DEATH

1

No.

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S. War Veteran, specify WAR)

(a) Residence. No.

(Usual place of abode)

St.

Length of stay: In hospital or institution

(Specify whether)

years

months

days

In this community

-75.

mos.

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE (write the word)

5a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

6 Age of husband or wife if alive

years

7 IF STILLBORN, enter that fact here.

8

AGE

Years

Months

Days

If less than 1 day

Hours

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 of country)

17

Information

(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

(Signatures of Agent or 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

Sept 3, 1945, to Sept 8, 1945

I last saw him alive on Sept 8, 1945, death is said

to have occurred on the date stated above, at 4 P.M.

Duration

Immediate cause of death

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Date of

Of autopsy

What test confirmed diagnosis?

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. Dennis Stapp M. D.

(Address) 300 West Ave Date 9/14/45

21 Place of Burial, Cremation or Removal (City or Town)

DATE OF BURIAL Sept 18, 1945

22 NAME OF FUNERAL DIRECTOR

ADDRESS 41 Park St Boston

Received and filed

A TRUE COPY ATTEST: SEP 18 1945 (Registrar)

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

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No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained 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

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. **172**

PLACE OF DEATH

Suffolk
(County)

(City or Town)

No.

Winthrop Community

(If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME

Baby La Vacca

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence, No.

144 Trenton

St.

E. Boston, Mass.

(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.

mos.

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

7

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)

(State or country)

Winthrop Boston
Mass

13 NAME OF FATHER

Rocco La Vacca

14 BIRTHPLACE OF FATHER (City)

(State or country)

Boston Bronx
Mass New York

15 MAIDEN NAME OF MOTHER

Giuseppa
Mary Sarno

16 BIRTHPLACE OF MOTHER (City)

(State or country)

Boston Belmont
Mass

17 Informant

Rocco La Vacca

Relation, if any

(Address)

144 Trenton St., E. Boston

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

William D. Childress,

(Signature of Agent of Board of Health or other)

Agent

9/10/45

(Official Designation)

(Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH

9 -

8

45

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY, That I attended deceased from

9-8-45, 19 *45*, to *9-8*, 19 *45*

I last saw him alive on *9-8*, 19 *45*, death is said to

have occurred on the date stated above, at *9-8*, 19 *45*

Immediate cause of death *Stillborn fat*

Due to *girl*

Due to *Cord knotted around*

both ankles

Other conditions *ankles*

(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 *St. J. Caplen*

(Signed) *St. J. Caplen* M. D.

(Address) *156 Plymouth St.* Date *9-8*, 19 *45*

21 *St. Michael Cemetery, Roslindale*

Place of Burial, Cremation or Removal. (City or Town)

DATE OF BURIAL *Sept 10*, 19 *45*

22 NAME OF FUNERAL DIRECTOR *Michael Pennacchio*

ADDRESS *59 So. Main St. Boston*

Received and filed *SEP 11 1945*, 19 *45*

(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 term, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

Every item or RECORD. PHYSICIAN should state EXACTLY. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH

(City or town making return)

Registered No. **173**

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 Doyle, Nora

(If deceased is a married, widowed or divorced woman, give also maiden name.)

{ (If U. S. War Veteran, specify WAR) No

(a) Residence. No. 31 Moore St.

St. East Boston, Mass.

(Usual place of abode)

(If nonresident, give city or town and state)

length of stay: In hospital or institution (Specify whether)

years months 1 days In this community yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE MARRIED WIDOWED or DIVORCED Widowed (write the word)

5a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full) (or) WIFE of James Doyle (Husband's name in full)

6 Age of husband or wife if alive years

7 IF STILLBORN, enter that fact here.

8 2 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) County Kerry (State or country) Ireland

13 NAME OF FATHER Daniel O'Connor

14 BIRTHPLACE OF FATHER (City) Ireland (State or country)

15 MAIDEN NAME OF MOTHER Mary Beagon

16 BIRTHPLACE OF MOTHER (City) Ireland (State or country)

17 Informant (Address) Gertrude J. Doyle 31 Moore St East Boston 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.

William D. Childress (Signature of Agent of Board of Health or other)

agent 9/10/45 (Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH September 10, 1945 (Month) (Day) (Year)

19 I HEREBY CERTIFY. That I attended deceased from March 3, 1945, to September 10, 1945

I last saw h. alive on September 10, 1945, death is said to have occurred on the date stated above, at 11:45 A.M.

Immediate cause of death.

Cerebral embolism, left with right hemiplegia

Due to Muscular fibrillation

Due to Atherosclerotic heart disease

Other conditions NONE.

(Include pregnancy within 3 months of death)

Major findings: None

Of operations

Date of

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 Trautman, Jr. M.D. (Address) 562 Shirley St. East Boston, Mass. Date Sept 10, 1945

21 Place of Burial, Cremation or Removal (City or Town) DATE OF BURIAL 9/13/45

22 NAME OF FUNERAL DIRECTOR Dennis J. Sweeney

ADDRESS 74 Elm St Quincy

Received and filed SEP 11 1945 19 (Registrar)

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

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No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained 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

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

per Mr. Ward
9/14/45

50m (g)-1-41-4667

1 PLACE OF DEATH
Suffolk (County)
Waltham (City or Town)
Boston Harbor
Winthrop Beach



The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
MEDICAL EXAMINER'S
CERTIFICATE OF DEATH

Registered No. 174
filed for burial permit
with Board of Health
or its Agent.

2 FULL NAME Sara Hayward
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(a) Residence, No. 226 Clifton St. Malden
(Usual place of abode) " " " " (If nonresident, give city or town and State)
Length of stay: In hospital or institution 1 years 1 months 1 days. In this community 1 yrs. 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 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 69 Years 3 Months 3 Days If less than 1 day Hours Minutes

9 Usual Occupation: Nurse

10 Industry or Business: Private Nursing

11 Social Security No. None

12 BIRTHPLACE (City) Nova Scotia
(State or country)

13 NAME OF FATHER Maria Hayward

14 BIRTHPLACE OF FATHER (City) Nova Scotia
(State or country)

15 MAIDEN NAME OF MOTHER Card

16 BIRTHPLACE OF MOTHER (City) Nova Scotia
(State or country)

17 Informant Gladys M. Hayward (Address) 326 Clifton St. Malden

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other) Wm. W. Childers
110 (Official Designation) Sept. 17/45 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Sept 13 1945
(Month) (Day) (Year)

19 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows: (If an injury was involved, state fully.)
Asphyxiation by drowning
Heart fracture
Self inflection

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 home, on farm, in industrial place, or in public place? (Specify type of place)

Manner of Injury

Nature of Injury

While at work? Was there an autopsy?

21 Was disease or injury in any way related to occupation of deceased?

If so, specify (Signed) W. H. Webster, M. D.

(Address) Forest Dale Malden Date Sept 15 1945

22 Place of Burial, Cremation or Removal Forest Dale Malden (City or Town)

DATE OF BURIAL Sept 17 1945

23 NAME OF FUNERAL DIRECTOR J. A. Hough & Son
ADDRESS 37 Maple St. Malden

Received and filed SEP 18 1945 19

(Registrar)

EXTRACT FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of 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)

NOTICE TO UNDERTAKERS: No embalming fluid, or any substitute therefor, shall be injected into the body of any person supposed to have met his death by violence, until a permit, signed by the Medical Examiner, has first been obtained.—General Laws, Chap. 38, Sec. 14.

THIS CERTIFICATE CONSTITUTES SUCH PERMIT

PLACE OF DEATH
1

Suffolk

(County)

Winthrop

(City or Town)

No. 22 Pleasant Pk Rd

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.

175

St. { (If death occurred in a hospital or institution,
give its NAME instead of street and number) }

2 FULL NAME Walter J. Andrews

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 22 Pleasant Pk Rd.

(Usual place of abode)

St.

(If nonresident, give city or town and State)

Length of stay: In hospital or institution
(Before death)

(Specify whether)

years

months

days.

In this community

25

yrs.

mos.

days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Male

4 COLOR OR RACE

White

5 SINGLE (write the word)

MARRIED
WIDOWED
or DIVORCED

Married

5a If married, widowed or divorced, HUSBAND of Laura E. Hanson

(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 AG

65

Years

Months

Days

If less than 1 day

Hours

Minutes

9 Usual

Occupation:

Printer

10 Industry
or Business:

Ginn Co

11 Social Security No.

010 -03-8135 A.

12 BIRTHPLACE (City)
(State or Country)

Manchester

N.H.

13 NAME OF
FATHER

John Andrews

14 BIRTHPLACE OF
FATHER (City)
(State or Country)

Germany

15 MAIDEN NAME
OF MOTHER

Cannot be Learned

16 BIRTHPLACE OF
MOTHER (City)
(State or Country)

Germany

17 Informant
(Address)

Laura Andrews

(Relative if any)
Wife

22 Pleasant Pk 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. Childress
(Signature of Agent of Board of Health or other)Agent
(Official Designation)9/18/45
(Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF
DEATHSept. 16, 1945
(Month) (Day) (Year)

19 I HEREBY CERTIFY,

That I attended deceased from

Jan 2, 1945 to Sept 16, 1945
I last saw him alive on Sept 16, 1945 death is said to
have occurred on the date stated above, at 9 A.M.

Immediate cause of death

Acute Pulmonary Edema

Duration

1 Day

Due to

Cancer of Liver

1 Month

Due to

Cancer of Rectum

6 Weeks

Other conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Cancer of Rectum

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)

Gorham
(Address) 18 Gorham St. Date 9/17, 1945

21 Place of Burial, Cremation or Removal.

(City or Town)

DATE OF BURIAL

Sept 19 1945

22 NAME OF
FUNERAL DIRECTOR

ADDRESS

Winthrop

Received and Filed

SEP 18 1945

(Registrar)

19

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for 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

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 Ellen E. Carter (Foley)
(If deceased is a married, widowed or divorced woman, give also maiden name.)(a) Residence, No. 64 Enfield Road
(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 19 yrs. mos. days.
(Before death) (Specify whether)To be filed for burial permit
with Board of Health
or its Agent.

Registered No. 176

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH

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 Widowed

5a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of Percy A. Carter
(Husband's name in full)

6 Age of husband or wife if alive years

7 IF STILLBORN, enter that fact here.

8 AGE 67 Years 1 Months 8 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) East Boston
(State or country) Mass

13 NAME OF FATHER John Foley

14 BIRTHPLACE OF FATHER (City) Ireland
(State or country)

15 MAIDEN NAME OF MOTHER Margaret Sheeran

16 BIRTHPLACE OF MOTHER (City) Ireland
(State or country)17 Informant Albert Carter (Son)
(Address) 64 Enfield Rd. 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 9/24/45
(Official Designation) (Date of Issue of Permit)18 DATE OF DEATH Sept. 20 1945
(Month) (Day) (Year)19 I HEREBY CERTIFY, That I attended deceased from
July 20, 1945, to Sept 20, 1945
I last saw h. E. R. alive on Sept 19, 1945, death is said to
have occurred on the date stated above, at 6:20 A. M.

Immediate cause of death

Carcinoma of sigmoid

Duration

IMPORTANT

Due to

Due to

Other conditions Terminal pneumonia
(Include pregnancy within 8 months of death)Sept 12
IMPORTANT

Major findings:

Of operations

Physician

Date of

Of autopsy

What test confirmed diagnosis? X-Ray

Underline
the cause to
which death
should be
charged sta-
tistically.20 Was disease or injury in any way related to occupation of deceased?
If so, specify(Signed) Arthur S. Sloger M. D.
(Address) 560 West Ave. Boston Data 194521 Winthrop Cemetery, Winthrop
Place of Burial, Cremation or Removal (City or Town)

DATE OF BURIAL Sept. 24 1945

22 NAME OF FUNERAL DIRECTOR Richard C. Kirby
ADDRESS 17 Bennington St. East Boston

Received and filed SEP 25 1945 19

(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 other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required

by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or 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

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)

No. Winthrop Community Hospital

St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

(Baby) Kirkpatrick

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence, No.

(Usual place of abode)

199 Winthrop

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

MEDICAL CERTIFICATE OF DEATH

3 SEX

4 COLOR OR RACE

5 SINGLE (write the word)

Female

White

MARRIED

WIDOWED

or DIVORCED

5a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

6 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

Mass.

13 NAME OF

FATHER

Gilbert Kirkpatrick

14 BIRTHPLACE OF

FATHER (City)

Early

(State or country)

Iowa

15 MAIDEN NAME

OF MOTHER

Helen Boland

16 BIRTHPLACE OF

MOTHER (City)

Winthrop

(State or country)

Mass.

17

Informant
(Address)

Helen Boland 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)

(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.

177

PHYSICIAN - IMPORTANT

(Was deceased a
U. S. War Veteran,
if so specify WAR)18 DATE OF
DEATH

Sept

24

1945

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY,

That I attended deceased from

19

to

19

I last saw h.

alive on

19

death is said to

have occurred on the date stated above, at

m.

Immediate cause of death

Duration

IMPORTANT

Due to

Stillborn

Due to

Complete separation
of placenta

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 sta-
tionally.

20 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

M. D.

Date

1945

21

Place of Burial, Cremation or Removal.

(City or Town)

DATE OF BURIAL

Sept. 29.

1945

22 NAME OF

FUNERAL DIRECTOR

ADDRESS

Howard S. Reynolds
Winthrop, Mass.

Received and filed

SEP 28 1945

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.

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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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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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(3) **Medical Examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by 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 in plain terms, so 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-(p)-1-45-15510

PLACE OF DEATH

Suffolk
(County)

Wentworth
(City or Town)

No. *179 Pauline*



The Commonwealth of Massachusetts
OFFICE OF THE 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*

2 FULL NAME

Mary B MacDonald
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence, No.

179 Pauline
(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

Female

4 COLOR OR RACE

White

5 SINGLE (write the word)

MARRIED
WIDOWED
or DIVORCED

5a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

6 Age of husband or wife if alive

years

7 IF STILLBORN, enter that fact here.

8

AGE *50* 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)

Indian Brook
Cape Boston

13 NAME OF

FATHER

Donald MacDonald

14 BIRTHPLACE OF

FATHER (City)

N. S.

(State or country)

15 MAIDEN NAME

OF MOTHER

Annie Carmichael

16 BIRTHPLACE OF

MOTHER (City)

N. S.

(State or country)

PARENTS

17

Informant

(Address)

Mrs Annie Boyd
179 Pauline St. Wentworth

Relationship 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. Childs
(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.

25

1945

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY, That I attended deceased from *July 1, 1945*, to *Sept. 26, 1945*

I last saw h. or alive on *Sept. 25, 1945*, death is said to have occurred on the date stated above, at *8:30 A. M.*

Immediate cause of death

Acute Nephritis

Due to

Hypertensive Cardiac Disease

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings:

Of operations

Of autopsy

What test confirmed diagnosis? *Microscopic Exam.*

20 Was disease or injury in any way related to occupation of deceased? *No*

If so, specify

(Signed) *Samuel B. Holdberg*

M. D.

(Address) *270 Shirley Street* Date *9/27/1945*

21

Place of Burial, Cremation or Removal

(City or Town)

Wentworth Cemetery

DATE OF BURIAL

September 27

1945

22 NAME OF

FUNERAL DIRECTOR

Kirby Bros. M Kirby

ADDRESS

210 Wentworth St. Wentworth

Received and filed

SEP 28 1945

19

(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

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

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.)

25M-(D)-11-42 10746

PLACE OF DEATH

Essex

(County)

Danvers

(City or Town)

No. Danvers State Hospital

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY

DIVISION OF VITAL STATISTICS

COPY OF

CERTIFICATE OF DEATH

Danvers

(City or town making return)

Registered No.

179

St. { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Bessie N. Dicks

(If deceased is a married, widowed or divorced woman, give also maiden name.)

{ (If U. S. War Veteran, specify WAR)

(a) Residence, No.

68 Johnson Ave.

St.

Winthrop

(Usual place of abode)

(If nonresident, give city or town and State)

Length of stay: In hospital or institution

years

months 27 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

(or) WIFE of Rube Dicks (Give maiden name of wife in full)
(Husband's name in full)

6 Age of husband or wife if alive cannot be learned years

7 IF STILLBORN, enter that fact here.

8 AGE 69 Years Months Days If less than 1 day Hours Minutes

9 Usual Occupation: Housework

10 Industry or Business:

11 Social Security No. cannot be learned

12 BIRTHPLACE (City) Athol
(State or country)

13 NAME OF FATHER Henry French

14 BIRTHPLACE OF FATHER (City) Waltham
(State or country)15 MAIDEN NAME Caryline Mokol
OF MOTHER16 BIRTHPLACE OF MOTHER Athol
(City) (State or country)17 Informant M.K. McPhillips (Relation, if any)
(Address) Dan

A TRUE COPY.

ATTEST:

(Registrar of city or town where death occurred)

DATE FILED

19

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH

Sep. 28, 1945

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY, That I attended deceased from Sep. 1, 1945 to Sep. 28, 1945.

I last saw her alive on Sep. 28, 1945. Death is said to have occurred on the date stated above, at 4.15 a.m.

Duration

Immediate cause of death

Chronic myocarditis before 9/1/45

Due to Generalized arteriosclerosis
Bronchopneumonia 2 days

Due to

Other conditions (Include pregnancy within 3 months of death)

Physician

Major findings: Of operations

Underline the cause to which death should be charged statistically.

Date of

Of autopsy autopsy

What test confirmed diagnosis? autopsy

20 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Doris M. Sidwell, M. D.
(Address) Dan Date 9/28/194521 PLACE OF BURIAL Mt. Peake Waltham
CREMATION OR REMOVAL (Cemetery) (City or Town)

DATE OF BURIAL 10/1/45 19

22 NAME OF FUNERAL DIRECTOR William R. Miller
ADDRESS Waltham

Received and filed OCT 5 1945 19

(Registrar of City or Town where deceased resided)

100

100

See instructions on back of certificate. 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-9-44-14955

PLACE OF DEATH

Suffolk
(County)Winthrop
(City or Town)

No. 117 Highland Ave.



The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

Registered No.

180

St. { (If death occurred in a hospital or institution,
give its NAME instead of street and number) }

2 FULL NAME **Emily A. Fryer**
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. **117 Highland 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 **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

Single

5a If married, widowed or divorced

HUSBAND of (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

6 Age of husband or wife if alive years

7 IF STILLBORN, enter that fact here.

8 AGE **76** Years Months Days If less than 1 day Hours Minutes

9 Usual Occupation: Housekeeping

10 Industry or Business: Own Home

11 Social Security No.

12 BIRTHPLACE (City) Canton
(State or Country) Mass

13 NAME OF FATHER John O. Fryer

14 BIRTHPLACE OF FATHER (City) Leicester
(State or Country) England

15 MAIDEN NAME OF MOTHER Bridget M. Hogan

16 BIRTHPLACE OF MOTHER (City) Ireland
(State or Country)17 Informant (Address) Dr. Patrick H. McCarthy
34 Cliff 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

September 30 1945
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from April 21, 1940, to September 30, 1945
I last saw her alive on September 30, 1945, death is said to have occurred on the date stated above, at 4-40 P. m.

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? Physical Examination

20 Was disease or injury in any way related to occupation of deceased?

If so, specify (Signed) Patrick Henry McCarthy, M. D.
(Address) 315 Harvard Cambridge Date 10-1-45 1945

21 Place of Burial, Cremation or Removals Woodlawn Everett
DATE OF BURIAL Oct. 4 1945

22 NAME OF FUNERAL DIRECTOR

ADDRESS

Received and Filed

OCT 1 1945
(Registrar)

IMPORTANT

12 hours

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).

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

PLACE OF DEATH		The Commonwealth of Massachusetts OFFICE OF THE SECRETARY DIVISION OF VITAL STATISTICS		To be filed for burial permit with Board of Health or its Agent.	
1	Suffolk (County) Winthrop (City or Town)			Registered No. 181	
	No. 23 Wave Way Avenue St. (If death occurred in a hospital or institution, give its NAME instead of street and number)				
2	FULL NAME Lena G. Pelosky (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. 23 Wave Way Ave St. (Usual place of abode)			(If nonresident, give city or town and State)	
Length of stay: In hospital or institution no years months days. (Before death) (Specify whether)				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	18 DATE OF DEATH September 30 1945 (Month) (Day) (Year)		
Female	White	Married	19 I HEREBY CERTIFY, That I attended deceased from March 19 45 to September 30 19 45 I last saw her alive on September 2 19 45 , death is said to have occurred on the date stated above, at 4:30 p.m. Duration		
5a If married, widowed, or divorced HUSBAND of Joseph Pelosky (Give maiden name of wife in full) (or) WIFE of Joseph Pelosky (Husband's name in full)			Immediate cause of death Carcinoma of rectum and sigmoid colon 1 year		
6 Age of husband or wife if alive 67 years			Due to Recto-vaginal fistula IMPORTANT		
7 IF STILLBORN, enter that fact here.			Due to Recto-vaginal fistula IMPORTANT		
8 AGE 67 Years - Months - Days If less than 1 day Hours Minutes			Other conditions (Include pregnancy within 3 months of death)		
9 Occupation: None at Home			Major findings: Of operations		
10 Industry or Business: None			Of autopsy		
11 Social Security No. None			What test confirmed diagnosis? clinical		
12 BIRTHPLACE (City) (State or country) Russia			20 Was disease or injury in any way related to occupation of deceased? no If so, specify Pain Pelosky 10-1-45 (Signed) Dr. Isaac 1945 (Address) 89 Crest Ave		
13 NAME OF FATHER Abraham Isaac Kraft			21 Place of Burial, Cremation or Removal (City or Town) Chapel		
14 BIRTHPLACE OF FATHER (City) (State or country) Russia			DATE OF BURIAL Oct. 1 19 45		
15 MAIDEN NAME OF MOTHER Zlatta Marks			22 NAME OF FUNERAL DIRECTOR M. J. Taylor		
16 BIRTHPLACE OF MOTHER (City) (State or country) Russia			ADDRESS 151 Washington St. Chelsea		
17 Informant Joseph Pelosky (Address) 23 Wave Way Ave. Winthrop			Received and filed OCT 1 1945 19 45		
I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued: Wm. D. Murphy (Signature of Agent of Board of Health or other) Health Officer (Official Designation) 10/1/45 (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).

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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

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICSCOPY OF
CERTIFICATE OF DEATH

(City or town making return)

Registered No. 7607

182

PLACE OF DEATH

No. Boston Sanatorium

St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Joseph A Fabiano

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence, No.

80 Crystal Ave

St.

Winthrop Mass.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of stay: In hospital or Institution

1 years 5 months 11 days

(Before death)

(Specify whether)

In this community 3 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 Donahue

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

6 Age of husband or wife if alive

28

years

7 IF STILLBORN, enter that fact here.

8 AGE 31 Years Months Days

If less than 1 day

Hours Minutes

Usual

9 Occupation:

Shipfitter

Industry

10 or Business:

Boston Navy Yard

11 Social Security No.

12 BIRTHPLACE (City)

(State or country)

Boston Mass.

13 NAME OF

FATHER

Frank Fabiano

14 BIRTHPLACE OF

FATHER (City)

(State or country)

Italy

15 MAIDEN NAME

OF MOTHER

Rose Popalo

16 BIRTHPLACE OF

MOTHER (City)

(State or country)

Italy

17 Informant

(Address)

wife

(Relation, if any)

A TRUE COPY.

ATTEST:

(Registrar of city or town where death occurred)

DATE FILED

Sept 5/45

19

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH

Aug 31/45

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY, That I attended deceased from 3/20/44, 19, to 8/31/45, 19.

I last saw him alive on 8/31/45, 19, death is said to have occurred on the date stated above, at 8 p.m.

Duration

Immediate cause of death

Pulmonary tuberculosis

Jan/44

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Physician

Major findings:

Of operations

Date of

yes (chest)

Of autopsy

What test confirmed diagnosis? X-Ray Sputum

20 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. B. Andosca

M. D.

(Address) Boston

Date 8/31/1945

21 PLACE OF BURIAL, CREMATION OR REMOVAL

Winthrop

Winthrop

(Cemetery)

(City or Town)

DATE OF BURIAL

Sept 4/45

19

22 NAME OF

FUNERAL DIRECTOR

J. F. O'Maley

ADDRESS

Winthrop

Received and filed

NOV 1 1945

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.

