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No. 741-10

O.U.7



terms, so 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(j)-1-44-13634

1 PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)

No. 57 Ocean View Street

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. 1



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

(a) Residence, No. 57 Ocean View Street
(Usual place of abode)

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

Length of stay: In hospital or institution (Before death) years months days. In this community 37 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 Maud Ricard
(Give maiden name of wife in full)
(or) WIFE of (Husband's name in full)

6 Age of husband or wife if alive 63 yrs. years

7 IF STILLBORN, enter that fact here.

8 AGE 67 Years 10 Months 23 Days | If less than 1 day Hours Minutes

9 Usual Occupation: Building Inspector

10 Industry or Business: Town Of Winthrop

11 Social Security No. 020-12- 0130

12 BIRTHPLACE (City) (State or country) Benezet Penn.

13 NAME OF FATHER John Overturf

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

15 MAIDEN NAME OF MOTHER Elizabeth Johnson

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

17 Informant Maud Overturf Relation, if any Wife
(Address) 57 Ocean View St. Winthrop

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

(Signature of Agent of Board of Health or other) Health Officer 1/7/46
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Jan 3 1946
(Month) (Day) (Year)

19 I HEREBY CERTIFY, that I attended deceased from Jan 7 1946, to Jan 3 1946
last saw him alive on Dec 24 1945 death is said to have occurred on the date stated above, at 8 A m.

Immediate cause of death.

Due to Myocarditis Chronic Bronchitis Duration 6 mos. 1 yr.

Due to Chronic Cutaneous 5 yrs.

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations Physician

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

20 Was disease or injury in any way related to occupation of deceased? no
If so, specify Louis T. Salerno M. D.
(Signed) (Address) 175 Pleasant St. Date Jan 5 1946

21 Winthrop Winthrop
Place of Burial, Cremation or Removal (City or Town)
DATE OF BURIAL Dec January 19 46

22 NAME OF FUNERAL DIRECTOR Howard S. Olynd
ADDRESS Winthrop Street

Received and filed JAN 7 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 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 supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

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

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

SPACE FOR ADDITIONAL INFORMATION

For use by attending physicians only. This form should be filled out by the attending physician and the cause of death should be stated in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

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

100m. (g.) 1-45-15510

PLACE OF DEATH

1

Suffolk
(County)
Wentworth
(City or town)

No.

15

Villa Ave

2 FULL NAME

Imogene Y White (Griffin)
(If deceased is a married, widowed or divorced woman, give also maiden name)

(a) Residence, No.

254

(Usual place of abode)

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

PHYSICIAN - IMPORTANT

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

Length of stay: in hospital or institution (Before death)

(Specify whether)

years

months

days

In this community *87* 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

Edward H. Griffin

(Give maiden name of wife in full)

(or) WIFE of

Edward H. Griffin

(Husband's name in full)

6 Age of husband or wife if alive

years

7 IF STILLBORN, enter that fact here.

8

AGE *87* Years

Months

Days

If less than 1 day

Hours

Minutes

Usual

Occupation:

Home

Industry

10 or Business:

11 Social Security No.

12 BIRTHPLACE (City)

(State or country)

Wentworth

Mass

13 NAME OF

FATHER

Sidney H. Griffin

14 BIRTHPLACE OF

FATHER (City)

(State or country)

Andisquam

Mass

15 MAIDEN NAME

OF MOTHER

Mary P. Ryder

16 BIRTHPLACE OF

MOTHER (City)

(State or country)

E. Natham

Mass

PARENTS

17 Informant

(Address)

Sidney H. Griffin

Relation, if any

(Brother)

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

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

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

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

Registered No.

2

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)

Length of stay: in hospital or institution (Before death)

(Specify whether)

years

months

days

In this community *87* yrs. mos. days.

MEDICAL CERTIFICATE OF DEATH

18 DATE OF

DEATH

January 3

1946

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY, That I attended deceased from

Nov 15, 1945, to Jan 3, 1946

I last saw him alive on *Jan 3, 1946* death is said to

have occurred on the date stated above, at *7:15 P. M.*

Immediate cause of death

Cerebral Hemorrhage

Duration

IMPORTANT

1 month

Due to

Arteriosclerosis

Due to

Hypertension

& Senility

Other conditions

(Include pregnancy within 3 months of death)

IMPORTANT

Major findings:

Of operations

Physician

Underline the cause to which death should be charged statistically.

Of autopsy

Date of

What test confirmed diagnosis? *Clinical Signs*

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

If so, specify

(Signed)

(Address)

S. H. Griffin

20 Wentworth St

Date *Jan 3, 1946*

21 Place of Burial, Cremation or Removal

(City or Town)

DATE OF BURIAL

Jan 5

1946

22 NAME OF

FUNERAL DIRECTOR

ADDRESS

Griffin Bros

210 Wentworth St

Received and filed

JAN 7

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

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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

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so 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-9-4-4-14955

PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)

No. 125 Cliff Ave.

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

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

Registered No.