762183

PLACE OF DEATH

No. Boston Lying In Hospital St. Boston (If death occurred in a hospital or institution, give its NAME instead of street and number)2 FULL NAME Baby Roy Gold
(If deceased is a married, widowed or divorced woman, give also maiden name.)(a) Residence, No. 106 Grovers 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 Male 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 | If less than 1 day
17 Hours 25 Minutes9 Usual
Occupation: 10 Industry
or Business: 11 Social Security No. 12 BIRTHPLACE (City)
(State or country) Boston Mass.13 NAME OF
FATHER Edward Gold14 BIRTHPLACE OF
FATHER (City) Chelsea Mass.
(State or country)15 MAIDEN NAME
OF MOTHER Charlotte Goldstein16 BIRTHPLACE OF
MOTHER (City) Chelsea Mass.
(State or country)17 Informant Boston Lying In Hosp Relation, if any
(Address)

A TRUE COPY.

ATTEST:
(Registrar of city or town where death occurred)DATE FILED Sept 5/45 19

MEDICAL CERTIFICATE OF DEATH

18 DATE OF
DEATH Aug 31/45
(Month) (Day) (Year)19 I HEREBY CERTIFY, That I attended deceased from
Aug 30/45, 19 , to Aug 31/45, 19
I last saw h in alive on Aug 31/45, 19 , death is said to
have occurred on the date stated above, at 9:15a m. DurationImmediate cause of death AsphyxiaPrematurityDue to 25 weeks gestationDue 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) D Abramson M. D.(Address) Boston Date 8/31/4521 PLACE OF BURIAL, CREMATION OR REMOVAL Calvary Waltham
(Cemetery) (City or Town)DATE OF BURIAL Sept 4/45 1922 NAME OF
FUNERAL DIRECTOR G M Linehan
ADDRESS Boston Mass.Received and filed 11/1/45 19

(Registrar of City or Town where deceased resided)

Resident 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. 7804 184

PLACE OF DEATH

No. Jewish Memorial Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Max Chafetz (If deceased is a married, widowed or divorced woman, give also maiden name.) (If U. S. War Veteran, specify WAR)

(a) Residence, No. 361 Shirley St. Winthrop (If nonresident, give city or town and State)

Length of stay: In hospital or institution (Before death) years months 1 days. In this community yrs. mos. 1 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 Married

5a If married, widowed, or divorced HUSBAND of Sarah Baskin (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 81 Years Months Days If less than 1 day Hours Minutes

Usual Occupation: Cemetery Supt

10 Industry or Business: Retired

11 Social Security No.

12 BIRTHPLACE (City) Russia (State or country)

13 NAME OF FATHER Abraham Chafetz

14 BIRTHPLACE OF FATHER (City) Russia (State or country)

15 MAIDEN NAME OF MOTHER ---

16 BIRTHPLACE OF MOTHER (City) Russia (State or country)

17 Informant Daughter (Relation, if any) (Address)

A TRUE COPY.

ATTEST: (Registrar of city or town where death occurred)

DATE FILED Sept 11, 1945 19

18 DATE OF DEATH Sept 8, 1945 (Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from Sept 7/45 19 to 9/8/45 19

I last saw him alive on 9/7/45 19, death is said to have occurred on the date stated above, at 6:00 a.m.

Immediate cause of death

Arteriosclerotic heart disease Congestive failure 11 mos

Due to

Ca. of the rectum 1 yr

Due to

Chronic arrested pulmonary tuberculosis

Other conditions 10 yrs

(Include pregnancy within 3 months of death) benign prostatic hypertrophy 1 yr

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 no

(Signed) I. Lipsher M. D.

(Address) Boston Date 9/8/45 19

21 PLACE OF BURIAL, CREMATION OR REMOVAL Adath Israel W Roxbury (Cemetery) (City or Town)

DATE OF BURIAL Sept 10/45 19

22 NAME OF FUNERAL DIRECTOR M Stanetsky

ADDRESS Boston Mass.

Received and filed NOV 1 1945 19

(Registrar of City or Town where deceased resided)

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

REVERE

(City or town making return)

COPY OF
CERTIFICATE OF DEATH

Registered No.

24185

PLACE OF DEATH

Suffolk

(County)

Revere

(City or Town)

No. Wheaton Home

St. { (If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME Wellington Bond

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S.
War Veteran,
specify WAR)

None

(a) Residence, No.

33 Sunnyside Ave.

St.

Winthrop

(Usual place of abode)

Convalescent

(If nonresident, give city or town and State)

Length of stay: in hospital or institution

(Specify whether)

years

months

about 10 days

In this community 27 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 Elida Higgins Bond

(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 71 Years 3 Months 13 Days

If less than 1 day

Hours Minutes

Usual

9 Occupation:

Salesman

Industry

10 or Business: Lubricating Oil

11 Social Security No. None

12 BIRTHPLACE (City)
(State or country) East Boston
Mass.13 NAME OF
FATHER

George W. Bond

14 BIRTHPLACE OF
FATHER (City)
(State or country)

Boston

Mass.

15 MAIDEN NAME
OF MOTHER

Martha Perry

16 BIRTHPLACE OF
MOTHER (City)
(State or country)

not known

17

Informant Elida H. Bond

(Relation, if any)

(Address)

33 Sunnyside Ave., Winthrop

A TRUE COPY.

ATTEST:

(Registrar of city or town where death occurred)

DATE FILED

September 19, 1945

MEDICAL CERTIFICATE OF DEATH

18 DATE OF
DEATH

Sept. 12, 1945

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY, That I attended deceased from
June 1945, to Sept. 12, 1945I last saw him alive on Sept. 11, 1945, death is said to
have occurred on the date stated above, at m.

Duration

Immediate cause of death

Acute nephritis
cystitis & uremic coma

Feb. 1945

Due to

Due to

Other conditions

Cerebral thrombosis

(Include pregnancy within 3 months of death)

hypertrophy prostate 6 years

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) Louis Cohen

M. D.

(Address) 108 Meridian St., East Boston

Date 9/12/1945

21 PLACE OF BURIAL,
CREMATION OR REMOVAL

Winthrop

(City or Town)

DATE OF BURIAL

Sept. 14, 1945

22 NAME OF
FUNERAL DIRECTOR
ADDRESS

Richard H. White

147 Winthrop St., Winthrop

Received and filed

OCT 19 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-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 DEATHRegistered No. 79 **186**

PLACE OF DEATH

(County)

(City or Town)

No. Mass. General Hospital St. Boston

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME James C Healy

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S. War Veteran, specify WAR)

(a) Residence. No. 260 River Rd 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 4 days.In this community yrs. mos. 4 days.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX

4 COLOR OR RACE

5 SINGLE (write the word)

Male

White

MARRIED
WIDOWED
or DIVORCED Married

5a If married, widowed, or divorced

HUSBAND of

Martha E Gaddes

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

6 Age of husband or wife if alive

57

years

7 IF STILLBORN, enter that fact here.

8

AGE 60 Years 2 Months 23 Days

If less than 1 day

Hours Minutes

Usual

9 Occupation:

Retired

Industry

10 or Business:

Housepainter

11 Social Security No.

018-22-0371

12 BIRTHPLACE (City)

(State or country)

Brooklyn N Y

13 NAME OF

FATHER

Charles S Healy

14 BIRTHPLACE OF

FATHER (City)

England

(State or country)

15 MAIDEN NAME

OF MOTHER

16 BIRTHPLACE OF

MOTHER (City)

England

(State or country)

17

Informant

(Address)

Wife

Relation, if any

(

A TRUE COPY.

ATTEST:

(Registrar of city or town where death occurred)

DATE FILED

Sept 17/45

19

18 DATE OF
DEATHSept 12/45

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY, That I attended deceased from

Sept 8/45, 1945, to Sept 12/45, 1945I last saw him alive on Sept 12/45, 1945, death is said tohave occurred on the date stated above, at 6 p m.

Duration

Immediate cause of death

Bronchopneumonia 72 hrsDue to Intestinal obstruction96 hrs

Due to

Other conditions

(Include pregnancy within 3 months of death)

Physician

Major findings:

Of operations Lysis of adhesionsBronchoscopyDate of 9/8 & 9/99/10/45

Of autopsy

What test confirmed diagnosis? Clinical

20 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) C. Clay

M. D.

(Address) BostonDate 9/13/4521 PLACE OF BURIAL,
CREMATION OR REMOVAL

(Cemetery)

Mt Pleasant Arlington

(City or Town)

DATE OF BURIAL

Sept 15/45

19

22 NAME OF

FUNERAL DIRECTOR

A. Marsh

ADDRESS

Winthrop Mass.

Received and filed

NOV 1 1945

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.

80187

PLACE OF DEATH

(County)

(City or Town)

No. Infants HospitalSt. { (If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME

John O'Brien

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S.
War Veteran,
specify WAR)

(a) Residence. No.

43 Seaview 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

4

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)

MaleWhiteMARRIED
WIDOWED
or DIVORCEDSingle

5a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

6 Age of husband or wife if alive

years

7 IF STILLBORN, enter that fact here.

8

AGE.....Years.....Months 10 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
FATHERJohn J O'Brien

14 BIRTHPLACE OF

FATHER (City)

(State or country)

Pittsfield Mass.

15 MAIDEN NAME

OF MOTHER

Mary Archdeacon

16 BIRTHPLACE OF

MOTHER (City)

(State or country)

Winthrop Mass.

17

Informant
(Address)Mary Archdeacon

Relation, if any

A TRUE COPY.

ATTEST:

(Registrar of city or town where death occurred)

DATE FILED

Sept 21/45

19

18 DATE OF
DEATHSept 18/45

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY, That I attended deceased from

9/14/45, 19

to

9/18/45, 19I last saw him alive on 9/18/45, 19death is said to have occurred on the date stated above, at 2:15 p.m.

Duration

Immediate cause of death

Due to

Bronchopneumonia

Due to

Diarrhea

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Date of

same as above

Of autopsy

autopsy

What test confirmed diagnosis?

20 Was disease or injury in any way related to occupation of deceased?

If so, specify

no

(Signed)

H.B. Atherton

M. D.

(Address)

Boston

Date

9/19/45

21 PLACE OF BURIAL,

CREMATION OR REMOVAL

Holy CrossMalden

(Cemetery)

(City or Town)

DATE OF BURIAL

Sept 20/45

19

22 NAME OF

FUNERAL DIRECTOR

J.F. O'Leary

ADDRESS

Winthrop Mass.

Received and filed

11/1/45

19

(Registrar of City or Town where deceased resided)



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.

82158

St. { (If death occurred in a hospital or institution,
give its NAME instead of street and number)

PLACE OF DEATH

Suffolk
(County)Boston
(City or Town)

No. Beth Israel Hospital

2 FULL NAME Meyer Frank
(If deceased is a married, widowed or divorced woman, give also maiden name.)

{ (If U. S.
War Veteran,
specify WAR)

(a) Residence, No. 38 Forrest St
(Usual place of abode)

Winthrop 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. 2 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 Annie Finn
(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 68 Years Months Days | If less than 1 day
Hours Minutes

9 Usual Occupation: Real Estate Dealer

10 Industry or Business: Retired

11 Social Security No.

12 BIRTHPLACE (City)
(State or country) Russia

13 NAME OF FATHER Morris Frank

14 BIRTHPLACE OF FATHER (City) Russia
(State or country)

15 MAIDEN NAME OF MOTHER Fannie ---

16 BIRTHPLACE OF MOTHER (City) Russia
(State or country)

17 Informant Wife (Relation, if any)
(Address)

A TRUE COPY.

ATTEST: (Registrar of city or town where death occurred)

DATE FILED Sept 25/45 19

18 DATE OF DEATH Sept 23/45
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from
Sept 21/45 19 to Sept 23/45 19
I last saw him alive on Sept 23, 1945 death is said to
have occurred on the date stated above, at 8:50a m. Duration

Immediate cause of death

Uremia
Pulmonary edema
Due to Congestive heart failure 3 das

Due to Hypertensive and arteriosclerotic
heart disease 1 yr plus

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Date of
Of autopsy see above
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) L Eric Liberman M. D.

(Address) Boston Mass Date 9/23/45

21 PLACE OF BURIAL, CREMATION OR REMOVAL Winthrop Everett
(Cemetery) (City or Town)

DATE OF BURIAL Sept 24/45 19

22 NAME OF FUNERAL DIRECTOR M. Stanetsky
ADDRESS Boston Mass.

Received and filed NOV 1 1945 19

(Registrar of City or Town where deceased resided)

PLACE OF DEATH

Suffolk.

(County)

Winthrop.

(City or Town)

No. 22 Wheelock St.



The Commonwealth of Massachusetts
 OFFICE OF THE SECRETARY
 DIVISION OF VITAL STATISTICS

STANDARD
 CERTIFICATE OF DEATH

To be filed for burial permit
 with Board of Health
 or its Agent.

Registered No. 189

St. (If death occurred in a hospital or institution,
 give its NAME instead of street and number)

2 FULL NAME Rose Virginia Durivage.

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence, No. 22 Wheelock 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. moe. days.
 (Before death) (Specify whether)

PHYSICIAN - IMPORTANT

(Was deceased a
 U. S. War Veteran,
 if so specify WAR) No.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX 4 COLOR OR RACE 5 SINGLE (write the word)

Female White Single

5a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

6 Age of husband or wife if alive years

7 IF STILLBORN, enter that fact here.

8 AGE 75 Years 6 Months 25 Days | If less than 1 day Hours Minutes

9 Occupation: Book-keeper

10 Industry or Business: Insurance Company

11 Social Security No. 031-05-7975

12 BIRTHPLACE (City) Fairhaven
 (State or country) Vermont

13 NAME OF FATHER Peter Durivage
 Unable to obtain

14 BIRTHPLACE OF FATHER (City) Canada
 (State or country)

15 MAIDEN NAME OF MOTHER Solome Goodrich

16 BIRTHPLACE OF MOTHER (City) Canada
 (State or country)

17 Informant Miss Marion Merrill (Address) (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)

Health Officer 10/4/45
 (Official Designation) (Date of Issue of Permit)

18 DATE OF DEATH October 1, 1945
 (Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from

Aug 21, 1945, to Oct 1, 1945

I last saw her alive on Aug Oct 1, 1945, death is said to

have occurred on the date stated above, at 6 P. M.

Immediate cause of death

Duration

IMPORTANT

Due to Uremia - 1 week

Chronic nephritis 2 yrs

Arteriosclerosis

Due to Hypertension and Heart Disease 2 yrs

Other conditions

(Include pregnancy within 3 months of death)

IMPORTANT

Major findings: Physician

Of operations Underline

Date of the cause to

Of autopsy which death

What test confirmed diagnosis? should be

charged sta-

tistically.

20 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) A. N. Carter M. D.

(Address) 19 Main Street Winthrop Date 10-3-1945

21 Woodlawn Cemetery Everett

Place of Burial, Cremation or Entombment (City or Town)

DATE OF BURIAL, Cremation Oct. 4, 1945 19

22 NAME OF FUNERAL DIRECTOR Alfred B. Marsh

ADDRESS 174 Winthrop St Winthrop

Received and filed OCT 5 1945 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

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

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

PLACE OF DEATH

Middlesex
(County)Lowell
(City or Town)

No. St. John's Hospital

Lowell

(City or town making return)

Registered No. 4190

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Margaret Ann Whalen

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S.
War Veteran,
specify WAR.)

(a) Residence. No. 370 Main

(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.

(Specify whether)

In this community yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX

4 COLOR OR RACE

5 SINGLE

(write the word)

Female

White

MARRIED
WIDOWED
or DIVORCED

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)

Lowell, Mass.

13 NAME OF
FATHER

Elmer F. Whalen

14 BIRTHPLACE OF
FATHER (City)

(State or country)

Cambridge, Mass.

15 MAIDEN NAME
OF MOTHER

Margaret M. Riley

16 BIRTHPLACE OF
MOTHER (City)

(State or country)

Lowell, Mass.

PARENTS

17

Informant
(Address)

Elmer F. Whalen

Relation, if any

(father)

A TRUE COPY.

ATTEST:

(Registrar of city or town where death occurred)

DATE FILED

10/5/1945

18 DATE OF
DEATH

October 2, 1945

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY.

That I attended deceased from
Oct. 2, 1945, to Oct. 2, 1945I last saw h..... alive on....., 19....., death is said
to have occurred on the date stated above, at.....m.

Duration

Immediate cause of death

Still birth

10/2/45

Due to Premature Separation of
placenta

10/1/45

Due to

Other conditions

(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings:

Of operations

Date of

Of autopsy

What test confirmed diagnosis?

20 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) N. R. Namay

M. D.

(Address) 9 Central St.

Date 10/3/1945

21 PLACE OF BURIAL

CREMATION OR REMOVAL

St. Patrick's Cem.

(Cemetery)

(City or Town)

DATE OF BURIAL

Oct. 3, 1945

19

22 NAME OF

FUNERAL DIRECTOR

Katherine C. McKenna

ADDRESS

757 Bridge St. Lowell

Received and filed

NOV 5 1945

19

(Registrar of City or Town where deceased resided)

See instructions and extracts, so that it may be properly classified. Exact statement of OCCUPATION is very important.

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

100m-9-44-14955

Suffolk

(County)

Winthrop

(City or Town)

No. 29 Sunnyside Ave



The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

Registered No. 191

St. { (If death occurred in a hospital or institution,
give its NAME instead of street and number) }

2 FULL NAME **Helen M. Grainger McKinley**
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 29 Sunnyside 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 25 yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX Female 4 COLOR OR RACE White 5 SINGLE (write the word) MARRIED Married
or WIDOWED or DIVORCED

18 DATE OF DEATH October 7 1945
(Month) (Day) (Year)

5a If married, widowed or divorced HUSBAND of: (Give maiden name of wife in full) Chester F. McKinley
(or) WIFE of (Husband's name in full)

19 I HEREBY CERTIFY, That I attended deceased from Nov. 28- 1944, to Oct. 7- 1945
I last saw her alive on October 6- 1945, death is said to have occurred on the date stated above, at 2 p. m.

6 Age of husband or wife if alive 50 years

Immediate cause of death Carcinomatosis Duration 1 year

7 IF STILLBORN, enter that fact here.
8 AGE 45 Years — Months — Days If less than 1 day Hours Minutes

Due to carcinoma of uterus

Usual Occupation: Housewife

Due to

Industry Own Home

11 Social Security No. 011-05-1222

12 BIRTHPLACE (City) East Boston (State or Country) Mass

Other conditions (Include pregnancy within 3 months of death)

13 NAME OF FATHER Harry Grainger

Major findings: Carcinoma Physician

14 BIRTHPLACE OF FATHER (City) East Boston (State or Country) Mass

Date of January 11- 1945 Underline the cause to which death should be charged statistically.

15 MAIDEN NAME OF MOTHER Caroline Hayes

Of autopsy laboratory

16 BIRTHPLACE OF MOTHER (City) East Boston (State or Country) Mass

20 Was disease or injury in any way related to occupation of deceased? NO

17 Informant Chester McKinley (Husband) (Address) 29 Sunnyside Ave

(Signed) Edward J. Grainger, M. D. (Address) 200 Washington Ave Date 10-9- 1945

21 Place of Burial, Cremation or Removal Winthrop Winthrop (City or Town) DATE OF BURIAL Oct. 10 1945

22 NAME OF FUNERAL DIRECTOR John H. C. Moley ADDRESS Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued.

(Signature of Agent of Board of Health or other) Health Officer 10/9/45 (Official Designation) (Date of Issue of Permit)

Received and Filed

OCT 10 1945 (Registrar)

19

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for 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

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-(g)-1 45-15510



The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD
CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

Registered No. **192**

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 **Lucian L. Frye**

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. **180 Pauline St.**
(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 **7** days. In this community **27** 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 **Rosa Ann Pendleton**
(Give maiden name of wife in full)
(or) WIFE of
(Husband's name in full)

6 Age of husband or wife if alive **65** years

7 IF STILLBORN, enter that fact here.

8 AGE **66** Years **7** Months **30** Days | If less than 1 day
Hours Minutes

9 Occupation: **Bakers Helper**

10 Industry or Business: **Bakery**

11 Social Security No. **C22-10-4778**

12 BIRTHPLACE (City) **Lee**
(State or country) **N. H.**

PARENTS

13 NAME OF FATHER **William Frye**

14 BIRTHPLACE OF FATHER (City) **Webster**
(State or country) **Mass.**

15 MAIDEN NAME OF MOTHER **Mary Emmeron**

16 BIRTHPLACE OF MOTHER (City) **Rhode Island**
(State or country)

17 Informant **Rose P. Frye** (Address) **180 Pauline St., Winthrop**
(Address)

I HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH **October 11 1945**
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from
Oct 1 19**45** to **Oct 11** 19**45**
I last saw him alive on **Oct 10** 19**45** Death is said to
have occurred on the date stated above, at **6:50 A. M.**

Immediate cause of death

Memoria 21 Duration
3 days
4 days

Due to

Due to

Other conditions (Include pregnancy within 8 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) **Lee** M. D.
(Address) **Lee N. H.** Date **10-11-45**

21 Place of Burial, Cremation or Removal (City or Town)

DATE OF BURIAL **Oct. 14, 1945**

22 NAME OF FUNERAL DIRECTOR **Richard W. White**
ADDRESS **147 Winthrop St., Winthrop, Mass.**

Received and filed

OCT 16 1945

(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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No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed 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:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical Examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

PLACE OF DEATH

Suffolk
(County)

Winthrop
(City or Town)

No. Winthrop Community Hospital

St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

Registered No. 193

2 FULL NAME

Mrs. Rose Clifford

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S. War Veteran, specify WAR)

(a) Residence. No.

187 London

St. East Boston, Mass.

(Usual place of abode)

(If nonresident, give city of town and state)

length of stay: In hospital or institution

Months

years — months 4 days

In this community yrs. mos. days.

(Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE

(write the word)

Female

White

MARRIED

WIDOWED

or DIVORCED Married

5a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

Leon Clifford

(Husband's name in full)

6 Age of husband or wife if alive

21

years

7 IF STILLBORN, enter that fact here.

8

AGE

19

Years

Months

Days

If less than 1 day

Hours

Minutes

Usual

9 Occupation:

Hose work

Industry

10 or Business:

at home

11 Social Security No.

none

12 BIRTHPLACE (City)

(State or country)

East Boston, Mass.

13 NAME OF

FATHER

Antonio Di Marino

14 BIRTHPLACE OF

FATHER (City)

(State or country)

Italy

15 MAIDEN NAME

OF MOTHER

Antonia Laizza

16 BIRTHPLACE OF

MOTHER (City)

(State or country)

Italy

17

Informant

Antonio Di Marino

Relation, if any

(Address)

212 Bremen St. East Boston

(Father)

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

William D. Childers

(Signature of Agent of Board of Health or other)

Agent

Oct. 20/45

(Official Designation)

(Date of Issue of Permit)

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH



MEDICAL CERTIFICATE OF DEATH

18 DATE OF

DEATH

Oct 18, 1945

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY, That I attended deceased from

April 20

1945

to Oct 18

1945

I last saw him alive on Oct 18, 1945, death is said

to have occurred on the date stated above, at 5:15 p.m.

Immediate cause of death

Pulmonary Edema

Acute nephritis

Toxemia of pregnancy

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?

Lab. + clinical

20 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) George S. Childers

(Address) 1905 E. St. Date Oct 19, 1945

21

St. Michael Boston

Place of Burial, Cremation or Removal (City or Town)

DATE OF BURIAL Oct 23, 1945

22 NAME OF

FUNERAL DIRECTOR

ADDRESS 9 Chelsea Street East Boston

Received and filed

Oct 23, 1945

A TRUE COPY ATTEST: (Registrar)

Dr. Schaff

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death... *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained 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.)*

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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.

50m (g) 1-1-41-4667
 If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect
 per Mr. J. M. Maly
 10/26

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.

194

Registered No.

PLACE OF DEATH

Suffolk
 (County)
 Winthrop
 (City or Town),
 No. 279 River Road



St. { (If death occurred in a hospital or institution,
 give its NAME instead of street and number)

2 FULL NAME Kathryn McTiernan
 (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. 279 River Road 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 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 Single

18 DATE OF DEATH October 18 - 1945
 (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.)
 acute cardiac failure
 certain Sclerotic Heart Disease
 Probably Coronary Sclerosis

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

20 Accident, suicide, or homicide (specify)

9 Usual Occupation: Dressmaker Retired

Date of occurrence 19
 Where did Injury occur?

10 Industry or Business: Dressmaking

Did Injury occur in or about home, on farm, in industrial place, or in public
 place?

11 Social Security No.

Manner of Injury Collapsed & died quickly
 Nature of Injury
 While at work? Was there an autopsy? no

12 BIRTHPLACE (City) Port Henry
 (State or country) N.Y.

21 Was disease or injury in any way related to occupation of deceased?

13 NAME OF FATHER Martin McTiernan

If so, specify Jm. J. Brickley M.D.
 (Signed) M. D.
 (Address) Date 10-18-1945

14 BIRTHPLACE OF FATHER (City) Ireland
 (State or country)

15 MAIDEN NAME OF MOTHER Ann Lunney

22 Calvary New York N.Y.
 Place of Burial, Cremation or Removal. (City or Town)

16 BIRTHPLACE OF MOTHER (City) Ireland
 (State or country)

17 Informant Elizabeth Lunney (Relation, if any)
 (Address) 279 River Rd.

DATE OF BURIAL Oct. 22, 1945 19

I HEREBY CERTIFY that a satisfactory standard certificate of death was
 filed with me BEFORE the burial or transfer permit was issued:
 Wm. A. Schioldress
 (Signature of Agent of Board of Health or other)
 N.O. at Oct 20/45
 (Official Designation) (Date of Issue of Permit)

23 NAME OF FUNERAL DIRECTOR John H. O'Malley
 ADDRESS Winthrop, Mass.

Received and filed OCT 22 1945 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 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).....
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.....
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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

PLACE OF DEATH

No.

(City or Town)

2 FULL NAME

(a) Residence. No.

(Usual place of abode)

Length of stay: In hospital or institution

(Before death)

(Specify whether)

years

months

days

In this community 58 yrs.

mos.

days

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

Registered No.

195

PHYSICIAN - IMPORTANT

(Was deceased a
U. S. War Veteran,
if so specify WAR)

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

6 Age of husband or wife if alive

8 AGE

58 Years

Months

Days

If less than 1 day

Hours

Minutes

Usual

9 Occupation:

Industry

10 or Business:

11 Social Security No.

12 BIRTHPLACE (City)

(State or country)

13 NAME OF

FATHER

14 BIRTHPLACE OF

FATHER (City)

(State or country)

15 MAIDEN NAME

OF MOTHER

16 BIRTHPLACE OF

MOTHER (City)

(State or country)

17

Informant

(Address)

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official designation)

(Date of issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF

DEATH

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY,

That I attended deceased from

April 1943 to Oct 18, 1945

I last saw her alive on Oct 18, 1945, death is said to

have occurred on the date stated above, at 2:00 pm.

Immediate cause of death Cerebral hemorrhage

Venous poisoning

Due to Hypertension, Chronic

nephritis

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) Marion C. Mahoney M. D.

(Address) 541 W. 1st St. Boston Date Oct 19, 1945

21 Place of Burial, Cremation or Removal

DATE OF BURIAL Oct 22, 1945

22 NAME OF FUNERAL DIRECTOR

ADDRESS 1409 Washington St. Boston

Received and filed

OCT 23 1945

(Registrar)

Duration

IMPORTANT

IMPORTANT

Physician

Underline
the cause to
which death
should be
charged sta-
tistically.

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COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

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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 Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

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) 1-1-41-4067

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 Victor E Nelson
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 41 Temple Ave. Winthrop St.
(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 40 yrs. mos. days.
(Before death) (Specify whether)

PHYSICIAN — IMPORTANT

(Was deceased a
U. S. War Veteran,
if so specify WAR)

Registered No.

196

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.



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 Ekille M Enholm
(Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

6 Age of husband or wife if alive 81 years

7 IF STILLBORN, enter that fact here.

8 AGE 81 Years 3 Months 28 Days If less than 1 day Hours Minutes

9 Occupation: Usual Office Manager (Retired)

10 Industry Cotton Brokers

11 Social Security No. 029-12-3217

12 BIRTHPLACE (City) Stockholm
(State or country) Sweden

13 NAME OF FATHER Nils V Nelson

14 BIRTHPLACE OF FATHER (City) Sweden
(State or country)

15 MAIDEN NAME OF MOTHER Caroline Larson

16 BIRTHPLACE OF MOTHER (City) Sweden
(State or country)

17 Informant Nils V Nelson Son
(Address) 8 Temple 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. L. Childress
(Signature of Agent of Board of Health or other)
Health Officer (Date of issue of Permit) 10/29/45

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH October - 26 - 1945
(Month) (Day) (Year)

19 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows: (If an injury was involved, state fully.)

Spontaneous Cerebral Hemorrhage
General arteriosclerosis
Postagitic Leukemia

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 Minor fall at his home on

Nature of injury Oct-26-1945

While at work? Was there an autopsy? no

21 Was disease or injury in any way related to occupation of deceased?

If so, specify Thos. J. Brickley (Signed) M. D.

(Address) Boston Oct-26-1945

22 Winthrop Winthrop
Place of Burial, Cremation or Removal (City or Town)

DATE OF BURIAL October 29 1945

23 NAME OF FUNERAL DIRECTOR Howard S. Reynolds
ADDRESS Winthrop Mass.

Received and filed 19

(Registrar)

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. 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)Winthrop
(City or Town)

No. Winthrop Community Hospital

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS



STANDARD
CERTIFICATE OF DEATH

Winthrop

(City or town making return)

Registered No. 197

St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Baby Girl Ambrosino
(If deceased is a married, widowed or divorced woman, give also maiden name.)(a) Residence No. 462 Sumner St. E. Boston Mass.
(Usual place of abode) (If nonresident, give city or town and State)Length of stay: In hospital or institution 2 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

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 (State or country) Mass.

13 NAME OF FATHER Alfred Ambrosino

14 BIRTHPLACE OF FATHER (City) Boston (State or country) Mass.

15 MAIDEN NAME OF MOTHER Camella Alabiso

16 BIRTHPLACE OF MOTHER (City) Boston (State or country) Mass.

17 Informant Alfred A. Ambrosino (Address) 462 Sumner St. E. Boston (Relation, if any) Father

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

Health Officer 10/30/45 (Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Oct 27, 1945
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from Oct 27, 1945, to Oct 27, 1945. I last saw him alive on Oct 27, 1945, death is said to have occurred on the date stated above, at Immediate cause of death

Due to Stillborn

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations Date of Of autopsy 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 Oct 27, 1945

21 Place of Burial, Cremation or Removal (City or Town) Boston

DATE OF BURIAL Oct 31, 1945

22 NAME OF FUNERAL DIRECTOR Watsy Rasino ADDRESS 7 Chelsea St E. Boston Mass.

Received and filed NOV 5 1945 19

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.....

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. **198**

1 PLACE OF DEATH
Suffock.
(County)
Wintrop
(City or Town)
No. *Wintrop Community Hospital* St. *St.*



(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME *Pauline N. DEITELSWEIG*
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S. War Veteran, specify WAR)

(a) Residence. No. *44 Trident Ave Huntington*
(Usual place of abode)
Length of stay: In hospital or institution *None* years months *1* days.
(Specify whether) (If nonresident, give city or town and state) In this community *20* 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*
5a If married, widowed, or divorced HUSBAND of *Joseph Deitelberg*
(or) WIFE of *Joseph Deitelberg*
(Give maiden name of wife in full) (Husband's name in full)

6 Age of husband or wife if alive. *63* Years

7 IF STILLBORN, enter that fact here.

8 AGE *58* Years Months Days If less than 1 day Hours Minutes

9 Occupation: *Hawseman*
10 or Business:

11 Social Security No. *none*

12 BIRTHPLACE (City) *Russia*
(State or country)

13 NAME OF FATHER *Joseph Shapiro*

14 BIRTHPLACE OF FATHER (City) *Russia*
(State or country)

15 MAIDEN NAME OF MOTHER *Helen Mann*

16 BIRTHPLACE OF MOTHER (City) *Russia*
(State or country)

17 Informant *Helen Engelman* Relation, if any *(Daughter)*
(Address) *44 Trident Ave Huntington*

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)
Seattle Officer
(Official Designation) (Date of Issue of Permit) *10/27/45*

18 DATE OF DEATH *October 27 1945*
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from *Sept 28*, 19*45* to *October 27*, 19*45*
I last saw him alive on *October 27*, 19*45* death is said to have occurred on the date stated above, at *9:35 AM* Duration

Immediate cause of death *Acute Coronary Thrombosis* 30 hours

Due to *Angina Pectoris* 1 year

Due to

Other conditions *none*
(Include pregnancy within 3 months of death)

Major findings: *none*
Of operations

Of autopsy *none* Date of

What test confirmed diagnosis? *clinical*

20 Was disease or injury in any way related to occupation of deceased? *no*

If so, specify *Joseph J. Abrams* M. D.
(Signed) (Address) *562 Shirley St* Date *10/27/45*

21 Place of Burial, Cremation or Removal *Wintrop* (City or Town)
DATE OF BURIAL *Oct 28* 19*45*

22 NAME OF FUNERAL DIRECTOR *Benjamin T. Solomon*
ADDRESS *420 Harvard St*

Received and filed *OCT 30 1945*

A TRUE COPY ATTEST: (Registrar)

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death... *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhumate a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such a removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be

obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 46, G. L., (Tercentenary Edition.)*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made... *Chap. 114, Sec. 46, G. L., (Tercentenary Edition.)*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework*. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

SPACE FOR ADDITIONAL INFORMATION

N. B. - Attention should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so 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.

R-301

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

(City or town making return)

STANDARD
CERTIFICATE OF DEATH

Registered No. 199

1 PLACE OF DEATH *Suffolk County*
Newburyport
(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 *Teresa Baby Girl Sheremeta*
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(a) Residence. No. *518 Summer St.* St. *W. Boston*
(Usual place of abode) (If nonresident, give city or town and State)
Length of stay: In hospital or institution *2 wks* years months *15* days. In this community yrs. mos. days.
(Before death) (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX *F* 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 *15* 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 *Vladimir Sheremeta*

14 BIRTHPLACE OF
FATHER (City) *East Boston*
(State or country) *Mass.*

15 MAIDEN NAME
OF MOTHER *Frances Mahoney*

16 BIRTHPLACE OF
MOTHER (City) *East Boston*
(State or country) *Mass.*

17 Informant *Frances Sheremeta (Mother)*
(Address) *518 Summer St. W. Boston*

I HEREBY CERTIFY that a satisfactory standard certificate of death
was filed with me BEFORE the burial or transit permit was issued:

Wm. L. Gilchrist
(Signature of Agent of Board of Health or other)

Health Officer (Official Designation) *10/31/45* (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH *Oct 30, 1945*
(Month) (Day) (Year)

19 I HEREBY CERTIFY That I attended deceased from
Oct 15, 1945, to Oct 30, 1945
I last saw her alive on *Oct 30, 1945*, death is said to
have occurred on the date stated above, at *8:30 P. M.* Duration
Immediate cause of death _____ Important

Meningeal & Bone Abscess
Due to _____ *15 days*

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*
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) *J. P. Lange* M. D.

(Address) *231 Murchison St.* Date *10/30* 19 *45*

21 *Holy Cross* *Malden*
Place of Burial, Cremation or Removal (City or Town)

DATE OF BURIAL *Nov 1* 19 *45*

22 NAME OF FUNERAL DIRECTOR *Frederick J. Magrath*

ADDRESS *64 Maudslayi St. Boston*

Received and filed *NOV 5 1945* 19

A TRUE COPY ATTEST

(Registrar)

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, the date of death, the date when the deceased was last contracted, the duration of 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 registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, the cause of death, the place and time of death, the name of the undertaker, the duration of 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 or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-

six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or 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.

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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 helpfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework*. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family, cook—hotel*, etc. For a person who had no occupation whatever write *none*.

SPACE FOR ADDITIONAL INFORMATION

1 PLACE OF DEATH
 Suffolk
 (County)
 Winthrop
 (City or Town)
 No. Winthrop Community Hospital



The Commonwealth of Massachusetts
 OFFICE OF THE SECRETARY
 DIVISION OF VITAL STATISTICS
 STANDARD
 CERTIFICATE OF DEATH

To be filed for burial permit
 with Board of Health
 or its Agent

Registered No. 200

St. (If death occurred in a hospital or institution,
 give its NAME instead of street and number)

2 FULL NAME Sarah A (Foster) Paisley
 (If deceased is a married, widowed or divorced woman, give also maiden name.)
 (a) Residence, No. 29 Bates Ave. Winthrop, Mass.
 (Usual place of abode)
 (If nonresident, give city or town and State)
 Length of stay: in hospital or institution Hosp. years months 3 days. In this community 2 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 (Give maiden name of wife in full)
 (or) WIFE of Charles H Paisley
 (Husband's name in full)
 6 Age of husband or wife if alive years
 7 IF STILLBORN, enter that fact here.
 8 AGE 67 Years 8 Months 14 Days | If less than 1 day
 Hours Minutes
 9 Usual Occupation: At Home
 Industry
 10 or Business:
 11 Social Security No. None
 12 BIRTHPLACE (City) Malden
 (State or country) Mass.
 13 NAME OF FATHER Unable to obtain
 14 BIRTHPLACE OF FATHER (City) Unable to obtain
 (State or country)
 15 MAIDEN NAME OF MOTHER Alice Wiley
 16 BIRTHPLACE OF MOTHER (City) Unable to obtain
 (State or country)
 17 Informant Alice H Poole (Daughter)
 (Address) 29 Bates Ave. Winthrop Mass.

PARENTS

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH October 31, 1945
 (Month) (Day) (Year)
 19 I HEREBY CERTIFY, That I attended deceased from
 October 28, 1945, to October 31, 1945.
 I last saw him alive on October 31, 1945, death is said to
 have occurred on the date stated above, at 2:30 A. M.
 Immediate cause of death: Cerebral Hemorrhage
 Duration 2 1/2 days
 IMPORTANT
 Due to Hypertension 2-3 years
 Due to
 Other conditions none
 (Include pregnancy within 3 months of death)
 Major findings: none
 Of operations
 Date of
 Of autopsy none
 What test confirmed diagnosis? clinical
 20 Was disease or injury in any way related to occupation of deceased?
 If so, specify
 (Signed) James J. O'Brien M.D.
 (Address) 562 Shirley St. Everett, Mass.
 21 Glenwood
 Place of Burial, Cremation or Removal (City or Town)
 DATE OF BURIAL November 3, 1945
 22 NAME OF FUNERAL DIRECTOR Edward S. Reynolds
 ADDRESS Winthrop, Mass.
 Received and filed NOV 5 1945 (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 at Board of Health or other
 Health Officer) 11/3/45
 (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).

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

N. B. WRITING should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so 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

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

Winthrop

(City or town making return)

Registered No. 201

2 FULL NAME Elizabeth Santarpio (Nee Rotondo)

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 112 Gladstone St. E. Boston, Mass. St.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of stay: In hospital or institution (Before) 24 1/2 years months 2 days 13 1/2 In this community yrs. mos. days.

(Before death)

(Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F 4 COLOR OR RACE White 5 SINGLE MARRIED (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 Vincent Santarpio

(Husband's name in full)

6 Age of husband or wife if alive 33 years

7 IF STILLBORN, enter that fact here.

8 AGE 33 Years Months Days If less than 1 day Hours Minutes

Usual Occupation

Industry or Business

11 Social Security No.

12 BIRTHPLACE (City) East Boston, Mass. (State or country)

13 NAME OF FATHER Anthony Rotondo

14 BIRTHPLACE OF FATHER (City) Italy

(State or country)

16 MAIDEN NAME OF MOTHER Unknown

16 BIRTHPLACE OF MOTHER (City) Italy

(State or country)

17

Informant (Address)

Vincent Santarpio (Husband) 112 Gladstone St. East Boston

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent or Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH 08 31 45 (Month) (Day) (Year)

19 I HEREBY CERTIFY That I attended deceased from Jan 18, 1944 to Sat 31 1945

I last saw h. alive on 08 31 1945, death is said to have occurred on the date stated above, at 9 45 m.

Immediate cause of death Carcinomatous

Due to Primary (Breast) 2 yrs

Due to 2 yrs

Other conditions Myocardial 2 yrs

(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) P. N. Caplan M. D.

(Address) 150 W. 11th St. Boston Date 10-31-45

21 Holy Cross (City or Town)

Place of Burial, Cremation or Removal

DATE OF BURIAL 10 31 45

22 NAME OF FUNERAL DIRECTOR Michael J. Caplan

ADDRESS 378 S. 1st St. East Boston

Received and filed 19

A TRUE COPY ATTEST:

(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 buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after 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-

No undertaker or other person shall bury a human body, or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed 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 electrical agents, and deaths following abortion, but also deaths from disease resulting from 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*.

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICSCambridge
(City or town making return)

202

COPY OF
CERTIFICATE OF DEATH

Registered No. 1470

PLACE OF DEATH

Middlesex

(County)

Cambridge

(City or Town)

No. Misses Foley Sanatorium

7 Chester St.

St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Jennie Johnson (Sargent)

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence, No. 16 Bellevue Ave.

(Usual place of abode)

St.

Winthrop

(If nonresident, give city or town and State)

Length of stay: In hospital or institution

Hosp 3

years

months

days

In this community

32

yrs.

mos.

days

(Before death)

(Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE (write the word)

female

white

MARRIED

WIDOWED

or DIVORCED

widowed

5a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of William Chester Johnson

(Husband's name in full)

6 Age of husband or wife if alive

years

7 IF STILLBORN, enter that fact here.

8 AGE 74 Years 5 Months 27 Days | If less than 1 day

Hours Minutes

Usual Occupation:

Housework

Industry or Business:

Own home

11 Social Security No.

12 BIRTHPLACE (City)
(State or country)

Hillsboro

N.H.

13 NAME OF FATHER

William Mason Sargent

14 BIRTHPLACE OF FATHER (City)
(State or country)

Plainfield

N.H.

15 MAIDEN NAME OF MOTHER

Almira Martin

16 BIRTHPLACE OF MOTHER (City)
(State or country)

Norwich

Vt.

17 Informant Miss Mabel P Sargent
(Address) 146 Spring St. Wat (reinter)

A TRUE COPY.

ATTEST: Oct 18, 1945
(Registrar of city or town where death occurred)

DATE FILED 19

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH

Oct 16 1945

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY, That I attended deceased from July 14, 1945, to Oct 16, 1945

I last saw her alive on Oct 16, 1945, death is said to have occurred on the date stated above, at

Duration

Immediate cause of death

General Carcinomatosis Aug 1943

Due to probably intestinal

Due to

Other conditions myocarditis
(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)

B. C. Tittlebaum

(Address)

176 Broadway Som Date Oct 15 45

21 PLACE OF BURIAL, CREMATION OR REMOVAL Hillside Cem. Townsend
(Cemetery) (City or Town) Mass

DATE OF BURIAL Oct 20 1945

19

22 NAME OF FUNERAL DIRECTOR Inez C Long
ADDRESS Cambridge Mass.

Received and filed

NOV 13 1945

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

Danvers

(City or town making return)

203

Registered No.

St. { (If death occurred in a hospital or institution,
give its NAME instead of street and number)

1 PLACE OF DEATH

Essex

(County)

Danvers

(City or Town)

No. Danvers State Hospital

2 FULL NAME Andrew Sturla
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No.

40 Argyle

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 1 months 26 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

male

white

widowed

5a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

Pasquale

(Husband's name in full)

6 Age of husband or wife if alive

years

7 IF STILLBORN, enter that fact here.

8 AGE 67 Years Months Days

If less than 1 day

Hours Minutes

Usual

9 Occupation:

Laborer

Industry

10 or Business:

11 Social Security Cannot be learned

12 BIRTHPLACE (City) Buenos Aires
(State or country) Argentina

13 NAME OF

FATHER

Cannot be learned

14 BIRTHPLACE OF

FATHER (City)

Cannot be learned

(State or country)

15 MAIDEN NAME

OF MOTHER

Cannot be learned

16 BIRTHPLACE OF

MOTHER (City)

Italy

(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

10/26/45

19

MEDICAL CERTIFICATE OF DEATH

18 DATE OF
DEATH

Oct. 19, 1945

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY, That I attended deceased from
Aug. 23, 1945 to Oct. 19, 1945

I last saw him alive on Oct. 19, 1945, death is said to

have occurred on the date stated above, at 2:55 P. M.

Duration

Immediate cause of death

Cerebral Thrombosis

1-2 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? autopsy

20 Was disease or injury in any way related to occupation of deceased?

If so, specify

Pasquale Buoniconito

(Signed)

DSH

M. D.

(Address)

Date 10/26/45

21 PLACE OF BURIAL,
CREMATION OR REMOVAL

at Michael's Boston

(Cemetery) 10/22/45 (City or Town)

DATE OF BURIAL

19

22 NAME OF
FUNERAL DIRECTOR

Michael J. Porcella

ADDRESS

Boston

Received and filed

NOV 14 1945

19

(Registrar of City or Town where deceased resided)

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

Lexington

(City or town making return)

204

COPY OF
CERTIFICATE OF DEATH

Registered No.

PLACE OF DEATH

Middlesex

(County)

Lexington

(City or Town)

No. Metropolitan State Hospital

St. { (If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME Helen C. Donoghue

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S.
War Veteran,
specify WAR)

(a) Residence. No. 105 Bartlett Rd.

(Usual place of abode)

st. Winthrop

(If nonresident, give city or town and State)

Length of stay: In hospital or institution Metropolitan
(Before death) (Specify whether)

2 years

1 months

21 days

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 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 30 Years 5 Months 20 Days | If less than 1 day
Hours Minutes

9 Usual Occupation: Stenographer

10 Industry or Business: U. S. Army

11 Social Security No.

12 BIRTHPLACE (City) Boston
(State or country) Mass.

13 NAME OF FATHER Charles Donoghue

14 BIRTHPLACE OF FATHER (City) Boston
(State or country) Mass.

15 MAIDEN NAME OF MOTHER Bridget A. Sullivan

16 BIRTHPLACE OF MOTHER (City) Ireland
(State or country)17 Informant (Address) Metropolitan State Hospital
Waltham, Mass. Records

A TRUE COPY.

ATTEST: James J. Carroll
(Registrar of city or town where death occurred)

DATE FILED October 26, 1945

18 DATE OF DEATH October 24 1945
(Month) (Day) (Year)19 I HEREBY CERTIFY, That I attended deceased from
September 3, 1943, to October 24, 1945
I last saw her alive on October 24, 1945, death is said to
have occurred on the date stated above, at 9:20 P. M.

Duration

Immediate cause of death.

Rheumatic heart disease

12 yrs.

Bronchopneumonia

1 day

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)Major findings:
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

(Signed) Elizabeth T. Hill

(Address) Waltham, Mass.

Date 10/24, 1945

21 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Cross, Malden
(Cemetery) (City or Town)

DATE OF BURIAL Oct. 27

1945

22 NAME OF DIRECTOR F. J. Crosby
ADDRESS 12 Warren St. Roxbury

Received and filed NOV 13 1945

(Registrar of City or Town where deceased resided)

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICSCOPY OF
CERTIFICATE OF DEATHCambridge
(City or town making return)

205

Registered No. 1495

PLACE OF DEATH

Middlesex
(County)Cambridge
(City or Town)

No. Holy Ghost Hospital

St. { (If death occurred in a hospital or institution,
give its NAME instead of street and number)2 FULL NAME Robert W Harrington
(If deceased is a married, widowed or divorced woman, give also maiden name.)(a) Residence, No. 35 Enfield
(Usual place of abode)St. Winthrop
(If nonresident, give city or town and State)Length of stay: In hospital or institution years months 5 days. In this community yrs. mos. days.
(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 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 72 Years Months Days If less than 1 day
Hours Minutes

Usual Occupation: Messenger Service

Industry or Business: Own Business

11 Social Security No. none

12 BIRTHPLACE (City) East Boston
(State or country)

13 NAME OF FATHER Dennis Harrington

14 BIRTHPLACE OF FATHER (City) Ireland
(State or country)

15 MAIDEN NAME OF MOTHER Mary Mc Carthy

16 BIRTHPLACE OF MOTHER (City) Ireland
(State or country)17 Informant Mrs. Ellen M. Skehan (Sister)
(Address) 35 Enfield Rd Winthrop

A TRUE COPY.

ATTEST: Oct 24, 1945
(Registrar of city or town where death occurred)

DATE FILED 19

18 DATE OF DEATH Oct 24 1945
(Month) (Day) (Year)19 I HEREBY CERTIFY, That I attended deceased from
Oct 19, 1945, to Oct 24, 1945.
I last saw him alive on Oct 24, 1945. Death is said to
have occurred on the date stated above, at 11 50 P.m. DurationImmediate cause of death: Cerebral Hemorrhage
Left Hemiplegia July 1945Due to Second Cerebral Hemorrhage
Due to Rt. Hemiplegia 3dysOther conditions: Coma
(Include pregnancy within 3 months of death)Major findings: Of operations: Date of: Underline
the cause to
which death
should be
charged sta-
tistically.