3

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

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

(a) Residence. No. 194 Park Ave Arlington 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 8 months days. In this community 13 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: (Give maiden name of wife in full) Marshall A. Haraden
(or) WIFE 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 Occupation: Housewife

Industry or Business: Own Home

11 Social Security No.

12 BIRTHPLACE (City) (State or Country) Prince Edward Island

13 NAME OF FATHER Angus MacDonald

14 BIRTHPLACE OF FATHER (City) (State or Country) P.E.I.

15 MAIDEN NAME OF MOTHER Mary McIntyre

16 BIRTHPLACE OF MOTHER (City) (State or Country) P.E.I.

17 Informant Marshall Haraden (Son) (Address) 7 Elmwood Court Winthrop

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

William S. Chidress
(Signature of Agent of Board of Health or other Agent)
Jan 6/46
(Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Jan 4 1946
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from Jan 4 1946 to Jan 4 1946
I last saw him alive on Jan 4 1946 death is said to have occurred on the date stated above, at 8 P. m. Duration

Immediate cause of death hypostatic pneumonia IMPORTANT

Due to myxedema
Due to arterial sclerosis

Other conditions (Include pregnancy within 3 months of death)

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

Date of Of autopsy What test confirmed diagnosis?

20 Was disease or injury in any way related to occupation of deceased? If so, specify (Signed) J. O'Malley, M. D. (Address) 7 Winthrop St Date 1-5-1946

21 Oak Grove Gardner Me. Place of Burial, Cremation or 7 1946 (City or Town) DATE OF BURIAL Jan 7 1946 19

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

Received and Filed JAN 7 1946 19

(Registrar)

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COMMONWEALTH OF MASSACHUSETTS
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).

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

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

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

SPACE FOR ADDITIONAL INFORMATION

should be carefully supplied. 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

PLACE OF DEATH
1

Suffolk
(County)
Winthrop
(City or Town)
No. 19 Crescent St. Winthrop



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

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

Registered No. 4

2 FULL NAME Joseph Valloreggio
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(a) Residence, No. 19 Crescent St. Winthrop St.
(Usual place of abode) (If nonresident, give city or town and State)
Length of stay: In hospital or Institution At Home 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)

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 Sarah Perrella
HUSBAND of (Give maiden name of wife in full) Perrella
(or) WIFE of (Husband's name in full)

6 Age of husband or wife if alive years

7 IF STILLBORN, enter that fact here.

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

9 Usual Occupation: Floor Maker

10 Industry or Business: Own Business

11 Social Security No.

12 BIRTHPLACE (City) San Diego (State or country) Calif.

13 NAME OF FATHER Unknown

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

15 MAIDEN NAME OF MOTHER Unknown

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

17 Informant Frank Valloreggio (Address) 49 Campbell St. Boston Relation, if any

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

(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 - 4 - 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.)
asphyxiation due to belt around neck

20 Accident, suicide, or homicide (specify) Suicide
Date of occurrence Jan 4 1946
Where did injury occur? Winthrop (City or town and State)

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

Manner of Injury Found dead hanging from
Nature of Injury his bed post
While at work? Was there an autopsy?

21 Was disease or injury in any way related to occupation of deceased?
If so, specify (Signed) Thos. J. Brickley, M. D.
(Address) Boston Mass - 4 - 1946

22 Holy Cross Cem. Matten
Place of Burial, Cremation or Removal. (City or Town)
DATE OF BURIAL Jan 7 1946

23 NAME OF FUNERAL DIRECTOR Frank J. M. Glenchey
ADDRESS 583 Broadway Chelsea Mass.

Received and filed JAN 7 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 of chapter forty-six, that the deceased served 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 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

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

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 (h)-1-41-4667

Essex
(County)

Danvers
(City or Town)

No. **Danvers State Hospital**

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

(a) Residence. No. **184 Woodside Ave.**
(Usual place of abode)

Length of stay: In hospital or Institution. **2** years **0** months **0** days. (Specify whether)
(Before death)

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 **79** Years _____ Months _____ Days | If less than 1 day
AGE _____ Hours _____ Minutes

9 Usual Occupation: **unable to work**

10 Industry or Business: _____

11 Social Security No. **none**

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

PARENTS

13 NAME OF FATHER **Francis Henry Pike**

14 BIRTHPLACE OF FATHER (City) **St. Paul**
(State or country) **Minn.**

15 MAIDEN NAME OF MOTHER **Mary Lephe Stowell**

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

17 Informant **M.K. McPhillips** Relation, if any
(Address) **DSH**

A TRUE COPY. *[Signature]*

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

DATE FILED **1/28/46** **19**



OFFICE OF THE SECRETARY
COPY OF
MEDICAL EXAMINER'S
CERTIFICATE OF DEATH

Danvers

(City or town making return)

Registered No. **5**

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

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

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

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH **Jan. 19, 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.)
Senile Psychosis
Probable coronary thrombosis
Found dead in bed, sudden death.

20 Accident, suicide, or homicide (specify) _____
Date of occurrence **19**
Where did Injury occur? _____
(City or town and State)
Did injury occur in or about the home, on farm, in industrial place, or in public place? _____
(Specify type of place)

Manner of Injury _____
Nature of Injury _____
While at work? _____ Was there an autopsy? **no**

21 Was disease or injury in any way related to occupation of deceased? **no**
If so, specify **Ralph L. Foss**
(Signed) **Peabody** (Address) _____ M. D. Date **1/20/46**

22 **Glenwood Everett**
Place of Burial, Cremation or Removal. (City or Town)
DATE OF BURIAL **1/28/46** **19**

23 NAME OF FUNERAL DIRECTOR **John Ward**
ADDRESS **Everett**

Received and filed **19**
FEB 6 1946
(Registrar of City or Town where deceased resided)



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

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. 72 Centre St.