What test confirmed diagnosis? 20 Was disease or injury in any way related to occupation of deceased? NO...

If so, specify: (Signed) A W. Dudley M. D.
(Address) Holy Ghost Hosp Date Oct 25 194521 PLACE OF BURIAL, Holy Cross Cem Malden
CREMATION OR REMOVAL (Cemetery) (City or town)

DATE OF BURIAL Oct 27, 1945 19

22 NAME OF FUNERAL DIRECTOR Richard C Kirby
ADDRESS 17 Bennington St BostonReceived and filed NOV 13 1945 19
(Registrar of City or Town where deceased resided)

100m (h)-1-41-4695

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so 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.

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. Winthrop Community Hosp.

2 FULL NAME Baby Boy Shaw
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 9 Willow Terr. St.
(Usual place of abode)

Length of stay: In hospital or institution. 1 hr 55 min - years - months - days. In this community yrs. mos. days.
(Before death) (Specify whether)



The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH

(City or town making return)
206
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

3 SEX m. 4 COLOR OR RACE White 5 SINGLE (write the word) MARRIED WIDOWED or DIVORCED Single

6 If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full)
(or) WIFE of (Husband's name in full)

7 IF STILLBORN, enter that fact here.

8 AGE 4 Years 1 Months 5 Days 1 Hour 55 Minutes

9 Usual Occupation: - Industry or Business: -

10 Social Security No. -

11 BIRTHPLACE (City) Winthrop (State or country) Mass.

12 NAME OF FATHER Foster C Shaw

13 BIRTHPLACE OF FATHER (City) Dover (State or country) New Jersey

14 MAIDEN NAME OF MOTHER Dorothy Reid

15 BIRTHPLACE OF MOTHER (City) Winthrop (State or country) Mass.

16 Informant Foster Shaw (Father) (Address) 9 Willow Terr. Winthrop

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Nov 4 1945
(Month) (Day) (Year)

19 I HEREBY CERTIFY That I attended deceased from Nov 4 1945 to Nov 4 1945
I last saw him alive on Nov 4 1945 death is said to have occurred on the date stated above, at 6:20 P.M.
Immediate cause of death Prematurity
Other conditions non viable, 6 mos placenta previa
(Include pregnancy within 3 months of death)

Major findings: Of operations Date of Of autopsy What test confirmed diagnosis Clinical findings

20 Was disease or injury in any way related to acquisition of deceased? If so, specify John Williams (Signed) 429 Essex St. (Address) Date Nov 5 1945

21 Winthrop Winthrop
Place of Burial, Cremation or Removal. (City or Town)
DATE OF BURIAL Nov. 6 1945

22 NAME OF FUNERAL DIRECTOR Edward S. Reynolds
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. Childress
(Signature of Agent of Board of Health or other)
Health Officer 11/5/45
(Official Designation) (Date of Issue of Permit)

Received and filed. NOV 9 1945 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.*

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 bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-

six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or 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 funerals to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . *Chap. 114, Sec. 46, G. L., (Tercentenary Edition).*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as *at school or at home*. For a woman whose only occupation was that of home housework, write *housework*. For a person engaged in domestic service for wages, however, designate the occupation by 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 bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-

six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or 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.....

PLACE OF DEATH
1Suffolk
(County)

Winthrop

(City or Town)

No.

Winthrop Community Hospital (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence, No.

(Usual place of abode)

1518 Columbia Rd. St.

South Boston, Massachusetts

(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

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

Usual

9 Occupation:

Industry

10 or Business:

11 Social Security No.

12 BIRTHPLACE (City)

(State or country)

13 NAME OF

FATHER

Francis

Simili

14 BIRTHPLACE OF

FATHER (City)

Italy

(State or country)

15 MAIDEN NAME

OF MOTHER

Frances Darrigo

16 BIRTHPLACE OF

MOTHER (City)

Messina, Italy

(State or country)

17 Informant

(Address)

Frank Simili

Relation, if any

1518 Columbia Rd. South Boston

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

William D. Childress

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICSSTANDARD
CERTIFICATE OF DEATHTo be filed for burial permit
with Board of Health
or its Agent

208

Registered No.

PHYSICIAN - IMPORTANT

(Was deceased a
U. S. War Veteran,
if so specify WAR)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF
DEATH

Nov. 4, 1945

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY, That I attended deceased from

11/4

1945

to

19

I last saw him alive on

has occurred on the date stated above, at

Duration

Immediate cause of death

IMPORTANT

Due to

Stillborn

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?

If so, specify

(Signed)

(Address)

Charles J. Salem

9 Brimfield

M. D.

Date

1945

21 Place of Burial, Cremation or Removal.

(City or Town)

St. Michael's Cemetery, South Boston

DATE OF BURIAL

Nov. 8,

1945

22 NAME OF

FUNERAL DIRECTOR

ADDRESS

Bernacchio & Son
5980. margin St. Boston

Received and Filed

NOV 9 1945

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.

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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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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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(3) **Medical Examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by 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

209

Registered No.

1 PLACE OF DEATH

Suffolk
(County)
Winthrop
(City or Town)

No. 15 W. Hillier

St. (If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME

Martin E. Hines
(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)

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

Male

4 COLOR OR RACE

White

5 SINGLE (write the word)

MARRIED

WIDDED

or DIVORCED

Married

5a If married, widowed, or divorced

HUSBAND of

Annie Newman
(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

78

Years

Months

Days

If less than 1 day

Hours

Minutes

Usual

Occupation:

retired

Industry

10 or Business:

11 Social Security No.

12 BIRTHPLACE (City)
(State or country)

Newfoundland

13 NAME OF
FATHER

Michael Hines

14 BIRTHPLACE OF
FATHER (City)
(State or country)

Newfoundland

15 MAIDEN NAME
OF MOTHER

Mary Adams

16 BIRTHPLACE OF
MOTHER (City)
(State or country)

Newfoundland

PARENTS

17

Informant
(Address)

Mrs. Annie Newman
15 W. Hillier St.
Winthrop, Mass.
Relation, if any
Wife

I HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:

Wm. L. Childress
(Signature of Agent of Board of Health or other)

Health Officer
(Official Designation)

11/10/45
(Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF
DEATH

November 8

1945

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY, That I attended deceased from

Aug 15, 1945, to Nov 8, 1945

I last saw him alive on Nov. 7, 1945, death is said to

have occurred on the date stated above, at 11:30 a.m.

Immediate cause of death

Pulmonary Tuberculosis

Duration

IMPORTANT

6 mos.

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

IMPORTANT

Major findings:

DI operations

Date of

DI autopsy

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)

(Address)

W. L. Childress
15 W. Hillier St.
Winthrop, Mass.
Yes Data Nov 8, 1945

M. D.

21 Winthrop Cemetery Winthrop

Place of Burial, Cremation or Removal. (City or Town)

DATE OF BURIAL Nov. 10, 1945

22 NAME OF FUNERAL DIRECTOR Kirby Bros. M. Kirby

ADDRESS 210 Winthrop St.

Received and filed NOV 16 1945

(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.

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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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RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE _____

DATE OF DISCHARGE _____

RANK, RATING _____

ORGANIZATION AND OUTFIT _____

SERVICE NUMBER _____

terms, so 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.

1900-1-45-15310

PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)

No. 10 Harbor View 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.

210

Registered No.

SL (If death occurred in a hospital or institution,
give its NAME instead of street and number)

Edith (Tidswell) Brinsley

2 FULL NAME (If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence, No. 10 Harbor View Ave.
(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 33 yrs. mon. 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 Brinsley (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 87 Years 8 Months 21 Days | If less than 1 day Hours Minutes

Usual Occupation: At Home

Industry or Business: *****

11 Social Security No. None

12 BIRTHPLACE (City) (State or country) England

13 NAME OF FATHER Henry Tidswell

14 BIRTHPLACE OF FATHER (City) (State or country) Unknown

15 MAIDEN NAME OF MOTHER Sarah Wood

16 BIRTHPLACE OF MOTHER (City) (State or country) Unknown

17 Informant Edith M Royle Daughter
(Address) 10 Harbor 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:

(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 10 1945
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from Nov. 4, 1945, to Nov. 5, 1945
I last saw him alive on Nov. 5, 1945, death is said to have occurred on the date stated above, at 10-15 A.M.

Immediate cause of death

Coronary Thrombosis

Due to Arterio Sclerosis -

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Date of

Of autopsy

What test confirmed diagnosis?

20 Was disease or injury in any way related to occupation of deceased? No

(Signed) Edward J. Franzen M. D.
(Address) 200 Washington Ave. Nov. 12 1945

21 Winthrop Winthrop
Place of Burial, Cremation or Removal (City or Town)

DATE OF BURIAL November 13 1945

22 NAME OF FUNERAL DIRECTOR Howard S. Reynolds
ADDRESS Winthrop, Mass.

Received and Read NOV 13 1945

(Registrar)

IMPORTANT

5 days

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).

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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(1) **Attending physicians** will certify to such deaths 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

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DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

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The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH

(City or town making return)

Registered No. 211

Suffolk

(County)

Winthrop

(City or Town)

No. Winthrop Comm. Hospital

St. { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Pearl S. Swingley

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S. War Veteran, specify WAR)

(a) Residence. No. 30 Billows Ave., Winthrop, Mass.

(Usual place of abode)

(If nonresident, give city or town and state)

Length of stay: In hospital or institution years 2 months 5 days. In this community yrs. mos. days.

(Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F 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 B. E. Swingley (Husband's name in full)

6 Age of husband or wife if alive. years

7 IF STILLBORN, enter that fact here.

8 AGE 67 Years Months Days If less than 1 day Hours Minutes

9 Usual Occupation: Housewife

10 Industry or Business: At Home

11 Social Security No. 3-0-0

12 BIRTHPLACE (City) Memphis (State or country) Tenn.

13 NAME OF FATHER William G. Kimball

14 BIRTHPLACE OF FATHER (City) Unknown (State or country)

15 MAIDEN NAME OF MOTHER Sara Lee Coy

16 BIRTHPLACE OF MOTHER (City) XXXXXXXXXXXX unknown (State or country)

17 Informant: Dr. Paul Harryman (Address) 9 Robert St. Relation, if any: Daughter

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued

Wm. D. Childress (Signature of Agent of Board of Health or other)

Health Officer (Official Designation) 11/10/45 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH November 10, 1945 (Month) (Day) (Year)

19 I HEREBY CERTIFY. That I attended deceased from August 15, 1945, to November 10, 1945

I last saw him alive on November 10, 1945, death is said to have occurred on the date stated above, at 5:00 P.M.

Immediate cause of death: Carcinoma of Transverse colon Duration 1 year

Due to Chronic intestinal obstruction 2 months

Due to Nutritional deficiency 1 month

Other conditions: Diverterculosis (Include pregnancy within 3 months of death)

PHYSICIAN Major findings: none Underline the cause to which death should be charged statistically

Of operations: none Date of: none

Of autopsy: as above

What test confirmed diagnosis? Autopsy, clinical findings

20 Was disease or injury in any way related to occupation of deceased? no

If so, specify: Malignant Transverse Colon Cancer

(Signed) M. D. (Address) 502 Elm St. Date 11/10/45

21 Place of Burial, Cremation or Removal: Forest Hills Youngstown, Ohio (City or Town)

DATE OF BURIAL: 3 or 13 1945

22 NAME OF FUNERAL DIRECTOR: Walter E. Gregg ADDRESS: 1000 1st St. Received and filed: NOV 16 1945 15 (Registrar)

A TRUE COPY ATTEST:

(Registrar)

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GOVERNING THE

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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.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance 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

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

100m. (R)-1-4 15510
 If deceased was a U. S. War Veteran G. L. Chap. 46, Section 10, require physicians to insert a recital to that effect.
 terms, so that it may be entered 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. **213**

1 PLACE OF DEATH
Suffolk
 (County)
Winthrop
 (City or Town)
 No. **110 Circuit Rd.**

St. (If death occurred in a hospital or institution,
 give its NAME instead of street and number)

2 FULL NAME **Christian Rausch**
 (If deceased is a married, widowed or divorced woman, give also maiden name.)
 (a) Residence. No. **110 Circuit Rd.**
 (Usual place of abode)

PHYSICIAN - IMPORTANT
 (Was deceased a
 U. S. War Veteran,
 if so specify WAR)
 St. (If nonresident, give city or town and State)

Length of stay: In hospital or institution (Before death) 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 **Amelia Rudolph**
 (Give maiden name of wife in full)
(or) WIFE of
 (Husband's name in full)

6 Age of husband or wife if alive **86** years

7 IF STILLBORN, enter that fact here.

8 AGE **88** Years **11** Months **2** Days | If less than 1 day
 Hours Minutes

Usual Occupation: **Merchantman (Retired)**

Industry or Business: **Groceries & Provisions**

11 Social Security No. **None**

12 BIRTHPLACE (City) **Germany**
 (State or country)

13 NAME OF FATHER **Ludwig Henry Rausch**

14 BIRTHPLACE OF FATHER (City) **Germany**
 (State or country)

15 MAIDEN NAME OF MOTHER **Freda Zeh**

16 BIRTHPLACE OF MOTHER (City) **Germany**
 (State or country)

17 Informant **Bertha Rausch, Daughter** Relation, if any
 (Address) **110 Circuit Rd. Winthrop**

I HEREBY CERTIFY that a satisfactory standard certificate of death was
 filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)
Health Officer
 (Official Designation)
 (Date of Issue of Permit) **11/20/45**

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH **Nov. 12, 1945**
 (Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from
Oct. 1, 1945, to Nov. 17, 1945

I last saw him alive on **Nov. 17, 1945**; death is said to
 have occurred on the date stated above, at **2:10 P.** m.

Immediate cause of death: **Centrifugal embolism** Duration **10/1/45**

Due to **Centrifugal embolism** **IMPORTANT**

Due to **arterio-sclerosis**

Other conditions: **IMPORTANT**

(Include pregnancy within 3 months of death)

Major findings: **Physician**

Of operations: Underline the cause to which death should be charged statistically.

Of autopsy: **Physician**

What test confirmed diagnosis?

20 Was disease or injury in any way related to occupation of deceased?

If so, specify: **Physician**

(Signed) **Dr. S. O. Smith**, M. D.

(Address) **11-82** Date **11-20** 19**45**

21 Woodlawn **Everett**

Place of Burial, Cremation or Removal (City or Town)

DATE OF BURIAL **Nov. 20** **45**

22 NAME OF FUNERAL DIRECTOR **Edward S. O'Sullivan**

ADDRESS **Winthrop, Mass.**

Received and filed **Nov 20 1945** **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).

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

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

See any 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 (1)-1-44-11634

1 PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)

No. 180 Nahant 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. 214

St. (If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME Carrie A (Clark) Sherman

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence, No. 180 Nahant Ave. Winthrop

(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 10 yrs. mos. days.

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 Widowed

5a If married, widowed, or divorced
HUSBAND of

(or) WIFE of (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 91 Years 10 Months 6 Days | If less than 1 day Hours Minutes

Usual Occupation: At Home

Industry or Business:

11 Social Security No. None
Boston

12 BIRTHPLACE (City) Mass.
(State or country)

13 NAME OF FATHER Unable To Obtain

14 BIRTHPLACE OF FATHER (City) Unable To Obtain
(State or country)

15 MAIDEN NAME OF MOTHER Mary Peabody

16 BIRTHPLACE OF MOTHER (City) Boston
(State or country) Mass.

17 Informant Harry Wright Son (Address) 180 Nahant Ave. Winthrop Relation, if any

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH November 18 - 1945
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from Dec. 27, 1944, to November 18, 1945

I last saw him alive on Nov. 17, 1945, death is said to have occurred on the date stated above, at 12 noon m.

Immediate cause of death Terminal Illness
Influenza

Due to Atherosclerosis

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Date of

Of autopsy

What test confirmed diagnosis? Physical Examination

20 Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) M. D.

(Address) Date 11-19-1945

21 Cedar Grove Dorchester
Place of Burial, Cremation or Removal (City or Town)

DATE OF BURIAL Nov. 21 1945

22 NAME OF FUNERAL DIRECTOR Low's S. Pym
ADDRESS Winthrop Mass

Received and filed Nov 20 1945 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.

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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.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance 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-t-2-42-8855

PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)

No. Winthrop Community Hospital



The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD
CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

Registered No. 215

St. (If death occurred in a hospital or institution,
give its NAME instead of street and number)

PHYSICIAN - IMPORTANT

2 FULL NAME Domenic Massucco
(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. 100 Leyden

St. E. Boston, Mass.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of stay: In hospital or institution hospital years months 6 days. In this community 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 Susie Biggi
(Give maiden name of wife in full)
(or) WIFE of
(Husband's name in full)

6 Age of husband or wife if alive years

7 IF STILLBORN, enter that fact here.

8 AGE 71 Years Months Days If less than 1 day Hours Minutes

9 Usual Occupation: Retail Grocer (Retired)

10 Industry or Business: Grocery

11 Social Security No. none

12 BIRTHPLACE (City) Boston
(State or country) Mass.

13 NAME OF FATHER Guiseppi Massucco

14 BIRTHPLACE OF FATHER (City) Italy
(State or country)

15 MAIDEN NAME OF MOTHER Maria Aratto

16 BIRTHPLACE OF MOTHER (City) Italy
(State or country)

17 Informant Walter Massucco (son) If any
(Address) 187 Shore Dr. Winthrop, Mass.

I HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:

Wm. D. Childress
(Signature of Agent of Board of Health or other
Health Officer)
(Official Designation) (Date of Issue of Permit) 11/21/45

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH November 19 1945
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from
November 13 1945 to November 19 1945

I last saw him alive on November 19 1945, death is said to
have occurred on the date stated above, at 6:50 P.M.

Duration
Immediate cause of death
Cerebral hemorrhage 7 days

Due to Arteriosclerosis 2 years

Due to Paralysis Agitans 2 years

Other conditions none
(Include pregnancy within 3 months of death)

Major findings: none
Of operations

Data of
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) Paul J. Higgins M. D.
(Address) 562 Huntington St. Date 11/19/45

21 St. Michael Winthrop Boston
Place of Burial, Cremation or Removal. (City or Town)

DATE OF BURIAL Nov. 22, 1945

22 NAME OF FUNERAL DIRECTOR Michael J. Pirella
ADDRESS 10 No. Bennet St., Boston

Received and filed NOV 26 1945 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

20 January 57

terms, so 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, require physicians to insert a recital to that effect.

100m. (R)-1-45-15510



The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

Registered No. **216**

PLACE OF DEATH

(County)

Winthrop
(City or Town)

No. **36 Bellevue** avenue St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME **Mary Ann (Crauford) Rowe**
(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. **36 Bellevue** avenue St. (If nonresident, give city or town and State)
(Usual place of abode)

Length of stay: In hospital or institution **None** years months days. In this community **55** 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

18 DATE OF DEATH **November 20** 19**45**
(Month) (Day) (Year)

5a If married, widowed, or divorced
HUSBAND of (Give maiden name of wife in full)
(or) WIFE of **Ellen Rowe**
(Husband's name in full)

19 I HEREBY CERTIFY, That I attended deceased from
January, 19**37**, to **Nov 20**, 19**45**
I last saw her alive on **Nov 20**, 19**45**, death is said to
have occurred on the date stated above, at **9:40 P.M.**

6 Age of husband or wife if alive _____ years

Immediate cause of death _____ Duration

7 IF STILLBORN, enter that fact here.

_____ **IMPORTANT**

8 AGE **88** Years _____ Months _____ Days _____ Hours _____ Minutes
If less than 1 day

_____ **7 yrs**

Usual Occupation: **at home**

Due to **Senility**

Industry or Business: **Retired**

Due to **Myocarditis**

11 Social Security No. **none**

Due to **Myocarditis**

12 BIRTHPLACE (City) **Newfoundland**
(State or country)

Other conditions (Include pregnancy within 8 months of death)

13 NAME OF FATHER **George Crauford**

Major findings: Of operations

14 BIRTHPLACE OF FATHER (City) **Newfoundland**
(State or country)

Date of _____

15 MAIDEN NAME OF MOTHER **Mary Thorne**

Of autopsy _____

16 BIRTHPLACE OF MOTHER (City) **Newfoundland**
(State or country)

What test confirmed diagnosis? **Urinal**

17 Informant **Walter Rowe** Relation, if any **son**
(Address) **46 Winthrop St. (Winthrop)**

20 Was disease or injury in any way related to occupation of deceased? **No**
If so, specify _____

I HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:

(Signed) **Joseph H. Rockitt** M. D.
(Address) **147 Main Ave. Astington**

William D. Childress
(Signature of Agent of Board of Health or other)

21 **Winthrop Cemetery Winthrop**
Place of Burial, Cremation or Removal (City or Town)

Agent
(Official Designation)

DATE OF BURIAL **November 24** 19**45**

11/24/45
(Date of Issue of Permit)

22 NAME OF FUNERAL DIRECTOR **Joseph H. Rockitt**
ADDRESS **147 Main Ave. Astington**

Received and filed **NOV 26 1945** (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.

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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.
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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.

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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

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

should be carefully supplied. MEDICAL EXAMINERS should state CAUSE AND MANNER OF DEATH in plain language 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)-1-41-1607

1 PLACE OF DEATH *Suffolk* (County)
1 *Wentworth* (City or Town)
 No. *31 Villa Ave* St. *Louis* (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME *Helen F. Frasier* (If deceased is a married, widowed or divorced woman, give also maiden name.)
 (a) Residence. No. *31 Villa Ave* St. *Wentworth* (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

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 *80* Years *—* Months *21* Days | If less than 1 day Hours *—* Minutes
 Usual **9 Occupation:** *retired*
10 Industry *—* or Business: *—*

11 Social Security No. *none*
12 BIRTHPLACE (City) *Cambridge* (State or country) *Mass*

PARENTS

13 NAME OF FATHER *Daniel E. Frasier*
14 BIRTHPLACE OF FATHER (City) *Maine* (State or country)
15 MAIDEN NAME OF MOTHER *Isabell Burgess*
16 BIRTHPLACE OF MOTHER (City) *Dorchester* (State or country) *Mass*

17 Informant *Carrie F. Hayes* (Address) *17 Forsyth St Boston* (Relationship) *Daughter*

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or funeral permit was issued:
Wm. D. Childress (Signature of Agent of Board of Health or other)
Health Officer (Official Designation) *11/23/45* (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. **217**

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH *November - 21 - 1945*
 (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
Arterio Sclerotic Heart Disease

20 Accident, suicide, or homicide (specify) *—*
 Date of occurrence *19*
 Where did injury occur? *—* (City or town and State)
 Did injury occur in or about home, on farm, in industrial place, or in public place? *—* (Specify type of place)
 Manner of Injury *Died quickly without recent*
 Nature of Injury *medical attendance*
 While at work? *—* Was there an autopsy? *no*

21 Was disease or injury in any way related to occupation of deceased? *—*
 If so, specify *None*
 (Signed) *Wm. J. Brickley* M. D.
 (Address) *Boston* *Nov - 21 - 1945*

22 *Cambridge* *Cambridge*
 Place of Burial, Cremation or Removal (City or Town)
 DATE OF BURIAL *Nov. 24* *1945*

23 NAME OF FUNERAL DIRECTOR *Alfred B. Marsh*
 ADDRESS *174 Wentworth St*
 Received and filed *Wentworth* *19*
NOV 26 1945 (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 (gaa 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

terms, so 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. (2-1-45-15510)

PLACE OF DEATH

Suffolk
(County)

Winthrop
(City or Town)

No. Winthrop Community Hospital

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

Registered No. 218

2 FULL NAME (Female) Regan
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence, No. 16 Shelby St
(Usual place of abode)

St. East Boston
(If nonresident, give city or town and State)

Length of stay: In hospital or institution hospital - years - months 1 days.
(Before death) (Specify whether) 2 hrs. 40 min. 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
7 Hours 40 Minutes

Usual
9 Occupation: At home

Industry
10 or Business: none

11 Social Security No. none

12 BIRTHPLACE (City)
(State or country) Winthrop
Mass

13 NAME OF
FATHER James M. Regan

14 BIRTHPLACE OF
FATHER (City) East Boston
(State or country) Mass

15 MAIDEN NAME
OF MOTHER Harriet Fitzmaurice

16 BIRTHPLACE OF
MOTHER (City) Canada
(State or country)

17 Informant James M. Regan (Relation if any)
(Address) 16 Shelby St., East Boston

I HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Nov 21 1945
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from
Nov 20 1945 to Nov 21 1945

I last saw her alive on Nov 21 1945 death is said to
have occurred on the date stated above, at 9:05 A. M.