2 FULL NAME

Agnes L. McGilvary ^{ray}

(MacDonald)

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

(a) Residence. No. 72 Centre 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 41 yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE (write the word)

Female

White

MARRIED

5a If married, widowed or divorced
HUSBAND of...

(Give maiden name of wife in full)

(or) WIFE of Joseph G. McGilvary ^{ray}
(Husband's name in full)

6 Age of husband or wife if alive 44 years

7 IF STILLBORN, enter that fact here.

8 AGE 41 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) Winthrop
(State or Country) Massachusetts

13 NAME OF FATHER James J. MacDonald

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

15 MAIDEN NAME OF MOTHER Nellie Clear

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

17 Informant Joseph G. McGilvary ^{ray} (Husband)
(Address) 72 Centre St Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transfer permit was issued.
John F. O'Malley
(Signature of Agent of Board of Health or other)
Health Officer (Official Designation) 1/5/46 (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.

6

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

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

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH

January 6 1946
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from

Oct. 26 1945, to January 6, 1946
I last saw her alive on January 6, 1946 death is said to

have occurred on the date stated above, at 1:10 P. m.

Immediate cause of death Lymphosarcoma of glands
Lymphosarcoma of glands

Duration 6 mos
IMPORTANT

Due to

General lymphosarcomatosis

Due to

lymphosarcoma of glands

Other conditions none

(Include pregnancy within 3 months of death)

Major findings: Lymphosarcoma of glands

Of operations Date of Oct. 1945

Of autopsy

What test confirmed diagnosis: clinical & pathological

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

(Signed) Jacob Abrams M.D.
(Address) 362 Hurley St Date 1/7/46
Winthrop Winthrop Winthrop

21 Place of Burial, Cremation or Removal. (City or Town) Winthrop
DATE OF BURIAL January 9 1946

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

Received and Filed

JAN 9 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 of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or 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.

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

00m-9-44-14955

PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)



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

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

Registered No. 7

No. 33 Hutchinson St.

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

2 FULL NAME Ruth B. Regan

(Wright)

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

(a) Residence. No. 33 Hutchinson St
(Usual place of abode)

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

Length of stay: In hospital or institution (Before death) (Specify whether) years months days. In this community 4 yrs. mns. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 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 James A. Regan
(Husband's name in full)

6 Age of husband or wife if alive 30 years

7 IF STILLBORN, enter that fact here.

8 AGE 29 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) Lynn
(State or Country) Massachusetts

PARENTS

13 NAME OF FATHER Herbert Wright

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

15 MAIDEN NAME OF MOTHER Florence Schlalhuber

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

17 Informant James Regan (Husband)
(Address) 33 Hutchinson 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 or Board of Health or other)

(Official Designation)

(Date of Issue of Permit) 1/7/46

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH January 6 1946
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from October 1945 to January 6, 1946
I last saw her alive on January 6, 1946, death is said to have occurred on the date stated above, at 7 P. m.
Immediate cause of death

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Operation at Mass. General Hospital
Date of June 1945

Of autopsy

What test confirmed diagnosis? Clinical + surgical

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

(Signed) Paul O'Connell
(Address) 89 Crest Ave. Date 1/7/46 M. D.

21 Place of Burial, Cremation or Removal. Holy Cross Winthrop Malden Mass
(City or Town)
DATE OF BURIAL January 9 1946

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

Received and Filed 19

(Registrar)

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

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

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

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

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

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

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

RULES OF PRACTICE

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

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

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

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

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

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

SPACE FOR ADDITIONAL INFORMATION

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

1

2 FULL NAME

(a) Residence. No.

Length of stay: In hospital or institution

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 Years Months Days 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)



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

STANDARD
CERTIFICATE OF DEATH

(City or town making return)

Registered No. 8

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

PHYSICIAN—IMPORTANT

(Was deceased a

U. S. War Veteran?

If so,

specify WAR)

(If nonresident, give city or town and State)

In this community yrs. mos. days.

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY

That I attended deceased from

Jan 4, 1946, to Jan 7, 1946

Last saw him alive on Jan 7, 1946

death is said to

have occurred on the date stated above, at 9:10 P. M.

Immediate cause of death

Pneumonia

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

What test confirmed diagnosis?

Date of

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

If so, specify

(Signed)

(Address)

136 Prince St. Boston

Date 1-8-46

21 Winthrop

Place of Burial, Cremation or Removal

(City or Town)

DATE OF BURIAL

Jan 8

1946

22 NAME OF FUNERAL DIRECTOR

ADDRESS

East Boston

Received and filed

JAN 8 1946

19

A TRUE COPY ATTEST:

(Registrar)

EXTRACTS FROM THE LAWS OF THE
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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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SPACE FOR ADDITIONAL INFORMATION

that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

If deceased was a U. S. War Veteran, G. L., Chap. 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. 7 Beacon	
The Commonwealth of Massachusetts OFFICE OF THE SECRETARY DIVISION OF VITAL STATISTICS STANDARD CERTIFICATE OF DEATH							
Registrar's No. 9							
2 FULL NAME Anthony MacArthur (If deceased is a married, widowed or divorced woman, give also maiden name.)							
(a) Residence. No. 7 Beacon (Usual place of abode)							
Length of stay: In hospital or Institution ----- years months days. In this community 4 yrs. mos. days. (Before death) (Specify whether)							
PERSONAL AND STATISTICAL PARTICULARS				MEDICAL CERTIFICATE OF DEATH			
3 SEX Male		4 COLOR OR RACE White		5 SINGLE (write the word) MARRIED WIDOWED or DIVORCED Divorced		18 DATE OF DEATH January 7, 1946 (Month) (Day) (Year)	
5a If married, widowed, or divorced HUSBAND of Beatrice A. MacNabb (Give maiden name of wife in full) (or) WIFE of Beatrice A. MacNabb (Husband's name in full)				19 I HEREBY CERTIFY, That I attended deceased from September, 1944 , to Jan 6, 1946 I last saw him alive on Jan 6, 1946 , death is said to have occurred on the date stated above, at Early Morning			
6 Age of husband or wife if alive 43 years				Immediate cause of death Tuberculosis (Pulmonary)			
7 IF STILLBORN, enter that fact here.				Duration IMPORTANT 2 years			
8 AGE 52 Years Months Days If less than 1 day Hours Minutes				Due to			
9 Occupation: Druggist				Due to			
10 Industry or Business:				Other conditions (Include pregnancy within 3 months of death)			
11 Social Security No. 015-12-7806				Major findings: Of operations			
12 BIRTHPLACE (City) P.E.I. (State or country)				Date of			
13 NAME OF FATHER cannot be learned				Of autopsy			
14 BIRTHPLACE OF FATHER (City) cannot be learned (State or country)				What test confirmed diagnosis? Clinical Signs			
15 MAIDEN NAME OF MOTHER cannot be learned				20 Was disease or injury in any way related to occupation of deceased? Yes			
16 BIRTHPLACE OF MOTHER (City) cannot be learned (State or country)				If so, specify Alcohol J.C. Prigley, M. D. (Signed) Winthrop (Address) Jan 8, 1946 (Date)			
17 Informant Miss Doreen MacArthur, Daughter (Address) 88 Dartmouth St., Everett, Mass.				21 Cambridge, Cambridge Mass. Place of Burial, Cremation or Removal (City or Town) DATE OF BURIAL January 12, 1946			
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)				22 NAME OF FUNERAL DIRECTOR J.E. Henderson Co. ADDRESS 517 Broadway, Everett, Mass.			
Received and filed DEC 11 1946				19			
				(Registrar)			

EXTRACTS FROM THE LAWS OF 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.—Cbap. 114, Sec. 45, G. L., (Tercentenary Edition).

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

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RULES OF PRACTICE

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

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

SPACE FOR ADDITIONAL INFORMATION

Boarding house Lady at 7 Beacon St
Winthrop, Mass, found the deceased
dead, - when she went to his
room, at about 11. 9. in Jan 7, 1946.
HOBBS

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.

Leslie M. Walker

50m (g)-1-11-4667

1 PLACE OF DEATH

Sw / Mc
(County)
Wintthrop
(City or Town)
No. *Wintthrop Community Hospital*



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. **10**

2 FULL NAME *Mary Walker*
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(a) Residence, No. *176 Hermon St. Wintthrop* St. *Elizabeth*
(Usual place of abode) (If nonresident, give city or town and State)
Length of stay: In hospital or institution *208* years months *1* days. In this community *49* 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 *Widowed*

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

6 Age of husband or wife if alive *11* years

7 IF STILLBORN, enter that fact here.

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

9 Usual Occupation: *At Home*

10 Industry or Business: *None*

11 Social Security No. *None*

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

13 NAME OF FATHER *Samuel Bainbridge*

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

15 MAIDEN NAME OF MOTHER *Bayless*
Elizabeth Hoatcoote

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

17 Informant *Leslie M Walker* (Relation, if any)
(Address) *176 Hermon St. Wintthrop*

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

Walter P. Gundersen
(Signature of Agent of Board of Health or other)
Health Officer
(Official Designation) (Date of Issue of Permit) *11/9/46*

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH *January - 7 - 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.)
Brain tumor, metastatic
fracture of femur

20 Accident, suicide, or homicide (specify) *accidental*
Date of occurrence *Jan - 6 - 1946*

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

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

Manner of injury *Fell accidentally at her*

Nature of injury *home on Jan - 6 - 1946*

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

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

If so, specify *Mr. J. Buckley*
(Signed) (Address) *B. W. Wintthrop* Date *8 - 1946* M. D.

22 *Woodlawn Crematory* / *Everett*
Place of Burial, Cremation or Removal. (City or Town)

DATE OF BURIAL *January 10* 1946

23 NAME OF FUNERAL DIRECTOR *Howard S. Reynolds*
ADDRESS *Wintthrop Mass.*

Received and filed *DEC 11 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 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 was engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

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

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

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

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

RULES OF PRACTICE

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

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

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

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

STATEMENT OF CAUSE OF DEATH

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

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

DESCRIPTION (for unknown person)

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

THIS CERTIFICATE CONSTITUTES SUCH PERMIT

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate. If deceased was a U. S. War Veteran, G. L., Chap. 46, Sec. 10, requires physician to insert a recital to that effect.

FORM R-301

100m(h)-1-41-4695

Suffolk
(County)
Winthrop
(City or Town)
No. *Winthrop Community Hosp*
2 FULL NAME *Babu Cyril Pavilla*
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(a) Residence. No. *200 Marlborough* 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) (Specify whether) years months days. In this community yrs. mos. days.