Immediate cause of death: Premature
Hydrocephalus - (9 mo) Duration

Due to Premature
Hydrocephalus - (9 mo) IMPORTANT

Due to

Other conditions

(Include pregnancy within 8 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) M. D.

(Address) Boston Date 11-24-1945

21 St. Michaels Boston

Place of Burial, Cremation or Removal (City or Town)

DATE OF BURIAL November 26, 1945 19

22 NAME OF FUNERAL DIRECTOR Richard C. Kirby

ADDRESS Boston

Received and Read NOV 28 1945 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. 33, 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

DATE OF ENTERING MILITARY SERVICE _____

DATE OF DISCHARGE _____

RANK, RATING _____

ORGANIZATION AND OUTFIT _____

SERVICE NUMBER _____

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so 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-9-4-14955

PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)

No. 49 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

219

Registered No.

St. { (If death occurred in a hospital or institution,
give its NAME instead of street and number) }

2 FULL NAME Mary E. Doyle Cody

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 49 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 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 Widowed

5a If married, widowed or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

Thomas L. Cody
(Husband's name in full)

6 Age of husband or wife if alive

years

7 IF STILLBORN, enter that fact here.

8 AGE

74

Years

Months

Days

If less than 1 day

Hours

Minutes

9 Usual

Occupation:

Housewife

10 Industry
or Business:

Own Home

11 Social Security No.

12 BIRTHPLACE (City)

East Boston

(State or Country)

Mass

13 NAME OF

FATHER Alexander Doyle

14 BIRTHPLACE OF

FATHER (City)

(State or Country)

Ireland

15 MAIDEN NAME

OF MOTHER

Jane Meritt

16 BIRTHPLACE OF

MOTHER (City)

(State or Country)

Ireland

17

Informant
(Address)

Marion Cody

(Daughter)

49 Waldemar Ave.

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed
with me BEFORE the burial or transit permit was issued:

William D. Childress
(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF
DEATHNovember 23, 1945
(Month) (Day) (Year)

19

I HEREBY CERTIFY, That I attended deceased from

Aug. 15, 1945, to Nov. 22, 1945

I last saw her alive on Nov 22, 1945, death is said to
have occurred on the date stated above, at 3.4 m.

Immediate cause of death

Rheumatic Heart
Disease (Endocarditis)

IMPORTANT

Fifty

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?
If so, specify

(Signed)

Daniel H. Driscoll

M. D.

(Address)

Winthrop

Date Nov 23 1945

21 Holy Cross Malden

Place of Burial, Cremation or Removal.

(City or Town)

DATE OF BURIAL

Nov 26 1945

19

22 NAME OF
FUNERAL DIRECTOR

John H. O'Malley

ADDRESS

Winthrop, Mass.

Received and Filed

NOV 26 1945

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:

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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 supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

extracts from the laws on back of certificate.
If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.



The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

Registered No. **220**

1 PLACE OF DEATH
Suffolk
(County)
Winthrop
(City or Town)
No. **78 Marshall Street**

St. (If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME **Matthew J. DeFreitas**
(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. **78 Marshall Street**
(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 **14** 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 **Nov 25 1945**
(Month) (Day) (Year)

5a If married, widowed or divorced
HUSBAND of **Catherine A. Driscoll**
(Give maiden name of wife in full)
(or) WIFE of
(Husband's name in full)

19 I HEREBY CERTIFY, That I attended deceased from
Nov 21 1945 to **Nov 25 1945**

I last saw him alive on **Nov 24 1945**, death is said to
have occurred on the date stated above, at **11:30 A. m.**

6 Age of husband or wife if alive **60** years

Immediate cause of death

7 IF STILLBORN, enter that fact here.

8 AGE **67** Years Months Days If less than 1 day
Hours Minutes

Hypertension & shock **Nov 21**

Usual Occupation: **Painter & Decorator**

Due to **& shock**

Industry or Business: **Painting**

Due to

11 Social Security No. **None**

Other conditions **no**
(Include pregnancy within 3 months of death)

12 BIRTHPLACE (City) **Boston**
(State or country) **Mass**

Major findings: **no**
Of operations

Physician

Underline
the cause to
which death
should be
charged sta-
tistically.

13 NAME OF FATHER **Cannot be learned**

Date of

14 BIRTHPLACE OF FATHER (City) **Boston**
(State or country) **Mass**

Of autopsy **no**

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? **no**
If so, specify

16 BIRTHPLACE OF MOTHER (City) **Boston**
(State or country) **Mass**

(Signed) **Paul Collier** M. D.
(Address) **108 Meridian St. East** Date **11/27 1945**

17 Informant **Catherine A. DeFreitas Wife**
(Address) **78 Marshall St. Winthrop**

21 **Holy Cross Cemetery, Malden**
Place of Burial, Cremation or Removal. (City or Town)
DATE OF BURIAL **Nov. 28, 1945**

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 **Richard C. Kirby**
ADDRESS **17 Bennington St. East Boston**

(Signature of Agent of Board of Health or other)
Health Officer 11/27/45
(Official Designation) (Date of Issue of Permit)

Received and filed **NOV 28 1945**

(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 bereunder. If the death certificate contains a recital, as required

by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

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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

DATE OF ENTERING MILITARY SERVICE _____

DATE OF DISCHARGE _____

RANK, RATING _____

ORGANIZATION AND OUTFIT _____

SERVICE NUMBER _____

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of 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 on the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed 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. 37 Belcher St

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.

222

St. { (If death occurred in a hospital or institution,
give its NAME instead of street and number) }

2 FULL NAME Ellen A. Murphy Gillespie

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 37 Belcher 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 51 yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX

Female
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

David C. Gillespie
(Husband's name in full)

6 Age of husband or wife if alive years

7 IF STILLBORN, enter that fact here.

8 AGE 80 Years - Months - Days If less than 1 day
Hours Minutes

9 Usual Occupation: Housewife

10 Industry or Business: Own Home

11 Social Security No.

12 BIRTHPLACE (City)
(State or Country) St. Johns N.B.

PARENTS

13 NAME OF
FATHER

Michael Murphy

14 BIRTHPLACE OF
FATHER (City)
(State or Country)

Ireland

15 MAIDEN NAME
OF MOTHER

Hanora Sullivan

16 BIRTHPLACE OF
MOTHER (City)
(State or Country)

Ireland

17 Informant Rachel Donahue (Daughter)
(Address) 37 Belcher StI HEREBY CERTIFY that a satisfactory standard certificate of death was filed
with me BEFORE the burial or transit permit was issued.

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

18 DATE OF
DEATH

Nov. 26, 1945

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY, That I attended deceased from

Nov. 1945, to Nov. 26, 1945

I last saw h alive on Nov. 24, 1945

death is said to

have occurred on the date stated above, at

Immediate cause of death

myocardial

Duration

IMPORTANT

Due to

arterial sclerosis 204p

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. J. McKenney M. D.

(Address)

11-27 1945

21 Winthrop Winthrop
Place of Burial, Cremation or Removal (City or Town)

DATE OF BURIAL

Nov 29, 1945

19

22 NAME OF
FUNERAL DIRECTOR

ADDRESS

John J. C. Moley
Winthrop

Received and Filed

NOV 28 1945

(Registrar)

19

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for 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:

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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 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.

1100m-(p)1-45-15510

PLACE OF DEATH		The Commonwealth of Massachusetts OFFICE OF THE SECRETARY DIVISION OF VITAL STATISTICS		To be filed for burial permit with Board of Health or its Agent.	
1	Suffolk (County) Winthrop Mass (City or town) 466 Pleasant			Registered No. 223	
No. _____ St. { (If death occurred in a hospital or institution, give its NAME instead of street and number)					
2 FULL NAME Robert Ewins (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) 74-			
(a) Residence, No. 466 Pleasant (Usual place of abode)		St. Winthrop Mass. (If nonresident, give city or town and State)			
Length of stay: In hospital or institution _____ years (Before death) (Specify whether)		In this community 21 yrs. — mos. — days.			
PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH		
3 SEX Male	4 COLOR OR RACE White	5 SINGLE (write the word) MARRIED married WIDOWED or DIVORCED	18 DATE OF DEATH Nov. 28 1945 (Month) (Day) (Year)		
5a If married, widowed, or divorced HUSBAND of Josephine M. Veveiros (Give maiden name of wife in full) (or) WIFE of _____ (Husband's name in full)			19 I HEREBY CERTIFY, That I attended deceased from Jan 1, 1945, to Nov. 28, 1945 I last saw him alive on Nov. 28, 1945 death is said to have occurred on the date stated above, at 5 P. M.		
6 Age of husband or wife if alive 6.0 years			Immediate cause of death _____ Duration _____		
7 IF STILLBORN, enter that fact here.			Due to Cerebral hemorrhage 2 days		
8 AGE 71 Years 6 Months 27 Days If less than 1 day Hours Minutes			Due to hypertension 1 yr		
9 Occupation: Scale mechanic			Due to arteriosclerosis		
10 Industry or Business: Boston Scale Co.			Other conditions _____ (Include pregnancy within 3 months of death)		
11 Social Security No. 022-10-0807			Major findings: Of operations _____ Date of _____		
12 BIRTHPLACE (City) Liverpool England (State or country)			Of autopsy _____ What test confirmed diagnosis? _____		
PARENTS	13 NAME OF FATHER Charles Ewins		20 Was disease or injury in any way related to occupation of deceased? _____ If so, specify _____		
	14 BIRTHPLACE OF FATHER (City) England (State or country)		(Signed) _____ M. D. (Address) _____ Date 11-29-1945		
	15 MAIDEN NAME OF MOTHER Wm. H. to obtain		21 Winthrop Cemetery Winthrop Mass Place of Burial, Cremation or Removal. (City or Town)		
	16 BIRTHPLACE OF MOTHER (City) England (State or country)		DATE OF BURIAL 12/1/1945		
17 Informant 466 Pleasant St (Relation, if any) Josephine Ewins (wife)			22 NAME OF FUNERAL DIRECTOR Harold S. Reynolds ADDRESS 180 Winthrop St		
I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued: Wm. S. Childress (Signature of Agent of Board of Health or other) Health Officer (Official Designation) 11/30/45 (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.

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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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RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance 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

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

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)-1-41-1607

PLACE OF DEATH
 1 *Suffolk* (County)
Winthrop (City or Town)
 No. *en route to Winthrop Community Hosp* St.

2 FULL NAME *Walter E. Walsh*
 (If deceased is a married, widowed or divorced woman, give also maiden name.)
 (a) Residence, No. *19 Elmwood 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 *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) *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 *58* Years *4* Months *9* Days | If less than 1 day
 Hours..... Minutes

9 Occupation: *Inspector*
 Industry *Boston Teachers College*
 10 or Business:

11 Social Security No. *025-09-9633*

12 BIRTHPLACE (City) *Philadelphia*
 (State or country) *Pa.*

PARENTS

13 NAME OF FATHER *Walter Harper Walsh*

14 BIRTHPLACE OF FATHER (City) *Philadelphia*
 (State or country) *Pa.*

15 MAIDEN NAME OF MOTHER *Thelma Hohenfels*

16 BIRTHPLACE OF MOTHER (City) *Philadelphia*
 (State or country) *Pa.*

17 Informant *Robert Alfred Walsh* Relation, if any *(brother)*
 (Address) *194 Cabot 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. J. D. Sullivan
 (Signature of Agent of Board of Health or other)
Health Officer (Official Designation) *12/1/45* (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. **224**

If death occurred in a hospital or institution,
 give its NAME instead of street and number

PHYSICIAN — IMPORTANT

(Was deceased a
 U. S. War Veteran,
 if so specify WAR)

(If nonresident, give city or town and State)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH *November 28-1945*
 (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.)
Old Coronary Occlusion
Old Cardiac Infarct
Bilateral Hydropneumothorax

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 while in a Taxi*
 Nature of Injury *en route to Winthrop*
 While at work? Was there an autopsy? *yes*

21 Was disease or injury in any way related to occupation of deceased?.....
 If so, specify *Am. V. Sickles* M. D.
 (Signed) *Boston* (Address) *date-29-1945*

22 *Woolaston* *Everett Mass*
 Place of Burial, Cremation or Removal. (City or Town)

DATE OF BURIAL *Dec 1, 1945* 19.....

23 NAME OF FUNERAL DIRECTOR *Alfred B. Walsh*
 ADDRESS *174 Winthrop St. Winthrop*

Received and filed..... 19.....
DEC 3 1945
 (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, homieidal." "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

SUFFOLK

(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. 870125

PLACE OF DEATH

Beth Israel Hospital

St. { (If death occurred in a hospital or institution,
give its NAME instead of street and number)2 FULL NAME Harry Flaughaum
(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 Hotel St.
(Usual place of abode)

(If nonresident, give city or town and State)

Length of stay: In hospital or institution 34 days. In this community yrs. mos. 34 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 Married18 DATE OF DEATH Oct 10/45
(Month) (Day) (Year)5a If married, widowed, or divorced HUSBAND of Alice Elpert
(Give maiden name of wife in full)
(or) WIFE of (Husband's name in full)19 I HEREBY CERTIFY, That I attended deceased from
9/7/45, 19 to Oct 10/45, 19
I last saw him alive on Oct 10/45, 19, death is said to
have occurred on the date stated above, at 6:55a.m. Duration

6 Age of husband or wife if alive 56 years

Immediate cause of death
Heaptic Insufficiency

7 IF STILLBORN, enter that fact here.

8 AGE 57 Years Months Days If less than 1 day
Hours Minutes

Due to Carcinomatosis

Usual Occupation: Salesman

Due to

Industry or Business: Real Estate

11 Social Security No.

Other conditions
(Include pregnancy within 3 months of death)12 BIRTHPLACE (City) Russia
(State or country)Major findings: Carcinomatosis
Of operations Date of 9/11/45

Physician

Underline
the cause to
which death
should be
charged sta-
tistically.

PARENTS

13 NAME OF FATHER Morris Flangbaum

14 BIRTHPLACE OF FATHER (City) Russia
(State or country)

15 MAIDEN NAME OF MOTHER Rachel Resnick

16 BIRTHPLACE OF MOTHER (City) Russia
(State or country)

Of autopsy

What test confirmed diagnosis?

20 Was disease or injury in any way related to occupation of deceased?

If so, specify no

(Signed) L. Persky, M. D.

(Address) Boston Date 10/10/45

17 Informant Son (Relation, if any)
(Address)21 PLACE OF BURIAL, Shara Tfilo Mt Leb
CREMATION OR REMOVAL (Cemetery) Oct 11/45 (City or Town)

DATE OF BURIAL 19

A TRUE COPY

ATTEST: (Registrar of city or town where death occurred)

DATE FILED Oct 15/45 19

22 NAME OF FUNERAL DIRECTOR Benjamin F Solomon
ADDRESS Brookline Mass.

Received and filed 19

(Registrar of City or Town where deceased resided)

Copies of records recorded during 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.)



SUFFOLK

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. 8756-226

PLACE OF DEATH

(County)

(City or Town)

No. Mass. Memorial Hospital

St. { (If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME

Sarah C Riley

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S.
War Veteran,
specify WAR)

(a) Residence. No.

100 Summit 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.

1 days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE (write the word)

Female White

MARRIED
WIDOWED
or DIVORCED

Married

5a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

Dennis F Riley

(Husband's name in full)

6 Age of husband or wife if alive

53

years

7 IF STILLBORN, enter that fact here.

8

56

AGE

Years

Months

Days

If less than 1 day

Hours

Minutes

Usual

9 Occupation:

Housework

Industry

10 or Business:

At home

11 Social Security No.

12 BIRTHPLACE (City)

(State or country)

Ireland

13 NAME OF

FATHER

Patrick Collins

14 BIRTHPLACE OF

FATHER (City)

(State or country)

Ireland

15 MAIDEN NAME

OF MOTHER

Catherine Kelley

16 BIRTHPLACE OF

MOTHER (City)

(State or country)

Ireland

17 Informant

(Address)

Husband

(Relation, if any)

A TRUE COPY

ATTEST:

(Registrar of city or town where death occurred)

Oct 15/45

DATE FILED

19

MEDICAL CERTIFICATE OF DEATH

18 DATE OF
DEATH

Oct 10/45

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY, That I attended deceased from
Oct 9/45, 19 to Oct 10/45, 19I last saw her alive on Oct 10/45, 19, death is said to
have occurred on the date stated above, at 4:30 p.m.

Immediate cause of death

Cerebral hemorrhage

Duration

1 dy

Due to

Cerebral arteriosclerosis

75 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? Lumbar puncture

20 Was disease or injury in any way related to occupation of deceased?

If so, specify NO

(Signed)

L Weinstein

M. D.

(Address)

Boston

Oct 10/45

21 PLACE OF BURIAL

CREMATION OR REMOVAL

Holy Cross

Madlen

(Cemetery)

(City or Town)

DATE OF BURIAL

Oct 13/45

19

22 NAME OF

FUNERAL DIRECTOR

J F Ward

ADDRESS

Everett Mass.

Received and filed

19

(Registrar of City or Town where deceased resided)



SUFFOLK

(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. 881227

PLACE OF DEATH

1

(City or Town)

No. Hebrew Aged Home

St. { (If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME

Benjamin Ziegler

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S.
War Veteran,
specify WAR)

(a) Residence. No.

26 Coral St

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 2 - months

days.

In this community

yrs. 2 mos.

days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Male

4 COLOR OR RACE

White

5 SINGLE (write the word)

MARRIED

WIDOWED

or DIVORCED

Widower

5a If married, widowed, or divorced

HUSBAND of

Nellie Palais

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

6 Age of husband or wife if alive

years

7 IF STILLBORN, enter that fact here.

8 AGE 89 Years Months Days

If less than 1 day

Hours Minutes

Usual

9 Occupation:

Retired Salesman

Industry

10 or Business:

Poultry

11 Social Security No.

12 BIRTHPLACE (City)

(State or country)

Russia

13 NAME OF

FATHER

Abraham MZiegler

14 BIRTHPLACE OF

FATHER (City)

Russia

(State or country)

15 MAIDEN NAME

OF MOTHER

Bala ---

16 BIRTHPLACE OF

MOTHER (City)

Russia

(State or country)

PARENTS

17

Informant

Alice Phillips daughter

Relation, if any

(Address)

26 Canal Ave. Winthrop

A TRUE COPY.

ATTEST:

(Registrar of city or town where death occurred)

DATE FILED

Oct 17/45

19

MEDICAL CERTIFICATE OF DEATH

18 DATE OF
DEATH

Oct 14/45

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY, That I attended deceased from

Oct 10/45

19

to Oct 14/45

19

I last saw h. im alive on Oct 14/45 19

death is said to

have occurred on the date stated above, at 6p m.

Duration

Immediate cause of death

Bronchopneumonia

10/14/45

Due to

Cerebral hemorrhage

10/10/45

Due to

Arteriosclerosis

??

Other conditions

(Include pregnancy within 3 months of death)

Physician

Major findings:

Of operations

Underline

the cause to

which death

should be

charged sta-

tistically.

Date of

Of autopsy

What test confirmed diagnosis?

20 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) B A Udelson

(Address) Boston

M. D. Date 10/14/45

21 PLACE OF BURIAL,
CREMATION OR REMOVAL

Chevra Torah Everett

(Cemetery)

(City or Town)

DATE OF BURIAL

Oct 15/45

19

22 NAME OF

FUNERAL DIRECTOR

H J Torf

ADDRESS

Chelsea Mass.

Received and filed

19

(Registrar of City or Town where deceased resided)





The Commonwealth of Massachusetts
 OFFICE OF THE SECRETARY
 DIVISION OF VITAL STATISTICS
 COPY OF
 CERTIFICATE OF DEATH

(City or town making return)

Registered No. 8953228

PLACE OF DEATH

(County)

(City or Town)

No. 534 Mass. Ave.

St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Daniel A. Hazen

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S. War Veteran, specify WAR) WW I

(a) Residence. No. 46 Bates Ave.

(Usual place of abode)

St. Winthrop

(If nonresident, give city or town and State)

Length of stay: In hospital or institution Home

(Before death)

(Specify whether)

years

months 10 days

In this community

yrs.

mos. 10 days

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX

M

4 COLOR OR RACE

White

5 SINGLE (write the word)
MARRIED
WIDOWED Widower
or DIVORCED

5a If married, widowed, or divorced

HUSBAND of

William M. MacPhay

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

6 Age of husband or wife if alive years

8 AGE 78 Years 3 Months 23 days | If less than 1 day
Hours Minutes

Usual

9 Occupation: Retired

Industry

10 or Business: Hazen Mills

11 Social Security No. None

12 BIRTHPLACE (City) Boston Mass.
(State or country)

13 NAME OF

FATHER Daniel A.

14 BIRTHPLACE OF

FATHER (City) Boston Mass.

(State or country)

15 MAIDEN NAME

OF MOTHER Flora Morrison

16 BIRTHPLACE OF

MOTHER (City) Scotland

(State or country)

PARENTS

17 Informant Hubert F. Hazen (Son)
(Address)

18 DATE OF DEATH

Oct. 17, 1945

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY, That I attended deceased from

Oct. 4, 1945, to Oct. 17, 1945

I last saw him alive on Oct. 17, 1945 death is said to

have occurred on the date stated above, at 8:30 p.m.

Duration

Immediate cause of death

Carcinoma

1 yr.

Due to Metastatic Epidermoid

Due to Carcinoma of Neck

Other conditions
(Include pregnancy within 3 months of death)

Physician

Underline
the cause to
which death
should be
charged sta-
tistically.

Major findings:

Of operations

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) Dominic Pilka

(Address) Boston

Date 10/17/45

21 PLACE OF BURIAL, CREMATION OR REMOVAL Forest Hills Ce, Boston
(Cemetery) (City or Town)

DATE OF BURIAL Oct. 20, 1945

22 NAME OF FUNERAL DIRECTOR J.S. Waterman & Sons

ADDRESS Boston Mass.

Received and filed

JAN 7 1945

19

(Registrar of City or Town where deceased resided)

A TRUE COPY.

ATTEST: Oct. 22, 1945

(Registrar of city or town where death occurred)

DATE FILED

19



SUFFOLK

(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. 9066 229

1 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 John Knight
(If deceased is a married, widowed or divorced woman, give also maiden name.)

{ (If U. S.
War Veteran,
specify WAR)

(a) Residence. No. Cottage Park Yacht Club ST. Winthrop Mass.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or institution 40 years months 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
WIDOWED
or DIVORCED Widowed

5a If married, widowed, or divorced HUSBAND of Florence Duane
(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
Hours Minutes

Usual
9 Occupation: Teacher

Industry
10 or Business: Charlestown High School

11 Social Security No.

12 BIRTHPLACE (City) P E I
(State or country)

13 NAME OF FATHER William S Knight

14 BIRTHPLACE OF FATHER (City) P E I
(State or country)

15 MAIDEN NAME OF MOTHER Laura Owen

16 BIRTHPLACE OF MOTHER (City) P E I
(State or country)

17 Informant Son (Relation, if any)
(Address)

A TRUE COPY
ATTEST: Thomas F. McCready
(Registrar of city or town where death occurred)

DATE FILED Oct 25/45 19

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Oct 22/45
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from 10/20/45, 19 10/22/45
I last saw him alive on 10/22/45, 19, death is said to have occurred on the date stated above, at 8:22 a.m.

Immediate cause of death Coronary occlusion 5 mins

Due to Coronary arteriosclerosis 4 mos

Other conditions (Include pregnancy within 3 months of death)
General arteriosclerosis yrs

Major findings: Of operations Date of Physician Underline the cause to which death should be charged statistically.

Of autopsy autopsy

20 Was disease or injury in any way related to occupation of deceased?

If so, specify C Clay M. D.
(Signed) Boston Oct 22/45
(Address)

21 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn Everett
(Cemetery) (City or Town)

DATE OF BURIAL Oct 25/45 19

22 NAME OF FUNERAL DIRECTOR M Kirby
ADDRESS Winthrop Mass

Received and filed Oct 1 1945 19

(Registrar of City or Town where deceased resided)

The first part of the paper discusses the importance of the study of the history of the United States. It is argued that a knowledge of the past is essential for a full understanding of the present. The author then goes on to discuss the various factors that have shaped the development of the United States, including the role of the government, the influence of the economy, and the impact of the culture.