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

Registered No. *11*
(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)
E. Boston, Mass.
(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS
3 SEX *Male* 4 COLOR OR RACE *White* 5 SINGLE (write the word) *Single*
MARRIED WIDOWED or DIVORCED
6a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full)
(or) WIFE of (Husband's name in full)
8 Age of husband or wife if alive years
7 IF STILLBORN, enter that fact here. *Stillborn*
8 AGE Years Months Days If less than 1 day Hours Minutes
9 Usual Occupation
10 Industry or Business
11 Social Security No.
12 BIRTHPLACE (City) (State or country) *Winthrop, Mass.*
13 NAME OF FATHER *Domenic Pavilla*
14 BIRTHPLACE OF FATHER (City) (State or country) *Boston, Mass.*
15 MAIDEN NAME OF MOTHER *Fannie Frederico*
16 BIRTHPLACE OF MOTHER (City) (State or country) *Boston, Mass.*
17 *Domenic Pavilla* Relation, if any (Address) *Father*

MEDICAL CERTIFICATE OF DEATH
18 DATE OF DEATH *Jan 8, 1946*
(Month) (Day) (Year)
19 I HEREBY CERTIFY, That I attended deceased from *Jan 8, 1946* to *Jan 8, 1946*
I last saw him alive on *Jan 8, 1946* death is said to have occurred on the date stated above, at *Stillborn*
Immediate cause of death
Due to
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations Date of
Of autopsy
What test confirmed diagnosis?
20 Was disease of injury in any way related to occupation of deceased?
If so, specify
(Signed) *John J. Deane* M. D.
(Address) *177 Marlborough St. Boston* Date *1/9/46*
21 *H. Michael* Place of Burial, Cremation or Removal (City or Town)
DATE OF BURIAL *Jan 9, 1946*
22 NAME OF FUNERAL DIRECTOR *James J. Deane*
ADDRESS *177 Marlborough St. Boston*

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Wm. D. Childers
(Signature of Agent of Board of Health or other)
Health Officer (Official Designation) *1/9/46* (Date of Issue of Permit)

Received and filed *DEC 11 1946*
A TRUE COPY ATTEST: *Jan.* (Registrar)

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

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

100m-(g)-1-45-15510

Extracts from the laws on back of certificate.

100m-(g)-1-45-15510

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

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

STANDARD
CERTIFICATE OF DEATH

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

Registered No. 12

1 PLACE OF DEATH
Suffolk
(County)
Wentworth
(City or Town)
No. 1217
Wentworth
(If deceased is married, widowed or divorced woman, give also maiden name.)
2 FULL NAME Joseph G. Thompson
(a) Residence, No. 1217 Shirley St.
(Usual place of abode)
Length of stay: In hospital or institution 2 weeks 11 days
(Before death) (Specify whether) years months 7 days. In this community 36 yrs. mos. days.

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

PHYSICIAN - IMPORTANT

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

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male
4 COLOR OR RACE White
5 SINGLE (write the word) MARRIED Married
WIDOWED
DIVORCED
6 Age of husband or wife if alive years
7 IF STILLBORN, enter that fact here.
8 AGE 29 Years Months Days | If less than 1 day Hours Minutes
9 Occupation: Street cleaner
10 Industry Newspaper
11 Social Security No. none
12 BIRTHPLACE (City) Ireland
(State or country)
13 NAME OF FATHER Hugh G. Thompson
14 BIRTHPLACE OF FATHER (City) Ireland
(State or country)
15 MAIDEN NAME OF MOTHER Margaret
16 BIRTHPLACE OF MOTHER (City) Ireland
(State or country)
17 Informant Mrs. Eva Thompson (Address) (Relation, if any) wife

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH January 10 1946
(Month) (Day) (Year)
19 I HEREBY CERTIFY, That I attended deceased from Jan 7, 1946, to Jan 10, 1946.
I last saw him alive on Jan 10, 1946 death is said to have occurred on the date stated above, at 9:45 P.M.
Immediate cause of death Broncho-Pneumonia
Duration 6 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? Clinical Sg's

IMPORTANT
6 days

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

20 Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) Daniel H. Miller M. D.
(Address) 1217 Shirley St. Date Jan 12 1946
21 Place of Burial, Cremation or Removal (City or Town)
DATE OF BURIAL Jan 14 1946

22 NAME OF FUNERAL DIRECTOR E. J. Ryan
ADDRESS 210 1/2 Broadway St. Woburn
Received and filed Jan 15 1946
(Registrar)

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or travel permit was issued:
Wm. S. Childress
(Signature of Agent of Board of Health or other)
Health Officer
(Official Designation) (Date of Issue of Permit) 1/13/46

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

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

DEATH in plain terms, so 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. 387 Shirley St



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

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

Registered No.

13

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

2 FULL NAME Elizabeth L. Saunders
(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. 387 Shirley 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 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) Joseph Saunders (or) 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 AGE 60 Years Months Days If less than 1 day Hours Minutes

Usual Occupation: Waitress

Industry or Business: Restaurant

11 Social Security No. 030--01--5901

12 BIRTHPLACE (City) Lowell (State or Country) Mass

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) Cannot be learned (State or Country)

17 Informant Helen Brisco (Relation, if any) 9 Orchard St Revere (Address)

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

(Signature of Agent of Board of Health or other)

(Official Designation) Health Officer (Date of Issue of Permit) 1/14/46

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Jan 12 1946 (Month) (Day) (Year)

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

I last saw him alive on , 19 , death is said to

have occurred on the date stated above, at 9 P m. Duration

Immediate cause of death

Other conditions (Include pregnancy within 3 months 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) (City or Town) M. D.

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

DATE OF BURIAL Jan 10 1946 19

22 NAME OF FUNERAL DIRECTOR John J. Moley

ADDRESS

Received and Filed JAN 17 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 of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or 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

DEATH in plain terms, so 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.

10m-9-44-14955

Suffolk

(County)

Winthrop

(City or Town)

No. 34 Read 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.

14

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

2 FULL NAME Patrick W. Barry

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

(a) Residence. No.

(Usual place of abode)

34 Read St

St.

(If nonresident, give city or town and State)

Length of stay: In hospital or institution

(Before death)

(Specify whether)

years

months

days.

In this community 44

yrs.

mos.

days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE (write the word)

MARRIED

WIDOWED

or DIVORCED Widowed

Male

White

5a If married, widowed or divorced

HUSBAND of Annie L. Norton

(Give maiden name of wife in full)

(or) WIFE 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

It less than 1 day

Hours

Minutes

Usual

9 Occupation:

Retired Postal Clerk

10 Industry
or Business:

U. S. Government

11 Social Security No.

12 BIRTHPLACE (City)

Boston

(State or Country)

Mass

13 NAME OF

FATHER William Barry

14 BIRTHPLACE OF

FATHER (City)

(State or Country)

Ireland

15 MAIDEN NAME

OF MOTHER

Ellen Hyde

16 BIRTHPLACE OF

MOTHER (City)

(State or Country)

Ireland

17

Informant

(Address)

Thomas Barry

Son

34 Read St

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

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF
DEATH

January

13

(Day)

1946

(Year)

19

I HEREBY CERTIFY,

That I attended deceased from

October

1945

to

January 13, 1946

I last saw him alive on

January 13, 1946

death is said to

have occurred on the date stated above, at

9.00 A. M.

Immediate cause of death

Carcinoma of lower lip
with metastases to pharynx and
cervical lymph nodes
and cervical lymph nodes

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

What test confirmed diagnosis?

Date of

Clinical

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

If so, specify

(Signed)

(Address)

Paul Oleinsek

89 Crest Ave, Winthrop

Date

1/13

1946

21 Winthrop Winthrop

Place of Burial, Cremation or Removal

DATE OF BURIAL Jan. 16 1946

19

22 NAME OF
FUNERAL DIRECTOR

ADDRESS

John F. C. Moley

Winthrop

Received and Filed

JAN 17 1946

19

(Registrar)

Duration

IMPORTANT

25-30 years

IMPORTANT

Physician

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

EXTRACTS FROM THE LAWS OF THE
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RULES OF PRACTICE

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

SPACE FOR ADDITIONAL INFORMATION

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

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. 15

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. 95 Terrace Ave
2 FULL NAME Gertrude Cruse
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(a) Residence. No. 95 Terrace Ave
(Usual place of abode)
Length of stay: In hospital or institution. — years — months days.
(Specify whether)

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

{ (If U. S.
War Veteran,
specify WAR) None

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

In this community 27 yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female
4 COLOR OR RACE White
5 SINGLE (write the word) MARRIED WIDOWED or DIVORCED Widow
5a If married, widowed, or divorced
HUSBAND of (Give maiden name of wife in full)
(or) WIFE of James Cruse (Husband's name in full)
6 Age of husband or wife if alive. — years
7 IF STILLBORN, enter that fact here.
8 AGE 70 Years Months Days If less than 1 day Hours Minutes
9 Occupation: Housewife
10 Industry or Business: At home
11 Social Security No. None
12 BIRTHPLACE (City) (State or country) Nova Scotia
13 NAME OF FATHER Daniel Noonan
14 BIRTHPLACE OF FATHER (City) (State or country) Nova Scotia
15 MAIDEN NAME OF MOTHER Elizabeth Boyle
16 BIRTHPLACE OF MOTHER (City) (State or country) Nova Scotia
17 Informant (Address) Ruth Cruse 95 Terrace Ave, Winthrop
Relation if any (Daughter)

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

Wm. D. Childress
(Signature of Agent of Board of Health or other Health Officer)
(Official Designation)
(Date of Issue of Permit) 1/15/46

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Jan 15 1946
(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

Usual causes

Due to Deceased by husband

Due to —

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

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

Of operations — Date of —

Of autopsy —

What test confirmed diagnosis? —

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

(Signed) — M. D.
(Address) — Date of — 1946

21 Place of Burial, Cremation or Removal. St. Hope - Boston (City or Town)
DATE OF BURIAL Jan 17 1946

22 NAME OF FUNERAL DIRECTOR J. J. Prescott
ADDRESS 177 Washington St. Boston

Received and filed — 19—

JAN 17 1946 (Registrar)