In the second part of the paper, the author examines the role of the government in the development of the United States. It is argued that the government has played a central role in the shaping of the nation, from the early years of settlement to the present day. The author then discusses the various ways in which the government has influenced the development of the country, including through the establishment of laws, the creation of institutions, and the promotion of economic growth.

The third part of the paper discusses the influence of the economy on the development of the United States. It is argued that the economy has been a major factor in the shaping of the nation, from the early years of settlement to the present day. The author then discusses the various ways in which the economy has influenced the development of the country, including through the creation of jobs, the promotion of innovation, and the establishment of a market system.

Finally, the author discusses the impact of the culture on the development of the United States. It is argued that the culture has been a major factor in the shaping of the nation, from the early years of settlement to the present day. The author then discusses the various ways in which the culture has influenced the development of the country, including through the establishment of values, the promotion of education, and the creation of a sense of community.

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)-1-41-4067

PARENTS

1 PLACE OF DEATH

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. 9106 **231**

No. **Mass. General Hospital** St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME **Theresa Vesce** (If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. **127 Cottage Park Rd** St. **Winthrop Mass.** (If nonresident, give city or town and State)

Length of stay: In hospital or institution **23** yrs. mos. days. In this community **23** yrs. mos. days.
(Before death) (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX **Female** 4 COLOR OR RACE **White** 5 SINGLE (write the word) **Married**
MARRIED
WIDOWED
OR DIVORCED

5a If married, widowed, or divorced
HUSBAND of (Give maiden name of wife in full)
(or) WIFE of **Frank Vesce**
(Husband's name in full)

6 Age of husband or wife if alive **85** years

7 IF STILLBORN, enter that fact here.

8 AGE **79** Years. Months. Days If less than 1 day
Hours. Minutes

Usual
9 Occupation: **Housewife**

Industry
10 or Business: **at home**

11 Social Security No.

12 BIRTHPLACE (City)
(State or country) **Italy**

13 NAME OF
FATHER **Domenic Astrella**

14 BIRTHPLACE OF
FATHER (City)
(State or country) **Italy**

15 MAIDEN NAME
OF MOTHER **---**

16 BIRTHPLACE OF
MOTHER (City)
(State or country) **Italy**

17 Informant **son** (Relation, if any)
(Address)

A TRUE COPY
ATTEST: **Thomas F. Vesce**
(Registrar of city or town where death occurred)

DATE FILED **Oct 26/45**

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH **Oct. 22/45**
(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.)

Bronchopneumonia
Cerebral thrombosis
Recent fracture right femur

20 Accident, suicide, or homicide (specify) **Accidental**
Date of occurrence **Sept 1/45** 19

Where did
Injury occur? **Winthrop**
(City or town and State)

Did injury occur in or about the home, on farm, in industrial place, or in public place?
(Specify type of place)

Manner of Injury **Fell accidentally at her home**
On Sept 1/45

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 **W J. Brickley**, M. D.
(Signed) **Boston Mass** Date **10/22/45**
(Address)

22 **Winthrop Winthrop**
Place of Burial, Cremation or Removal. (City or Town)
DATE OF BURIAL **Oct 25/45** 19

23 NAME OF FUNERAL DIRECTOR **M S Caggiano**
ADDRESS **Boston Mass.**

Received and filed **19**
(Registrar of City or Town where deceased resided)



The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICSCOPY OF
CERTIFICATE OF DEATH

(City or town making return)

Registered No. 9686 **232**

PLACE OF DEATH

1

No. Jewish Memorial Hosp.

St. { (If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME Samuel Pelofsky

(If deceased is a married, widowed or divorced woman, give also maiden name.)

{ (If U. S.
War Veteran,
specify WAR)(a) Residence. No. 23 Wave Way Ave. Winthrop Mass.
(Usual place of abode)

(If nonresident, give city or town and State)

Length of stay: In hospital or institution Hosp. years months 29 days. In this community yrs. mos. 29 days.
(Before death) (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE white 5 SINGLE (write the word)
MARRIED Single
WIDOWED
or DIVORCED5a If married, widowed, or divorced
HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

6 Age of husband or wife if alive years

7 IF STILLBORN, enter that fact here.

8 AGE 38 years Months Days If less than 1 day
Hours MinutesUsual
9 Occupation: ShipperIndustry
10 or Business: Wholesale Wall Paper

11 Social Security No. 010-03-2586

12 BIRTHPLACE (City)
(State or country) Chelsea Mass.

PARENTS

13 NAME OF
FATHER Joseph Pelofsky14 BIRTHPLACE OF
FATHER (City) Russia
(State or country)15 MAIDEN NAME
OF MOTHER Lena G. Kraft16 BIRTHPLACE OF
MOTHER (City) Russia
(State or country)17 Informant Max Pell (Address) 358 Walnut Ave. Roxbury Mass.
(Address) (Relation, if any)
(Brother)

A TRUE COPY.

ATTEST: Nov. 14, 1945
(Registrar of city or town where death occurred)

DATE FILED 19

MEDICAL CERTIFICATE OF DEATH

18 DATE OF
DEATH Nov. 11, 1945
(Month) (Day) (Year)19 I HEREBY CERTIFY, That I attended deceased from
Oct. 14, 1945, to Nov. 11, 1945.
I last saw him alive on Nov. 11, 1945. Death is said to
have occurred on the date stated above, at 11:35 P.m. DurationImmediate cause of death Amyotrophic lateral
sclerosis & Asthenia 5 yearsDue to
Due toOther conditions quadriplegia aphasia
(Include pregnancy within 3 months of death) PhysicianMajor findings: None
Of operations Date of
Of autopsy
Underline
the cause to
which death
should be
charged sta-
tistically.What test confirmed diagnosis? Clinical
20 Was disease or injury in any way related to occupation of deceased?
If so, specify(Signed) Dave Glunts
(Address) Franklin Gardens Date 11/14/4521 PLACE OF BURIAL, CREMATION OR REMOVAL Beth Israel Cem.
Everett Mass. (Cemetery) (City or Town)
DATE OF BURIAL Nov. 13, 194522 NAME OF
FUNERAL DIRECTOR H. J. Torf
ADDRESS 151 Washington Ave. Chelsea

Received and filed JAN 7 1946 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. 9809 **233**

PLACE OF DEATH

(County)

(City or Town)

No. Mass. Memorial HospitalSt. { (If death occurred in a hospital or institution,
give its NAME instead of street and number)2 FULL NAME Susan Bostrom

(If deceased is a married, widowed or divorced woman, give also maiden name.)

{ (If U. S.
War Veteran,
specify WAR)(a) Residence. No. 68 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 6 days. In this community yrs. 20 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)

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 1 Years 8 Months 15 Days | If less than 1 day
Hours MinutesUsual
9 Occupation: NoneIndustry
10 or Business:

11 Social Security No.

12 BIRTHPLACE (City) Winthrop Mass.
(State or country)

13 NAME OF FATHER Herman Bostrom

14 BIRTHPLACE OF FATHER (City) Boston Mass.
(State or country)

15 MAIDEN NAME OF MOTHER Gwendolyn Baker

16 BIRTHPLACE OF MOTHER (City) Beverly Mass.
(State or country)17 Informant Father (Relation, if any)
(Address)

A TRUE COPY.

ATTEST: (Registrar of city or town where death occurred)

DATE FILED Nov 19/45 19

18 DATE OF DEATH Nov 16/45
(Month) (Day) (Year)19 I HEREBY CERTIFY, That I attended deceased from
11/10/45, 19 to 11/16/45, 19I last saw her alive on 11/16/45 19, death is said to
have occurred on the date stated above, at 1:57 A.M.

Immediate cause of death Acute lymphatic leukemia Duration 1 mo

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Date of

Of autopsy above autopsy

What test confirmed diagnosis?

20 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) C. A. Powell M. D.

(Address) Boston Date 11/16/45

21 PLACE OF BURIAL, Winthrop Winthrop
CREMATION OR REMOVAL (Cemetery) (City or Town)

DATE OF BURIAL Nov 19/45 19

22 NAME OF FUNERAL DIRECTOR H. S. Reynolds
ADDRESS Winthrop Mass.

Received and filed 19

(Registrar of City or Town where deceased resided)

175

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.

254

1
PLACE OF DEATHBOSTON
(County)

(City or Town)

No. Jewish Memorial Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Hannah Rubin

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S.
War Veteran,
specify WAR)

(a) Residence, No.

(Usual place of abode)

19 Forrest St

Winthrop

(If nonresident, give city or town and State)

Length of stay: In hospital or Institution

(Before death)

(Specify whether)

years 1 months 25 days

In this community 17 yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE (write the word)

Female White

MARRIED Married
WIDOWED
or DIVORCED

5a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

Joseph Rubin
(Husband's name in full)

6 Age of husband or wife if alive

63

years

7 IF STILLBORN, enter that fact here.

8 AGE 61

Years

Months

Days

If less than 1 day

Hours

Minutes

Usual

9 Occupation:

Housewife

Industry

at home

10 or Business:

11 Social Security No.

12 BIRTHPLACE (City)

(State or country)

Palestine

13 NAME OF
FATHER

Joseph Bornstein

14 BIRTHPLACE OF
FATHER (City)

(State or country)

Russia

15 MAIDEN NAME
OF MOTHER

Kate Appleman

16 BIRTHPLACE OF
MOTHER (City)

(State or country)

Russia

17

Informant
(Address)

husband (Relation, if any)

A TRUE COPY.

ATTEST:

(Registrar of city or town where death occurred)

DATE FILED

Nov 30/45

MEDICAL CERTIFICATE OF DEATH

18 DATE OF
DEATH

Nov 27/45

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY, That I attended deceased from

10/2/45

19

to

11/27/45

19

I last saw him alive on

11/27/45

death is said to

have occurred on the date stated above, at

5:40 p.m.

Duration

Immediate cause of death

Carcinoma of the uterus with
metastases to the bones 6y

Due to

Due to

Other conditions Decubitis ulcers in
(Include pregnancy within 3 months of death)

sacral region hypertension

Major findings:

Of operations yrs

none

Date of

Of autopsy

X-Ray and Biopsy

What test confirmed diagnosis?

20 Was disease or injury in any way related to occupation of deceased?

If so, specify

no

(Signed)

L. Berman

(Address)

Boston

Date

M. D.

11/27/45

21 PLACE OF BURIAL,
CREMATION OR REMOVAL

Beth Hamdrash

(Cemetery)

(City or Town)

DATE OF BURIAL

Nov 28/45

19

22 NAME OF
FUNERAL DIRECTOR
ADDRESS

L Levine

Brookline

Received and filed

JAN 7 1946

19

(Registrar of City or Town where deceased resided)

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terms, so 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-(g)-1-45-15510

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

Registered No. **235**

1 PLACE OF DEATH
Suffolk
(County)
Winthrop
(City or Town)
No. **21 Palmyra**
2 FULL NAME **Mary Kirwan**
(If deceased is a married, widowed, or divorced woman, give also maiden name.)
(a) Residence No. **21 Palmyra**
(Usual place of abode)
Length of stay: In hospital or institution **20** years months days. In this community **4** yrs. mos. days.
(Before death) (Specify whether)

St. (If death occurred in a hospital or institution,
give its NAME instead of street and number)

PHYSICIAN - IMPORTANT

(Was deceased a
U. S. War Veteran, - **No**
if so specify WAR)

St. **Winthrop**
(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX **Female** 4 COLOR OR RACE **White** 5 SINGLE (write the word)
MARRIED **Married**
WIDOWED
or DIVORCED

5a If married, widowed, or divorced
HUSBAND of **Thomas J. Kirwan**
(or) WIFE of **Thomas J. Kirwan**
(Husband's name in full)

6 Age of husband or wife if alive **57** years

7 IF STILLBORN, enter that fact here.

8 AGE **48** Years Months Days | If less than 1 day
Hours Minutes

9 Usual Occupation: **House wife**

10 Industry or Business: **own home**

11 Social Security No. **none**

12 BIRTHPLACE (City) **East Boston**
(State or country) **Mass.**

13 NAME OF FATHER **John Riley**

14 BIRTHPLACE OF FATHER (City) **Ireland**
(State or country)

15 MAIDEN NAME OF MOTHER **Sarah Ann Edeson**

16 BIRTHPLACE OF MOTHER (City) **England**
(State or country)

17 Informant **Thos. J. Kirwan, Husband**
(Address) **21 Palmyra St., Wm.**

I HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation) (Date of Issue of Permit) **12/4/45**

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH **Dec. 2, 1945**
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from
Jan 1, 1944 to Dec 2, 1945
I last saw him alive on **Dec 2, 1945**, death is said to
have occurred on the date stated above, at **6:45 A.M.**

Immediate cause of death **Acute Pulmonary edema** Duration **2 days**

Due to **Chronic myocarditis** **2 yrs**

Due to **Chronic nephritis** **2 yrs**

Other conditions **none**
(Include pregnancy within 8 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: (Signed) **George H. De Quinz** M. D.
(Address) **19, Myrtle St., Wm.** Date **12/3, 1945**

21 **Winthrop** **Winthrop**
Place of Burial, Cremation or Removal (City or Town)

DATE OF BURIAL **December 5, 1945**

22 NAME OF FUNERAL DIRECTOR **John C. Kelly**
ADDRESS **11 Meridian St., E. D.**

Received and filed **DEC 4, 1945** **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

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

terms, so 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. (R)-1-45 15510

PLACE OF DEATH		Suffolk (County)		Winthrop (City or Town)		No. 20 WAVE WAY Apt.		St. (If death occurred in a hospital or institution, give its NAME instead of street and number)		Registered No. 236	
1		2 FULL NAME William J. McIlroy (If deceased is a married, widowed or divorced woman, give also maiden name.)									
(a)		Residence, No. 20 WAVE WAY		St.		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 28 yrs. — mos. — days.	
PERSONAL AND STATISTICAL PARTICULARS											
3 SEX		4 COLOR OR RACE		5 SINGLE (write the word)		18 DATE OF DEATH					
male		White		MARRIED		Dec 4 1945 (Month) (Day) (Year)					
5a If married, widowed, or divorced		HUSBAND of Emma J. Boston		WIDOWED		19 I HEREBY CERTIFY, That I attended deceased from					
(or) WIFE of		(Husband's name in full)		or DIVORCED		19 to 19					
6 Age of husband or wife if alive		75		years		I last saw h. alive on 19 death is said to					
7 IF STILLBORN, enter that fact here.						have occurred on the date stated above, at m. Duration					
8 AGE		71 Years		7 Months		20 Days		Immediate cause of death			
9 Usual Occupation:		Retired Printer		If less than 1 day		Coronary Infarct					
10 Industry or Business:				Hours		Minutes		Due to			
11 Social Security No.		none						Due to			
12 BIRTHPLACE (City)		Boston		MASS				Other conditions			
(State or country)								(Include pregnancy within 3 months of death)			
13 NAME OF FATHER		Robert McIlroy						Major findings:			
14 BIRTHPLACE OF FATHER (City)		Scotland						Of operations			
(State or country)								Date of			
15 MAIDEN NAME OF MOTHER		Elisabeth						Of autopsy			
16 BIRTHPLACE OF MOTHER (City)		N. Y.		STATE				What test confirmed diagnosis?			
(State or country)								20 Was disease or injury in any way related to occupation of deceased?			
17 Informant (Address)		20 WAVE WAY Apt. 2		Relation, if any		(Wife)		If so, specify			
(Address)		Emma McIlroy						(Signed) J. J. McIlroy M. D.			
								(Address) 180 W. 1st St. Winthrop			
								21 RIVERSIDE JACQUES MASS. DATE OF BURIAL DEC. 6 1945			
								22 NAME OF FUNERAL DIRECTOR Howard S. Reynolds (V.R.) ADDRESS 180 W. 1st St. Winthrop			
								Received and filed DEC 6 1945			
								(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)
Helen Grace (Official Designation) 12/5/45 (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

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

DEATH in plain terms, so 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-9-44-14955

PLACE OF DEATH

Suffolk
(County)Winthrop
(City or Town)

No. 15 Quincy Ave



The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

Registered No.

237

St. { (If death occurred in a hospital or institution,
give its NAME instead of street and number) }

2 FULL NAME Eliza Benson Scott

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 15 Quincy 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 35 yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE (write the word)

Female White

MARRIED
WIDDED
or DIVORCED Married5a If married, widowed or divorced
HUSBAND of F. Temple Scott

(Give maiden name of wife in full)

(or) WIFE of F. Temple Scott

(Husband's name in full)

6 Age of husband or wife if alive 65 years

7 IF STILLBORN, enter that fact here.

8 AGE 67 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)
(State or Country) England

13 NAME OF FATHER John Benson

14 BIRTHPLACE OF FATHER (City)
(State or Country) England

15 MAIDEN NAME OF MOTHER Martha Walker

16 BIRTHPLACE OF MOTHER (City)
(State or Country) England17 Informant F. Temple Scott (Husband)
(Address) 15 Quincy AveI HEREBY CERTIFY that a satisfactory standard 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) 12/7/45

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH

Dec. 5, 1945 (Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from
July 3, 1945, to Dec 5, 1945
I last saw her alive on Dec 5, 1945, death is said to
have occurred on the date stated above, at 1 P. m.

Immediate cause of death

Chronic Myocarditis

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)Major findings:
Of operations

Date of

Of autopsy

What test confirmed diagnosis? clinical

20 Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed)

(Address)

P. Costanza 238 Maverick St. W. W. Date 12/6/1945 M. D.

21 Winthrop Winthrop
(City or Town)

DATE OF BURIAL

Dec. 7, 1945

22 NAME OF FUNERAL DIRECTOR

ADDRESS

John H. C. Moley Winthrop, Mass.

Received and Filed

DEC 11 1945
(Registrar)

IMPORTANT

IMPORTANT

Physician

Underline
the cause to
which death
should be
charged statistically.

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required

by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

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

238



PLACE OF DEATH

Sullivan
(County)
Winthrop
(City or Town)

No. Winter 2015 Community Hospital St. { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Charles Coffey
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 50 Sherman Ave. N. Minneapolis, St.
(Usual place of abode)

Length of stay: In hospital or institution..... years months days. 3 yrs In this community 17 yrs. / mos. 27 days.
(Before death) (Specify whether)

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 17 Years 1 Months 27 Days If less than 1 day
Hours Minutes

Usual
9 Occupation: Student

10 Industry or Business: Winthrop Senior High School

11 Social Security No. None

12 BIRTHPLACE (City) Hobbsville
(State or country) Miss

13 NAME OF FATHER *Robert Russell Collins*

14 BIRTHPLACE OF FATHER (City) Marblehead
(State or country) Mass

15 MAIDEN NAME
OF MOTHER *Frances Matherall*

16 BIRTHPLACE OF MOTHER (City) Lakewood
(State or country) New York

17 Informant C. R. Coffin (Address) 50 Summit Road Weymouth Relation, if any Father

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)
 (Official Designation) (Date of Issue of Permit)

18 DATE OF DEATH DEC - 7 - 1945
(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.) 10

Symptoms were under the influence
of Pointe caire - given as a very
cal anesthetic

20 Accident, suicide, or homicide (specify) accidental
Date of occurrence Dec - 7 - 1981

Where did
Injury occur? Smithers.
(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 Laparotomy for Appendicitis

Nature of Injury I

While at work? Was there an autopsy? yes

21 Was disease or Injury in any way related to occupation of deceased?.....

If so, specify Van V. Heckley
(Signed) Van V. Heckley, M. D.
(Address) Boston, Mass. 100 St. S. - 190

22 Winthrop Cemetery Winthrop
Place of Burial, Cremation or Removal. (City or Town)

DATE OF BURIAL Dec 10, 1945 19

23 NAME OF FUNERAL DIRECTOR Cyril B. Marsh
ADDRESS 174 Wintthrop St

Received and filed DEC 2 1 1945 *Wentworth* 19

(Registrar)

THIS CERTIFICATE CONSTITUTES SUCH PERMIT

DEATH in plain terms, so 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-9-44-14955

PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)

No. 69 Lincoln



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.

239

St. { (If death occurred in a hospital or institution,
give its NAME instead of street and number) }

2 FULL NAME **Mary E. Permatteo (Sterbi)**

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 69 Lincoln

(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. **21** days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLDR DR 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 **Domenic Permatteo**

(Husband's name in full)

6 Age of husband or wife if alive — years

7 IF STILLBORN, enter that fact here.

8

AGE **75** Years

Months

Days

If less than 1 day

Hours

Minutes

Usual

9 Occupation: **At home**

Industry

10 or Business: —

11 Social Security No.

None

12 BIRTHPLACE (City)

(State or Country)

Italy

13 NAME DF

FATHER

Domenic Sterbi

14 BIRTHPLACE DF

FATHER (City)

(State or Country)

Italy

15 MAIDEN NAME

DF MOTHER

Angela Cuneo

16 BIRTHPLACE OF

MOTHER (City)

(State or Country)

Italy

17

Informant
(Address)**Herbert Permatteo (Son)****69 Lincoln St., Winthrop**I HEREBY CERTIFY that a satisfactory standard certificate of death was filed
with me BEFORE the burial or transit permit was issued:

(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 7, 1945**

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY, That I attended deceased from

Nov 1, 1945, to Dec 7, 1945I last saw him or alive on **Dec 6, 1945**, death is said tohave occurred on the date stated above, at **11:15 P.M.**

Immediate cause of death

Coronary thrombosis

Due to

Hypertension

Due to

Chronic nephritis

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Date of

Of autopsy

What test confirmed diagnosis?

20 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

May H. Schwartz**19 Franklin St. W.B.**

Date

12/8

M. D.

194521 **St. Michael Boston**

Place of Burial, Cremation or Removal.

(City or Town)

DATE OF BURIAL **Dec. 11, 1945**

19

22 NAME DF
FUNERAL DIRECTOR**Michael J. Porcella****10 No. Bennett St., Boston**

Received and Filed

DEC 11 1945

19

(Registrar)

IMPORTANT

Physician

Underline
the cause to
which death
should be
charged sta-
tistically.

Duration
IMPORTANT
1 day
1 yr
1 yr

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of 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

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

No.

2 FULL NAME

(a) Residence. No.

(Usual place of abode)

Length of stay: In hospital or institution (Specify whether)

years months days

In this community 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 58 Years - Months - Days If less than 1 day Hours Minutes

9 Occupation: Houseworn Industry Own Home or Business:

11 Social Security No.

12 BIRTHPLACE (City) (State or country) Boston Mass

13 NAME OF FATHER Daniel Shearn

14 BIRTHPLACE OF FATHER (City) (State or country) Boston Mass

15 MAIDEN NAME OF MOTHER Mary Pitts

16 BIRTHPLACE OF MOTHER (City) (State or country) Nova Scotia

17 Informant Frank Brugman (son) (Address) 64 Plummer 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)

Agent. 12/14/45 (Official Designation) (Date of Issue of Permit)

The Commonwealth of Massachusetts OFFICE OF THE SECRETARY DIVISION OF VITAL STATISTICS STANDARD CERTIFICATE OF DEATH



(City or town making return)

Registered No. 240

(If death occurred in a hospital or institution, give its NAME instead of street and number)

(If U. S. War Veteran, specify WAR) Mo

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH DEC - 12 1945 (Month) (Day) (Year)

19 I HEREBY CERTIFY. That I attended deceased from DEC 4 1945, to DEC - 12 1945

I last saw h. alive on DEC - 4, 1945, death is said to have occurred on the date stated above, at 9:40 a.m.

Immediate cause of death Diabetic Coma

Due to abscess of vulva - 1 wk.

Due to Diabetes

Other conditions

(Include pregnancy within 3 months of death)

Major findings: Abscess of vulva.

Of operations Date of 12-9-45

Of autopsy

What test confirmed diagnosis? Urinalysis

20 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Edw and J. Frainager D.

(Address) 200 W. Arlington Date 12-12-45

21 Place of Burial, Cremation or Removal. Winthrop (City or Town)

DATE OF BURIAL DEC 15 1945

22 NAME OF FUNERAL DIRECTOR Charles F. Treanor

ADDRESS East Boston

Received and filed DEC 13 1945 (Registrar)

A TRUE COPY ATTEST:

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death ... *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such a removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be

obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., (Tercentenary Edition.)*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. ... *Chap. 114, Sec. 46, G. L., (Tercentenary Edition.)*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework*. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family, cook—hotel*, etc. For a person who had no occupation whatever write *none*.

SPACE FOR ADDITIONAL INFORMATION

terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

100m (g) 1-35-15510

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.

Registered No. **241**

2 FULL NAME Baby Boy Iozzo
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 153 Havre St. East Boston St. East Boston
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or institution 2 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 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

Usual

9 Occupation: _____

Industry
10 or Business: _____

11 Social Security No. _____

12 BIRTHPLACE (City)
(State or country) Winthrop

13 NAME OF
FATHER Joseph Iozzo

14 BIRTHPLACE OF
FATHER (City)
(State or country) Boston

15 MAIDEN NAME
OF MOTHER Mary Lo Conte

16 BIRTHPLACE OF
MOTHER (City)
(State or country) Boston

17 Informant Joseph Iozzo Relation, if any father
(Address) 153 Havre St. E. Boston.

I HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:

Wm. D. Lechard
(Signature of Agent or Board of Health or other)

Agent Wm. D. Lechard 12/15/45
(Official Designation) (Date of issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Here 14 1945
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from
Dec 14, 1944, to Dec 14, 1945

I last saw him alive on _____, 19____, death is said to
have occurred on the date stated above, at 5:25 A.M.

Immediate cause of death _____ Duration

Stillbirth **IMPORTANT**

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death) **IMPORTANT**

Major findings:
Of operations _____ Physician

Of autopsy _____ Underline
What test confirmed diagnosis? _____ 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. D. Pette M. D.
(Address) 7 Central St. E. Boston Date 12/14 1945

21 St. Michael Boston
Place of Burial, Cremation or Removal. (City or Town)
DATE OF BURIAL Dec., - 17 - 1945

22 NAME OF
FUNERAL DIRECTOR Patty Papino
ADDRESS 9 Chelsea Street East Boston

Received and filed DEC 15 1945 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

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

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-(g)-1-45-15510

PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)

No. 64 Buchanan St.



The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

Registered No. 242

St. { (If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME Moses Perry Stone.
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence, No. 64 Buchanan St. St.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or institution years months days. In this community 45 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
WIDOWED
or DIVORCED Married.

5a If married, widowed, or divorced HUSBAND of Blanche Eva Leonard.
(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 58 Years 4 Months 4 Days | If less than 1 day
Hours Minutes

9 Usual Occupation: Weigher

10 Industry or Business: Wool business

11 Social Security No. 020-12-1938

12 BIRTHPLACE (City) Everett
(State or country) Mass

13 NAME OF FATHER Charles Edwin Stone.

14 BIRTHPLACE OF FATHER (City) E. Boston.
(State or country) Mass.

15 MAIDEN NAME OF MOTHER Fannie Sawyer.

16 BIRTHPLACE OF MOTHER (City) Unable to obtain.
(State or country)

17 Informant Mrs M.P. Stone (Address) 64 Buchanan St. (Relationship) Wife.

I HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued.

(Signature of Agent of Board of Health or other
Health Officer) (Date of Issue of Permit) 12/17/45

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Dec. 15, 1945.
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from June 25, 1945, to December 15, 1945.
I last saw him alive on December 15, 1945, death is said to
have occurred on the date stated above, at 1:10 P. m.

Immediate cause of death: Coronary thrombosis
Coronary artery disease
Due to Generalized arteriosclerosis
Duration: 1 week
5 years
30 yrs

Other conditions: (Include pregnancy within 8 months of death) IMPORTANT

Major findings: Of operations: Physician
Of autopsy: Date of: 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) (Address) 89 West Ave Date 12-16-1945

21 Woodlawn cemetery Everett
Place of Burial, Cremation or Removal (City or Town)
DATE OF BURIAL Dec. 18, 1945. 19

22 NAME OF FUNERAL DIRECTOR Alfred B. Marsh
ADDRESS 174 Winthrop St. Winthrop.

Received and Read Dec 18 1945 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 bereunder. If the death certificate contains a recital, as required

by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

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

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

terms, so 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. (g)-1-45-15510

PLACE OF DEATH		The Commonwealth of Massachusetts OFFICE OF THE SECRETARY DIVISION OF VITAL STATISTICS		To be filed for burial permit with Board of Health or its Agent.	
1	Suffolk (County) Wentworth (City or Town) No. 620 Shirley St.			Registered No. 243	
STANDARD CERTIFICATE OF DEATH					
2 FULL NAME <u>Kellum, J. McGargle</u> (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) <u>no</u>	
(a) Residence, No. <u>620 Shirley St.</u> (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 <u>35</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 <u>married</u> WIDOWED or DIVORCED			
5a If married, widowed or divorced HUSBAND of <u>Genevieve Weed</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>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 Occupation: <u>retired Salesman</u>					
10 Industry or Business: <u>Plumbing Supplies</u>					
11 Social Security No. <u>C.N.B.L.</u>					
12 BIRTHPLACE (City) (State or country) <u>Philadelphia, Pa.</u>					
13 NAME OF FATHER <u>Bernard Mc Gargle</u>					
14 BIRTHPLACE OF FATHER (City) (State or country) <u>Ireland</u>					
15 MAIDEN NAME OF MOTHER <u>Jane Johnson</u>					
16 BIRTHPLACE OF MOTHER (City) (State or country) <u>Ireland</u>					
17 Inform <u>Genevieve McGargle</u> (Address) <u>same</u> Relation <u>mother</u>					
I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued: <u>Wm. D. Chilcote</u> (Signature of Agent of Board of Health or other) Health Officer (Date of Issue of Permit) <u>12/21/45</u>					
MEDICAL CERTIFICATE OF DEATH					
18 DATE OF DEATH <u>December 19, 1945</u> (Month) (Day) (Year)					
19 I HEREBY CERTIFY, that I attended deceased from <u>August 15, 1945</u> to <u>Dec 19, 1945</u> I last saw him alive on <u>Dec 19, 1945</u> , death is said to have occurred on the date stated above, at <u>9:30</u> m. Duration _____					
Immediate cause of death <u>Cerebral Hemorrhage</u> IMPORTANT <u>14915/1945</u>					
Due to <u>Chronic hypertension</u>					
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? <u>Cholesterol</u>					
20 Was disease or injury in any way related to occupation of deceased? <u>no</u> If so, specify _____ (Signed) <u>W. D. Chilcote</u> M. D. (Address) <u>Wentworth, Mass.</u> Date <u>Dec 19, 1945</u>					
21 <u>Wentworth Cem. Wentworth</u> Place of Burial, Cremation or Removal. (City or Town) DATE OF BURIAL <u>Dec 21</u> 19 <u>45</u>					
22 NAME OF FUNERAL DIRECTOR <u>Tracy Bros</u> ADDRESS <u>Wentworth, Mass.</u>					
Received and filed <u>DEC 21 1945</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).

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

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

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. **244**

1 PLACE OF DEATH
Suffolk.
(County)
Winthrop/
(City or Town)
No. **147 Cottage Park Road.**

St. (If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME **Sewell Verney.**
(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. **147 Cottage Park Road.**
(Usual place of abode)

St. (If nonresident, give city or town and State)

Length of stay: In hospital or institution _____ years _____ months _____ days. In this community **40** 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 **December 21 1945**
(Month) (Day) (Year)

5a If married, widowed, or divorced
HUSBAND of **Flora Chase Helton**
(Give maiden name of wife in full)
(or) WIFE of _____
(Husband's name in full)

19 I HEREBY CERTIFY, That I attended deceased from
November 15, 1945, to Dec 21, 1945
I last saw him alive on **Dec 21, 1945** death is said to
have occurred on the date stated above, at **12:30 P.M.**

6 Age of husband or wife if alive _____ years

Immediate cause of death _____ Duration

7 IF STILLBORN, enter that fact here.

Coronary Heart Disease **IMPORTANT**
One year

8 AGE **76** Years **4** Months **18** Days | If less than 1 day
Hours _____ Minutes _____

Due to _____

Usual Occupation: **retired.**

Due to _____

Industry or Business: _____

11 Social Security No. **029-16-2358.**

Other conditions _____
(Include pregnancy within 3 months of death)

12 BIRTHPLACE (City) **Portsmouth**
(State or country) **N.H.**

Major findings:
Of operations _____

13 NAME OF FATHER **James Verney.**

Of autopsy _____ Date of _____

14 BIRTHPLACE OF FATHER (City) **Unable to obtain.**
(State or country) " " "

What test confirmed diagnosis? **Clinical Signs**

15 MAIDEN NAME OF MOTHER " " "

20 Was disease or injury in any way related to occupation of deceased? _____

16 BIRTHPLACE OF MOTHER (City) " " "
(State or country) " " "

If so, specify _____
(Signed) **Alfred B. Marsh** M. D.
(Address) **Winthrop** Date **Dec 23 1945**

17 Informant **Arthur E. Verney.** (Relation, if any)
(Address) **147 Cottage Park Road.**

21 **Winthrop Cemetery Winthrop Mass.**
Place of Burial, Cremation or Removal (City or Town)

DATE OF BURIAL **Dec. 24, 1945.**

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 **Alfred B. Marsh**

ADDRESS **174 Winthrop St, Winthrop.**

(Signature of Agent of Board of Health or other)
Health Officer 12/24/45

Received and filed **DEC 26 1945**

(Official Designation) (Date of Issue of Permit)

(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.

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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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RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

N. B.—WRITE PLAINLY, WITH UNFADING BLACKINK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

200m-10-139. No. 8427-d

PLACE OF DEATH		The Commonwealth of Massachusetts OFFICE OF THE SECRETARY DIVISION OF VITAL STATISTICS		Winthrop (City or town making return)	
1	Suffolk (County) Winthrop (City or Town) No. Winthrop Comm. Hosp.	STANDARD CERTIFICATE OF DEATH		Registered No. 245	
No. St. { (If death occurred in a hospital or institution, give its NAME instead of street and number)					
2 FULL NAME Mrs. Dora Barent (If deceased is a married, widowed or divorced woman, give also maiden name.)					
(a) Residence. No. 10 Beach Rd., Winthrop, Mass. St. (If nonresident, give city or town and state)					
Length of stay: In hospital or institution 10 days (Specify whether) years months 10 days In this community 8 yrs. mos. days.					
PERSONAL AND STATISTICAL PARTICULARS					
3 SEX	4 COLOR OR RACE	5 SINGLE (write the word)			
Female	White	MARRIED WIDOWED or DIVORCED	Widowed		
5a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full) (or) WIFE of Abraham Barent (Husband's name in full)					
6 Age of husband or wife if alive years					
7 IF STILLBORN, enter that fact here.					
8 AGE 70 Years - Months - Days If less than 1 day Hours Minutes					
9 Usual Occupation: Housework Industry at home 10 or Business:					
11 Social Security No. none					
12 BIRTHPLACE (City) Russia (State or country)					
13 NAME OF FATHER Charles Rubin					
14 BIRTHPLACE OF FATHER (City) Russia (State or country)					
15 MAIDEN NAME OF MOTHER Ida (cannot be learned)					
16 BIRTHPLACE OF MOTHER (City) Russia (State or country)					
17 Informant: Lionel Barent, Jr. (Address) 164 Fuller St., Dor.					
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) 12/36/45 (Date of Issue of Permit)					
MEDICAL CERTIFICATE OF DEATH					
18 DATE OF DEATH December 25, 1945 (Month) (Day) (Year)					
19 I HEREBY CERTIFY, That I attended deceased from November 15, 1945, to December 25, 1945 I last saw him alive on December 25, 1945, death is said to have occurred on the date stated above, at 10:25 P.M. Duration 10 minutes					
Immediate cause of death: Coronary Thrombosis					
Due to Arteriosclerotic Heart Disease 3 years					
Due to					
Other conditions Diabetes mellitus years					
(Include pregnancy within 3 months of death)					
PHYSICIAN					
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? No					
If so, specify					
(Signed) Maurice Traustein Jr., M. D. (Address) 562 Clisby St., Wash. D.C. Date 12/25/45					
21 Winthrop - Everett Place of Burial, Cremation or Removal (City or Town) DATE OF BURIAL Dec 26 1945					
22 NAME OF FUNERAL DIRECTOR Maurice Traustein Jr. ADDRESS 10 Washington St., Dor.					
Received and filed DEC 26 1945 19					
A TRUE COPY ATTEST: (Registrar)					

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death... *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhumate a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such a removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be

obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., (Tercentenary Edition.)*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made... *Chap. 114, Sec. 46, G. L., (Tercentenary Edition.)*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths 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

terms, so 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 DEATHTo be filed for burial permit
with Board of Health
or its Agent.Registered No. **246**

PLACE OF DEATH
1 { **Suffolk**
(County)
Winthrop
(City or Town)
No. **Winthrop Community Hospital**



St. { (If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME **Lena Elizabeth Barnes**
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(a) Residence, No. **78 Centre St Winthrop** St. **MA**
(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 **11** 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 **William E Barnes**
(Give maiden name of wife in full)
(or) WIFE of **William E Barnes**
(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 **8** Months **25** Days | If less than 1 day
Hours Minutes

Usual
9 Occupation: **At home**

Industry
10 or Business: **housewife**

11 Social Security No. **none**

12 BIRTHPLACE (City) **Liverpool**
(State or country) **Nova Scotia**

13 NAME OF
FATHER **David Whynott**

14 BIRTHPLACE OF
FATHER (City) **Liverpool**
(State or country) **Nova Scotia**

15 MAIDEN NAME
OF MOTHER **Sarah Rimey**

16 BIRTHPLACE OF
MOTHER (City) **Liverpool**
(State or country) **Nova Scotia**

17 Informant **Mr. Francis Barnes** Relation **Son**
(Address) **78 Centre 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. P. Childs
(Signature of Agent of Board of Health or other)

Health Officer **12/27/45**
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF
DEATH **Dec 26 1945**
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from
Dec 21, 19**45**, to **Dec 26**, 19**45**
I last saw h. **in** alive on **Dec 25**, 19**45**, death is said to
have occurred on the date stated above, at **5:45 A** m.

Immediate cause of death **L. A. pneumonia** Duration **2** days

Due to **infection** IMPORTANT

Due to **infection**

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. M. D.** M. D.
(Address) **Glenwood Everett** Date **12/26/45**

21 **Glenwood Everett** (City or Town)
Place of Burial, Cremation or Removal

DATE OF BURIAL **December 28 1945** 19

22 NAME OF
FUNERAL DIRECTOR **Richard C Kirby**
ADDRESS **Boston, Mass.**

Received and filed **DEC 30 1945** 19

(Registrar)

RETURN OF CERTIFICATES OF DEATH

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhum a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for 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

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. **247**

1 PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)

No. **316 Bowdoin Street, Winthrop**

St. (If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME **Mary Bruce (nee Moore)**
(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. **316 Bowdoin St**
(Usual place of abode)

St. (If nonresident, give city or town and State)

Length of stay: In hospital or institution **hospital** years — months — days. In this community — yrs. mos. — days.
(Before death) (Specify whether)

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 **Josiah Drew Bruce**
(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: **Housewife**

Industry
10 or Business: **At home**

11 Social Security No. **none**

12 BIRTHPLACE (City) **Lancashire**
(State or country) **England**

PARENTS

13 NAME OF
FATHER **James Moore**

14 BIRTHPLACE OF
FATHER (City) **Ireland**
(State or country)

15 MAIDEN NAME
OF MOTHER **Mary Malloy**

16 BIRTHPLACE OF
MOTHER (City) **Ireland**
(State or country)

17 Informant **Mrs. Robert W Meyer** Relation, if any **daughter**
(Address) **316 Bowdoin St Winthrop**

I HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:

Wm. S. Child
(Signature of Agent of Board of Health or other)
Health Officer (Official Designation) **12/27/45**
(Date of issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH **December 26 1945**
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from
primary 19 **45**, to **December 26**, 19 **45**
I last saw him alive on **December 25**, 19 **45**, death is said to
have occurred on the date stated above, at **1:30** P. M.

Immediate cause of death

Bronchopneumonia **1 week**
Due to **Cardiac Decompensation**
and hypertension **2 years**
Due to **Generalized arterio sclerosis** **3 years**

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 **no**

(Signed) **Paul Osterhoff** M. D.

(Address) **89 West 44th St New York** Date **12-26** 19 **45**

21 **Winthrop Cemetery Winthrop**
Place of Burial, Cremation or Removal. (City or Town)

DATE OF BURIAL **December 29 1945** 19

22 NAME OF
FUNERAL DIRECTOR **Richard C Kirby**
ADDRESS **Boston**

Received and filed **19**

DEC 3 1945

(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 bereunder. If the death certificate contains a recital, as required

by section ten or chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or 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

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

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

1

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. 248

No. Winthrop Community Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Clara Baby girl Schwarz
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(If U. S. War Veteran, specify WAR) No.

(a) Residence. No. 36 Princeton St. East Boston
(Usual place of abode)
length of stay: In hospital or institution Hospital years months 2 days. In this community yrs. mos. days.
(Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE (write the word) MARRIED WIDOWED or DIVORCED Single
5a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full)
(or) WIFE of (Husband's name in full)
6 Age of husband or wife if alive years
7 IF STILLBORN, enter that fact here.
8 AGE Years Months 2 Days If less than 1 day Hours Minutes
9 Usual Occupation:
10 Industry:
11 Social Security No.
12 BIRTHPLACE (City) Winthrop (State or country) Mass.
13 NAME OF FATHER William Schwarz
14 BIRTHPLACE OF FATHER (City) East Boston (State or country) Mass.
15 MAIDEN NAME OF MOTHER Clara Barrett
16 BIRTHPLACE OF MOTHER (City) East Boston (State or country) Mass.

17 Informant William Schwarz (Father) (Address) 36 Princeton St., E. B.
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:
Wm. D. Childress
(Signature of Agent of Board of Health or other)
Health Officer (Official Designation)
12/17/45
(Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Dec 26, 1945
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from Dec 24, 1945, to Dec 26, 1945

I last saw her alive on Dec 26, 1945, death is said to have occurred on the date stated above, at 9:11 a.m.

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) W. N. Caplan M. D.
(Address) 36 Princeton St., E. B. Date 12-26-1945

21 Holy Cross Malden
Place of Burial, Cremation or Removal (City or Town)
DATE OF BURIAL December 28, 1945

22 NAME OF FUNERAL DIRECTOR John G. Kelly
ADDRESS 11 Meridian St., E. B.

Received and filed 19

A TRUE COPY ATTEST:

(Registrar)

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death... *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such a removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be

obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., (Tercentenary Edition.)*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . *Chap. 114, Sec. 46, G. L., (Tercentenary Edition.)*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework*. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family, cook—hotel*, etc. For a person who had no occupation whatever write *none*.

SPACE FOR ADDITIONAL INFORMATION

terms, so 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.

100m. (g)-1-45-15510

per hosp. 1/7/46

PLACE OF DEATH

Suffolk
(County)

Winthrop
(City or Town)

No. Winthrop Community Hospital

St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Baby Girl Stellato
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence, No. 203 London St.
(Usual place of abode)

St. East Boston
(If nonresident, give city or town and State)

Length of stay: In hospital or institution (Before death) 12 months - years months - days In this community yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE (write the word) MARRIED WIDOWED or DIVORCED 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 Occupation:

Industry or Business:

11 Social Security No.

12 BIRTHPLACE (City) Winthrop
(State or country)

13 NAME OF FATHER Francesco Stellato

14 BIRTHPLACE OF FATHER (City) Boston
(State or country)

15 MAIDEN NAME OF MOTHER Clementina Pepe (Pepe)

16 BIRTHPLACE OF MOTHER (City) Boston
(State or country)

17 Informant Francesco Stellato (Relationship, if any) Father
(Address) 203 London St. East Boston

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other) Agent
(Official Designation) (Date of issue of Permit) 12/31/45

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD
CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

Registered No. 249

PHYSICIAN - IMPORTANT

(Was deceased a U. S. War Veteran, if so specify WAR)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Dec 26 1945
(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 4:59 P. M.

Immediate cause of death

Stillborn

Due to Encephalic Lesion

Due to Encephalic Lesion

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) D. D. Politis M. D.
(Address) 7 Central St. E. B. Date 12/29 1945

21 St. Michael Boston
Place of Burial, Cremation or Removal (City or Town)

DATE OF BURIAL January - 3 - 1946

22 NAME OF FUNERAL DIRECTOR Fathy Papino
ADDRESS 9 Chelsea Street East Boston

Received and filed 19

(Registrar)

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required

by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

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

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

Extracts from the laws on back of certificate.

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, require physicians to insert a recital to that effect.

100m. (g.) 1-45-15510



The Commonwealth of Massachusetts
OFFICE OF THE 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. **25 Chester Avenue.**

St. (If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME **William Prescott Greenlaw.**
(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. **25 Chester Avenue.** 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 **35** yrs. — mos. — days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX **Male** 4 COLOR OR RACE **White** 5 SINGLE (write the word)
MARRIED
WIDOWED
or DIVORCED **Married**

5a If married, widowed, or divorced
HUSBAND of (Give maiden name of wife in full)
(or) WIFE of **Lucy Ellen Hall.**
(Husband's name in full)

6 Age of husband or wife if alive **76** years

7 IF STILLBORN, enter that fact here.

8 AGE **82** Years **1** Months **4** Days | If less than 1 day
Hours Minutes

Usual
9 Occupation: **Librarian Emeritus**

Industry
10 or Business: **N.E. Historical and Genealogical**

11 Social Security No. **No. (Library)**

12 BIRTHPLACE (City)
(State or country) **Bristol
Maine**

13 NAME OF
FATHER **Nathaniel Webb Greenlaw.**

14 BIRTHPLACE OF
FATHER (City)
(State or country) **Bristol
Maine**

15 MAIDEN NAME
OF MOTHER **Susan Woodward Poole.**

16 BIRTHPLACE OF
MOTHER (City)
(State or country) **Bristol
Maine**

17 Informant (Address) **Mrs. W. P. Greenlaw. (Wife)
25 Chester Ave. Winthrop.**

I HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF
DEATH **December 27 1945.**
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from
Dec 26 1945 to **Dec 27 1945**

I last saw him alive on **Dec 27 1945**, death is said to
have occurred on the date stated above, at **70-30A** m.

Immediate cause of death **acute dilatation heart** Duration

Due to **myocarditis** **IMPORTANT**

Other conditions **arteriosclerosis**

(Include pregnancy within 3 months of death) **IMPORTANT**

Major findings: Of operations

Of autopsy

What test confirmed diagnosis?

20 Was disease or injury in any way related to occupation of deceased?

If so, specify (Signed) **W. P. Greenlaw** M. D.

(Address) **Washington** Date **12-27-1945**

21 **Mt. Pleasant Sudbury Mass.**

Place of Burial, Cremation or Removal. (City or town)

DATE OF BURIAL **Dec. 29, 1945.**

22 NAME OF
FUNERAL DIRECTOR **Alfred B. Marsh**

ADDRESS **174 Winthrop St. Winthrop.**

Received and filed **DEC 31 1945**

(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. 2.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such a removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be

obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., (Tercentenary Edition.)*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made... *Chap. 114, Sec. 46, G. L., (Tercentenary Edition.)*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework*. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

SPACE FOR ADDITIONAL INFORMATION

terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, require physicians to insert a recital to that effect.

100m. (R)-1-45-15510

PLACE OF DEATH
1

Suffolk.

(County)

Winthrop.

(City or Town)

No. Winthrop Community Hospital.

St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Eggale Evangelos Georgalos.

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No.

(Usual place of abode)

64 Cottage Park Road.

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

7 mos.

days

To be filed for burial permit
with Board of Health
or its Agent.

Registered No.

252

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.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE (write the word)

Male

White

MARRIED
WIDOWED
or DIVORCED Married

5a If married, widowed, or divorced

HUSBAND of

Maria Garris.

(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

9

Months

6

Days

If less than 1 day

Hours

Minutes

Usual

9 Occupation:

retired

Industry

10 or Business:

stationary engineer

PARENTS

11 Social Security No.

12 BIRTHPLACE (City)

(State or country)

Chios

Greece.

13 NAME OF

FATHER

Thomas Georgalos.

14 BIRTHPLACE OF

FATHER (City)

Chios

(State or country)

Greece.

15 MAIDEN NAME

OF MOTHER

Sevase Hadripetrod.

16 BIRTHPLACE OF

MOTHER (City)

Chios

(State or country)

Greece.

17

Informant

(Address)

Thomas E. Georgalos

Relationship

64 Cottage Park Road Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF
DEATH

December

31

1945.