GOVERNING THE RETURN OF CERTIFICATES OF DEATH

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

RULES OF PRACTICE

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

Statement of Occupation.—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

Extracts, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

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

100m. (g.) 1-15-15510

PLACE OF DEATH		Suffolk (County)		Winthrop (City or Town)		No. 22 Willow St. Winthrop		St. (If death occurred in a hospital or institution, give its NAME instead of street and number)		Registered No. 16	
2 FULL NAME <u>William J. Montgomery</u> (If deceased is a married, widowed or divorced woman, give also maiden name.) (a) Residence, No. <u>22 Willow St. Winthrop</u> St. _____ (Usual place of abode) (If nonresident, give city or town and State) Length of stay: In hospital or institution <u>none</u> years months days. In this community <u>20</u> yrs. mos. days. (Before death) (Specify whether)											
PERSONAL AND STATISTICAL PARTICULARS						MEDICAL CERTIFICATE OF DEATH					
3 SEX <u>male</u>		4 COLOR OR RACE <u>white</u>		5 SINGLE (write the word) MARRIED WIDOWED or DIVORCED <u>married</u>		18 DATE OF DEATH <u>Jan 20 1946</u> (Month) (Day) (Year)		19 I HEREBY CERTIFY, That I attended deceased from <u>Jan 1, 1946</u> to <u>Jan 20, 1946</u> I last saw h. <u>alive on Jan 15, 1946</u> death is said to have occurred on the date stated above, at <u>10:30 A.M.</u> Immediate cause of death <u>coronary infarct</u> Duration <u>1 hr</u>			
6 Age of husband or wife if alive <u>63</u> years						7 IF STILLBORN, enter that fact here.					
8 AGE <u>68</u> Years <u>3</u> Months <u>27</u> Days If less than 1 day Hours _____ Minutes _____						9 Occupation: <u>Block-maker</u>					
10 Industry or Business: <u>Boston Lockport Block Co</u>						11 Social Security No. <u>021-03-9824</u>					
12 BIRTHPLACE (City) <u>St. John</u> (State or country) <u>New Brunswick</u>						13 NAME OF FATHER <u>James Montgomery</u>					
14 BIRTHPLACE OF FATHER (City) <u>St. John</u> (State or country) <u>New Brunswick</u>						15 MAIDEN NAME OF MOTHER <u>Emma Clark</u>					
16 BIRTHPLACE OF MOTHER (City) <u>St. John</u> (State or country) <u>New Brunswick</u>						17 Informant <u>Ellen M. Montgomery</u> Relation <u>Wife</u> (Address) <u>22 Willow Ave. Winthrop</u>					
I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued: <u>William D. Childress</u> (Signature of Agent of Board of Health or other) <u>Agent</u> (Official Designation) <u>Jan. 22/46</u> (Date of Issue of Permit)											
21 Place of Burial, Cremation or Removal <u>Winthrop Cemetery Winthrop</u> DATE OF BURIAL <u>January 23 1946</u> 19						22 NAME OF FUNERAL DIRECTOR <u>Richard C. Kirby</u> ADDRESS <u>Boston</u>					
Received and filed <u>JAN 22 1946</u> 19 (Registrar)											

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

Registered No. 16

PHYSICIAN - IMPORTANT

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

IMPORTANT

IMPORTANT

Physician

Underline the cause to which death should be charged statistically.

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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 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. 31 Centre St



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

Registered No.

17

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

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

(a) Residence. No. 31 Centre 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 2 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 Hattie Martell
(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 71 Years Months Days If less than 1 day Hours Minutes

9 Usual Occupation Shipper

10 Industry or Business: Hood Milk Co.

11 Social Security No. 022--10--7537 7557

12 BIRTHPLACE (City) (State or Country) Germany

13 NAME OF FATHER Cannot be learned

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

15 MAIDEN NAME OF MOTHER Cannot be learned

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

17 Informant Hattie Petzke (Wife, if any) (Address) 31 Centre St

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

(Signature of Agent of Board of Health or other) (Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Jan 23 1946
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from July 10, 1945, to Jan 22, 1946
I last saw him alive on Jan 22, 1946 death is said to have occurred on the date stated above, at 2 9 m.

Immediate cause of death Cardiorespiratory disease Cardiorespiratory disease anemia

Due to Ascaris and gast. gast. Carcinoma of stomach
Due to stomach

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) Francis Lucat, M. D.
(Address) 81 Albee St Date Jan 22 1946

21 Winthrop Winthrop (City or town)
Place of Burial, Cremation or Removal
DATE OF BURIAL Jan. 26 1946 19

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

Received and Filed 19

JAN 29 1946

(Registrar)

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

PHYSICIAN-IMPORTANT

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

Duration

IMPORTANT

IMPORTANT

Physician

Underline the cause to which death should be charged 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:

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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

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

Westfield

(City or town making return)

COPY OF
CERTIFICATE OF DEATH

Registered No.

18

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

Leroy Coffin

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

(a) Residence. No.

30 James Ave.

(Usual place of abode)

St.

Winthrop

(If nonresident, give city or town and State)

Length of stay: in hospital or institution

Hospital

years 3 months days.

In this community

Life

yrs. mos. days.

(Before death)

(Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Male

4 COLOR OR RACE

White

5 SINGLE

(write the word)
Separated

MARRIED

WIDOWED

or DIVORCED

Married

5a If married, widowed, or divorced

HUSBAND of

Margaret Forhan

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

6 Age of husband or wife if alive

38

years

7 IF STILLBORN, enter that fact here.

8 AGE

44

Years

7

Months

15

Days

If less than 1 day

Hours

Minutes

Usual

9 Occupation:

Defense Worker

Industry

10 or Business:

Cannot be learned

11 Social Security No.

12 BIRTHPLACE (City)

Winthrop

(State or country)

Mass.