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY, That I attended deceased from
Dec 28, 1945, to Dec 31, 1945.

I last saw him alive on Dec 30, 1945, death is said to
have occurred on the date stated above, at 2:45 A. M.

Immediate cause of death

Strangled Femoral Artery
about

Duration

IMPORTANT

24 hrs.

Due to

Due to

Other conditions

(Include pregnancy within 8 months of death)

IMPORTANT

Major findings:

Of operations Intestine dark in color

Glistening Date of Dec 30, 45

Of autopsy none

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? No.

If so, specify

(Signed) Eugene W. Robinson M. D.

(Address) Winthrop Mass. Date 1/2 1946.

21 Winthrop Cemetery Winthrop

Place of Burial, Cremation or Removal. (City or Town)

DATE OF BURIAL Jan. 4, 1946.

19

22 NAME OF

FUNERAL DIRECTOR

ADDRESS 174 Winthrop St. Winthrop.

Received and filed

JAN 1 1946

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 or chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or 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

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

term, and 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-(g)-1 45-15510



The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD
CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

Registered No. **253**

1 PLACE OF DEATH
Suffolk.
(County)
Winthrop.
(City or Town)

No. 60 Floyd Street.

ST. (If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME Mary Jane Marsden.
(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. 60 Floyd Street.
(Usual place of abode)

ST. (If nonresident, give city or town and State)

Length of stay: In hospital or institution years months days. In this community 35 yrs. - mos. - days.
(Before death) (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX Female 4 COLOR OR RACE White 5 SINGLE (write the word)
MARRIED
WIDOWED
or DIVORCED Widowed

5a If married, widowed, or divorced

HUSBAND of

(or) WIFE of Percival William Marsden.
(City maiden name of wife in full)
(Husband's name in full)

6 Age of husband or wife if alive years

7 IF STILLBORN, enter that fact here.

8 AGE 82 Years 10 Months 30 Days | If less than 1 day
Hours Minutes

9 Occupation: Retired

10 Industry or Business: House-Wife.

11 Social Security No. No.

12 BIRTHPLACE (City) Bradford
(State or country) England.

13 NAME OF FATHER Jeremiah Northin
Josiah Marsden.

14 BIRTHPLACE OF FATHER (City) Bradford
(State or country) England.

15 MAIDEN NAME OF MOTHER Rachel Ann Underwood

16 BIRTHPLACE OF MOTHER (City) Bradford
(State or country) England.

17 Informant Clarence N. Marsden (Son.)
(Address) 60 Floyd Street Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:

William D. Childress
(Signature of Agent of Board of Health or other)

Agent
(Official Designation)

1/2/46
(Date of Issue of Permit)

18 DATE OF DEATH December 31 1945.
(Month) (Day) (Year)

19 I HEREBY CERTIFY. That I attended deceased from
January 1, 1942, to December 31, 1945.
I last saw him alive on Dec - 31, 1945, death is said to
have occurred on the date stated above, at 6:10 P. M.

Immediate cause of death

Cerebral Hemorrhage -

Due to Arterio Sclerosis

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

5 hours

years

IMPORTANT

Physician

Underline
the cause to
which death
should be
charged sta-
tistically.

20 Was disease or injury in any way related to occupation of deceased? No

(Signed) Edward J. Franzen M. D.
(Address) 200 Washington Ave. New York, N. Y.

21 Blue Hills Cemetery Braintree
(Place of Burial, Cremation or Removal) (City or Town)

DATE OF BURIAL Jan. 3, 1946.

22 NAME OF FUNERAL DIRECTOR Alfred B. March
ADDRESS 174 Winthrop St. Winthrop.

Received and Read JAN 4 1946

(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

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

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. (b) 6-44-14607

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
COPY OF
CERTIFICATE OF DEATH



(City or town making return)

Registered No. 10450 254

PLACE OF DEATH

1

(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

Ronald E Jackson

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence, No.

97 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.

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

Years

Months

16 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

Stewart E Jackson

14 BIRTHPLACE OF

FATHER (City)

(State or country)

York Penn

15 MAIDEN NAME

OF MOTHER

Marion E Glines

16 BIRTHPLACE OF

MOTHER (City)

(State or country)

Quincy Mass.

17

Informant

(Address)

Stewart E Jackson

(Relation, if any)

A TRUE COPY.

ATTEST:

(Registrar of city or town where death occurred)

DATE FILED

19

Dec 10/45

MEDICAL CERTIFICATE OF DEATH

18 DATE OF

DEATH

(Month)

Dec 6/45

(Day)

(Year)

19 I HEREBY CERTIFY, That I attended deceased from

11/27/45

19

to 12/6/45

19

I last saw him alive on 12/6/45

19 death is said to

have occurred on the date stated above, at 4:15 p.m.

Duration

Immediate cause of death

Atelectasis

15 dys

Gastro Enteritis

15 dys

Due to Prematurity

Due to

Other conditions

(Include pregnancy within 3 months of death)

Physician

Major findings:

Of operations

Date of

Of autopsy as above

What test confirmed diagnosis?

20 Was disease or injury in any way related to occupation of deceased?

If so, specify

S W Wright

(Signed)

Boston Mass

12/6/45 M. D.

(Address)

Date 19

21 PLACE OF BURIAL

CREMATION OR REMOVAL

Winthrop

Winthrop

(Cemetery)

(City or Town)

DATE OF BURIAL

Dec 8/45

19

22 NAME OF

FUNERAL DIRECTOR

Reynolds Funeral Home

ADDRESS

Winthrop Mass.

Received and filed

JAN 22 1946

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-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

SUFFOLK		OFFICE OF THE SECRETARY COPY OF MEDICAL EXAMINER'S CERTIFICATE OF DEATH		(City or town making return)
1	PLACE OF DEATH	(County)		
		(City or Town)		
No.	Carney Hosp.	St.	{ (If death occurred in a hospital or institution, give its NAME instead of street and number)	
2 FULL NAME		{ (If U. S. War Veteran, specify WAR)		
Michael J. Milano				
(If deceased is a married, widowed or divorced woman, give also maiden name.)				
(a) Residence, No. 229 Main St.		xx Winthrop Mass.		
(Usual place of abode)		(If nonresident, give city or town and State)		
Length of stay: In hospital or institution Hosp.		years	months	days
(Before death)		(Specify whether)		
PERSONAL AND STATISTICAL PARTICULARS				
3 SEX	4 COLOR OR RACE	5 SINGLE (write the word)		
M	White	MARRIED Married		
5a If married, widowed, or divorced				
HUSBAND of Helen J. Driscoll				
(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 35 Years 9 Months 28 Days If less than 1 day				
Hours Minutes				
9 Occupation: Longshoreman				
10 Industry or Business: Waterfront				
11 Social Security No. 021-09-9654				
12 BIRTHPLACE (City) Italy				
(State or country)				
PARENTS	13 NAME OF FATHER Louis Milano			
	14 BIRTHPLACE OF FATHER (City) Italy			
	(State or country)			
	15 MAIDEN NAME OF MOTHER Antonette DiNunno			
16 BIRTHPLACE OF MOTHER (City) Italy				
(State or country)				
17 Informant Helen J. Milano (Relationship if any) wife				
(Address)				
A TRUE COPY.				
ATTEST: Dec. 13, 1945				
(Registrar of city or town where death occurred)				
DATE FILED 19				
MEDICAL CERTIFICATE OF DEATH				
18 DATE OF DEATH Dec. 9, 1945				
(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.)				
Shock and cardiac decompensation				
following fall from ladder to deck of vessel Dec. 6				
no anatomical evidence of Trauma				
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? Yes Was there an autopsy? Yes				
21 Was disease or injury in any way related to occupation of deceased?				
If so, specify				
(Signed) Timothy Leary M. D.				
(Address) Date 12/10/45				
22 Holy Cross Cem. Malden				
Place of Burial, Cremation or Removal (City or Town)				
DATE OF BURIAL Dec. 13, 1945 19				
23 NAME OF FUNERAL DIRECTOR Richard C. Kirby				
ADDRESS 17 Bennington E. Boston				
Received and filed JAN 22 1946 19				
(Registrar of City or Town where deceased resided)				

SUFFOLK

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

(City or town making return)

COPY OF
CERTIFICATE OF DEATH

Registered No. 10800256

PLACE OF DEATH

(County)

(City or Town)

No. Beth Israel Hospital

St. (If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME Jesse W Sargeant

(If deceased is a married, widowed or divorced woman, give also maiden name.)

19 Moore St

St. Winthrop Mass.

(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)

years

months 2 days

In this community

yrs.

mos.

2 days

(Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Male

4 COLOR OR RACE

White

5 SINGLE (write the word)

MARRIED

WIDOWED

or DIVORCED

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 49 Years 2 Months 7 Days | If less than 1 day
Hours Minutes

Usual

9 Occupation: Stone mason

Industry

10 or Business: General Elec.

11 Social Security No.

12 BIRTHPLACE (City)
(State or country)

Auburndale Mass.

13 NAME OF
FATHER

Cyrus Sargeant

14 BIRTHPLACE OF
FATHER (City)
(State or country)

Cadia N H

15 MAIDEN NAME
OF MOTHER

Alice Seavey

16 BIRTHPLACE OF
MOTHER (City)
(State or country)

Chicago Ill

17 Informant
(Address)

Cousin Paul E (Sargent)

Relation, if any

A TRUE COPY.

ATTEST:

(Registrar of city or town where death occurred)

DATE FILED

Dec 19/45

19

MEDICAL CERTIFICATE OF DEATH

18 DATE OF
DEATH

Dec 16, 1945

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY, That I attended deceased from

12/14/45, 19, to 12/16/45 19

I last saw him alive on 12/16/45, 19, death is said to

have occurred on the date stated above, at 8:50p.m.

Duration

Immediate cause of death

Pulmonary edema

Due to Malignant hypertension

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Date of

Of autopsy 12/18/45

What test confirmed diagnosis? Post Mortem

20 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

C E Rubin

(Address)

Boston

Date 12/17/45

M. D.

Physician

Underline
the cause to
which death
should be
charged stat-
istically.21 PLACE OF BURIAL, CREMATION OR REMOVAL Hill Cem Candia N H
(Cemetery) (City or Town)

DATE OF BURIAL Dec 19/45 19

22 NAME OF FUNERAL DIRECTOR Eastman Funeral Serv.
ADDRESS Boston Mass.

Received and filed JAN 22 1946 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.)

SUFFOLK
BOSTON

The Commonwealth of Massachusetts

BOSTON

OFFICE OF THE SECRETARY

(City or town making return)

257

COPY OF
MEDICAL EXAMINER'S
CERTIFICATE OF DEATH

Registered No. 10858

PLACE OF DEATH

1

(County)

(City or Town)

No. 317 Hanover St. St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Ubaldo Guidi Buttrini
(If deceased is a married, widowed or divorced woman, give also maiden name.)(If U. S.
War Veteran,
specify WAR)(a) Residence. No. 34 Gilderstone Rd. 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 Male 4 COLOR OR RACE "hite" 5 SINGLE (write the word) MARRIED WIDOWED or DIVORCED "widowed"

5a If married, widowed, or divorced Esterina Guidi
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 67 Years Months Days If less than 1 day Hours Minutes

Usual Occupation: Radio

Industry or Business:

11 Social Security No.

12 BIRTHPLACE (City) Italy
(State or country)

13 NAME OF FATHER Guiseppe Buttrini

14 BIRTHPLACE OF FATHER (City) Italy
(State or country)

15 MAIDEN NAME OF MOTHER Elvira Carassale

16 BIRTHPLACE OF MOTHER (City) Italy
(State or country)

17 Informant Son Joseph G Buttrini (Address) (Relation, if any)

A TRUE COPY

ATTEST: (Registrar of City or town where death occurred)

DATE FILED Dec 21/45 19

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Dec 17/45
(Month) (Day) (Year)

19 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows: (If an injury was involved, state fully.)

Acute cardiac failure

Hypertensive heart disease

General arteriosclerosis

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 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 W. J. Brickley, M. D.
(Signed) (Address) Boston Date 12/17/4522 St. Michael Boston
Place of Burial, Cremation or Removal (City or Town)
DATE OF BURIAL Dec 20/45 1923 NAME OF FUNERAL DIRECTOR J. Cincotti and Son
ADDRESS Boston Mass.

Received and filed JAN 22 1946 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 (b)-1-41-4667

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

Arlington

(City or town making return)

COPY OF
CERTIFICATE OF DEATH

Registered No. 480

258

PLACE OF DEATH

Middlesex

(County)

Arlington

(City or Town)

No. 99 Claremont Avenue

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.)

Cora Elona MacKenzie (McFee)

(If U. S. War Veteran, specify WAR)

No

(a) Residence. No.

(Usual place of abode)

141 Loring Road

St.

Winthrop, Mass.

(If nonresident, give city or town and State)

Length of stay: in hospital or institution

(Before death)

Nursing Home

(Specify whether)

years 11 months

days.

In this community

yrs. 11 mos.

days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE (write the word)

Female

white

MARRIED
WIDOWED
or DIVORCED

Widowed

5a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of William Wallace MacKenzie

(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 9 Months 16 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)

New Canaan

New Brunswick

13 NAME OF

FATHER

Adam McFee

14 BIRTHPLACE OF

FATHER (City)

Campabello

(State or country)

Maine

15 MAIDEN NAME

OF MOTHER

Lucinda Campbell

16 BIRTHPLACE OF

MOTHER (City)

Boston

(State or country)

Mass.

17

Informant

Ethel L. MacKenzie

Relation, if any

(Address)

82 Marked Tree Rd., Needham

(Daughter)

A TRUE COPY.

ATTEST:

(Registrar of city or town where death occurred)

DATE FILED

January 5

1946

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH

December

30

1945

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY, That I attended deceased from

February 1945 to Dec 30, 1945

I last saw her alive on Dec 30, 1945, death is said to

have occurred on the date stated above, at 3:30 P. M.

Duration

Immediate cause of death

Hypertensive Heart Dis

12 yrs.

Due to Arteriosclerosis

15 yrs.

Due to Diabetes Mellitus

15 yrs.

Other conditions

(Include pregnancy within 3 months of death)

Physician

Major findings:

Of operations

No Op.

Date of

Of autopsy

What test confirmed diagnosis? Clin & Lab

20 Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) R. E. Chapin, D. O.

(Address) 41 Jason St., Arl Date 12-30-1945

21 PLACE OF BURIAL, Mount Hope - Boston

CREMATION OR REMOVAL (Cemetery)

January 2

(City or Town)

DATE OF BURIAL

19

22 NAME OF

FUNERAL DIRECTOR Alger E. Eaton & Sons

ADDRESS

Needham, Mass.

Received and filed

DEC 10 1946

19

(Registrar of City or Town where deceased resided)

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY

259

(City or town making return)

New York State Department of Health
DIVISION OF VITAL STATISTICS
CERTIFICATE OF DEATH

Registered No. 129

Dist. No. 5150
To be inserted by registrar

1 PLACE OF DEATH: STATE OF NEW YORK

County Suffolk
Town Babylon
Village Amity Harbor
City Albert Road Ward St.
No. 153 St. 153
(If a hospital or institution give its NAME instead of street and number)

Length of stay:

In hospital or institution 4 yrs. 4 mos. 4 days
In town, village or city 4 yrs. 4 mos. 4 days

2 USUAL RESIDENCE OF DECEASED: (If an institution, give place of residence prior to admission.)

State Massachusetts
County Suffolk
Town Winthrop
Village or City Winthrop
No. 153 Circuit Road St. 153
Is residence within limits of city or incorporated village? No

2a Citizen of foreign country (alien)? No
(Yes or no)
If yes, name country.

3 Full Name EDWARD G. ATTARIAN

4 (a) Social Security No. 010-07-2042 4 (b) If Veteran, Name War World War I

5 Sex Male 6 COLOR OR RACE White 7 Single, Married, Widowed, or Divorced (Write the word) Married

8 IF MARRIED, WIDOWED OR DIVORCED, Name of Husband (or) Wife Marion Wyckoff Age if alive 53 years

9 DATE OF BIRTH (month, day, year) April 19, 1893

10 AGE Years 52 Months 5 Days 4 IF LESS than 1 day hrs. min.

11 Usual occupation Elef. Engineer

12 Industry or business Oil--S. Cony

13 BIRTHPLACE (City or Town) (State or Country) New York City
Megedich Attarian

14 NAME Megedich Attarian

15 BIRTHPLACE (City or Town) (State or Country) Turkey

16 MAIDEN NAME Mary L. Sutton

17 BIRTHPLACE (City or Town) (State or Country) New York City

18 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
Informant's own signature Marion Wyckoff
Address Amityville, N.Y.

19 PLACE OF BURIAL, CREMATION OR REMOVAL St. John's Cemetery
Suffolk, New York DATE OF BURIAL October 12, 1945

20 UNDERTAKER OR PERSON IN CHARGE (Signature) Chas. E. Sullivan
ADDRESS 230 Broadway, Amityville, N.Y.

UNDERTAKER'S License No. 5114

21 Date received Oct 12, 1945
Signature of Registrar or Subregistrar James E. Torker

Burial or Transfit } Permit issued by James E. Torker

MEDICAL CERTIFICATION

22 DATE OF DEATH (Month, Day and Year) October 15, 1945

I HEREBY CERTIFY, That I attended deceased from July 1st 1945 to Oct 14 1945
I last saw him alive on Oct 14 1945

To the best of my knowledge, death occurred on the date stated above, at 5:30 P.M.

Immediate cause of death Coronary Thrombosis

Chronic myocarditis

Due to Auxiliary fibrillation

Due to Intermittent Claudication

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

What laboratory test was made? Electrocardiograph

24 If death was due to external cause, 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

25 Signature Charles C. Murphy M.D.
Address Amityville, N.Y. Date 10/16/45

Date of issue Oct 17 1945

or Institution, and number) **ORTANT**

State) days.

Year)

ceased from

9

is said to

Duration Important

Important

PHYSICIAN

Underline the cause to which death should be charged statistically.

M. D.

19

19

19

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

Received and filed

A TRUE COPY ATTEST:

(Registrar)

JAN 13 1946

19

THIS CERTIFICATE MUST BE FILED WITH THE LOCAL REGISTRAR WITHIN 72 HOURS AFTER DEATH. N.B.—WRITE LEGIBLY WITH DURABLE 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 statements of RESIDENCE and OCCUPATION are very important. See instructions on back of certificate.

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 statements of RESIDENCE and OCCUPATION are very important. See instructions 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.*

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 buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-

six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or 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 supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned *as at school or at home*. For a woman whose only occupation was that of home housework, write *housework*. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family, cook—hotel*, etc. For a person who had no occupation whatever write *none*.

SPACE FOR ADDITIONAL INFORMATION.....

Copies of returns of deaths recorded during the previous month which occurred in your city or town in and 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

Lexington

(City or town making return)

COPY OF
CERTIFICATE OF DEATH

Registered No.

260

1 PLACE OF DEATH
Middlesex
(County)
Lexington
(City or Town)

No. Metropolitan State Hospital

St. { (If death occurred in a hospital or institution, give its NAME instead of street and number)

Clifford Demus Huffman

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. 171 Bowdoin St.
(Usual place of abode)

Winthrop

(If nonresident, give city or town and State)

Length of stay: In hospital or institution (Before death) Metropolitan 9 years 4 months 17 days. (Specify whether) In this community yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE colored 5 SINGLE (write the word) MARRIED married WIDOWED or DIVORCED

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Henry W. Huffman (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 51 Years 4 Months 3 Days If less than 1 day Hours Minutes

Usual Occupation: Housework

Industry or Business:

11 Social Security No.

12 BIRTHPLACE (City) Lexington (State or country) Kentucky

13 NAME OF FATHER John Demus

14 BIRTHPLACE OF FATHER (City) Kentucky (State or country)

15 MAIDEN NAME OF MOTHER unknown

16 BIRTHPLACE OF MOTHER (City) Kentucky (State or country)

17 Informant (Address) Metropolitan State Hospital Waltham, Mass. Records

A TRUE COPY.

ATTEST: James J. Carroll (Registrar of city or town where death occurred)

DATE FILED December 31, 1946

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH December 15 1945 (Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from Sept. 3, 1942, to Dec. 15, 1945. I last saw her alive on December 15, 1945 death is said to have occurred on the date stated above, at 5:50 P. M.

Immediate cause of death: Cerebral hemorrhage Duration 12 hours

Due to Hypertensive Cardio-vascular disease ? years

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations Date of Of autopsy as above Date of What test confirmed diagnosis? autopsy

20 Was disease or injury in any way related to occupation of deceased?

If so, specify (Signed) Elizabeth T. Hall (Address) Waltham, Mass. Date 12/15/1945 M. D.

21 PLACE OF BURIAL, CREMATION OR REMOVAL Winthrop Cemetery (Cemetery) Winthrop, Mass. (City or Town)

DATE OF BURIAL December 19 1945

22 NAME OF FUNERAL DIRECTOR Howard S. Reynolds ADDRESS 180 Winthrop St., Winthrop, Mass.

Received and filed FEB 25 1946 19 (Registrar of City or Town where deceased resided)

FEB 23 1968

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH

FADING BLACK INK - THIS IS A PERMANENT RECORD
 Copies of returns of deaths received during the previous month which occurred in your city or town at the time of death should be made forthwith and transmitted on Form R-502 to the clerk of the health department of the State of New York.

2

PARENTS

1 PLACE OF DEATH

Essex

(County)

Danvers

(City or Town)

No. Danvers State Hospital



The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY

DIVISION OF VITAL STATISTICS

COPY OF
CERTIFICATE OF DEATH

Registered No. 261 293

Danvers

(City or town making return)

St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Goldie Golditch

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence, No. 44 Locust

(Usual place of abode)

St. Winthrop

(If nonresident, give city or town and State)

Length of stay: In hospital or institution 4 years 5 months 16 days.

(Before death) (Specify whether)

In this community yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX female 4 COLOR OR RACE white 5 SINGLE (write the word) MARRIED WIDOWED or DIVORCED married

5a If married, widowed, or divorced HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of Philip Golditch (Husband's name in full)

6 Age of husband or wife if alive years

7 IF STILLBORN, enter that fact here.

8 AGE 69 Years Months Days If less than 1 day Hours Minutes

Usual Occupation: Housewife

Industry or Business:

11 Social Security No. none

12 BIRTHPLACE (City) (State or country) Russia

13 NAME OF FATHER Herman Kolbansky

14 BIRTHPLACE OF FATHER (City) (State or country) Russia

15 MAIDEN NAME OF MOTHER Cannot be learned

16 BIRTHPLACE OF MOTHER (City) (State or country) Russia

17 Informant M. K. McPhillips (Address) (Relation, if any)

A TRUE COPY.

ATTEST: (Registrar of city or town where death occurred)

DATE FILED 11/5/45 19

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Oct. 21, 1945 (Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from May 5, 1945 to Oct. 21 1945

I last saw her alive on Oct. 21, 1945, death is said to have occurred on the date stated above, at 6.58a.m.

Duration

Immediate cause of death

Generalized and Cerebral Arteriosclerosis 2 yrs.

Due to

Due to

Other conditions. (Include pregnancy within 3 months of death)

Physician

Major findings: Of operations Date of Underline the cause to which death should be charged statistically.

Of autopsy clinical

What test confirmed diagnosis? 20 Was disease or injury in any way related to occupation of deceased?

If so, specify (Signed) Doris M. Sidwell M. D. (Address) DSH Date 10/26/45

21 PLACE OF BURIAL Cremation or Removal Comminkers Cem. Assn. W. Rox. (Cemetery) Boston (City or Town)

DATE OF BURIAL 10/21/45 19

22 NAME OF FUNERAL DIRECTOR Morris Schwartz ADDRESS Malden

Received and filed 11/4/45 19

JAN 24 1946 (Registrar of City or Town where death occurred)

RECEIVED



JAN 24 1947 AM

FILED IN THE OFFICE
OF THE CITY CLERK

NOV 14 1945

H.

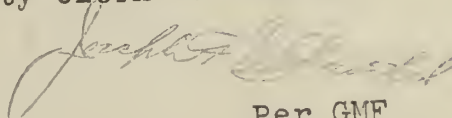
M.

REVERE, MASS.

January 23, 1947

Just discovered this death certificate in our files.
ording to information on same it belongs to Winthrop.
erefore am enclosing the certificate to you.

City Clerk of Revere

A handwritten signature in cursive script, appearing to read "Joseph A. [unclear]", is written over the typed name.

Per GMF

RECEIVED



JAN 24 1947 AM