13 NAME OF

FATHER

George Coffin

14 BIRTHPLACE OF

FATHER (City)

Canada

(State or country)

15 MAIDEN NAME

OF MOTHER

Minnie Boyd

16 BIRTHPLACE OF

MOTHER (City)

Canada

(State or country)

17

Informant

(Address)

Hospital Records

Relation, if any

Westfield State San.

A TRUE COPY.

ATTEST:

(Registrar of city or town where death occurred)

DATE FILED

Jan. 29

19 46

MEDICAL CERTIFICATE OF DEATH

18 DATE OF

DEATH

Jan.

24

1946

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY,

That I attended deceased from

Oct. 24

1945

to

Jan. 24

19 46

I last saw him alive on

Jan. 24

1946

death is said to have occurred on the date stated above, at 5:55 A.M.

Duration

Immediate cause of death

Bilateral advance pulmonary

tbc.

6 yrs.

Due to

Due to

Other conditions

none

(Include pregnancy within 3 months of death)

Major findings:

Of operations

no

Date of

Of autopsy

no

What test confirmed diagnosis?

X-Ray & Sputum

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

If so, specify

no

(Signed)

F.W. Goodhue

M. D.

(Address)

Westfield San.

Date 1-24 19 46

21 PLACE OF BURIAL,

CREMATION OR REMOVAL

Winthrop-Winthrop

(Cemetery)

(City or Town)

DATE OF BURIAL

Jan. 28

19 46

22 NAME OF

FUNERAL DIRECTOR

Howard S. Rynolds

ADDRESS

180 Winthrop St., Winthrop

Received and filed

FEB-8-1946

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.)



Should be carefully supplied. If space statement or 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)-1-44-13634

1 PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)

No. 120 Winthrop 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. 19

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

2 FULL NAME Simeon Eugene Hatley

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

(a) Residence, No. 120 Winthrop 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 18 yrs. mos. days.
(Before death) (Specify whether)

PHYSICIAN - IMPORTANT

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

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Male

4 COLOR OR RACE

White

5 SINGLE (write the word)

MARRIED
WIDOWED
or DIVORCED Married

5a If married, widowed, or divorced Euphemia Hodgson

HUSBAND of (Give maiden name of wife in full)

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

6 Age of husband or wife if alive 69 years

7 IF STILLBORN, enter that fact here.

8 AGE 83 Years 5 Months 14 Days | If less than 1 day
Hours Minutes

9 Usual Occupation: Soldier (Retired)

10 Industry or Business: U S Army

11 Social Security No. None

12 BIRTHPLACE (City) Concord
(State or country) North Carolina

13 NAME OF FATHER Simeon Hatley

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

15 MAIDEN NAME OF MOTHER Susan Noah

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

PARENTS

17 Informant Euphemia Hatley (Relation, if any)
(Address) 120 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:

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

Agent Jan. 28/46
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Jan 24 1946

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY, That I attended deceased from Jan 23, 1946, to Jan 24, 1946

I last saw him alive on Jan 23, 1946 death is said to have occurred on the date stated above, at 10.30 A.M.

Immediate cause of death

high static pneumonia
hypertension

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Date of _____
Of autopsy _____
What test confirmed diagnosis? _____

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

(Signed) _____ M. D.
(Address) _____ Date 1-25-1946

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

DATE OF BURIAL January 28 1946

22 NAME OF FUNERAL DIRECTOR Howard Starks
ADDRESS _____

Received and filed JAN 29 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 of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

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

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

RULES OF PRACTICE

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

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

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

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

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

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

SPACE FOR ADDITIONAL INFORMATION

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate. If deceased was a U. S. War Veteran, G. L., Chap. 46, Sec. 10, requires physician to insert a recital to that effect.

100(h)(b)-1-41-4695

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

Registered No. 20

No. Winthrop Community Hospital, Winthrop, Mass. St.

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

2 FULL NAME Lucy Muratore

(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. 154 Broadway, Somerville

St. Massachusetts

(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 48 yrs.

mos.

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Female

4 COLOR OR RACE

White

5 SINGLE

(write the word)

MARRIED

WIDOWED

or DIVORCED

5a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

Michiel P. Muratore

(Husband's name in full)

6 Age of husband or wife if alive

Sixty five

years

7 IF STILLBORN, enter that fact here.

8

AGE 54

years

1

Months

5

Days

If less than 1 day

Hours

Minutes

Usual

9 Occupation:

Finisher

Industry

10 or Business:

Clothing Co.

11 Social Security No.

02P-05-8093

12 BIRTHPLACE (City)

(State or country)

Italy

13 NAME OF

FATHER

Michael Orsini

14 BIRTHPLACE OF

FATHER (City)

(State or country)

Italy

15 MAIDEN NAME

OF MOTHER

Nicolette Cifildore

16 BIRTHPLACE OF

MOTHER (City)

(State or country)

Italy

17

Informant

(Address)

Catherine Rogers

Relation, if any

(daughter)

249 Huntington 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

January

26

1946

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY.

That I attended deceased from

Jan 18, 1946, to

Jan 26, 1946

1946

I last saw her alive on Jan 26, 1946 death is said to have occurred on the date stated above, at 6:50 p. m.

Immediate cause of death

Meningitis (type not determined)

Duration Important

1 week

Due to

Due to

Other conditions

Cerebral Syphilis

(Include pregnancy within 3 months of death)

Important

Major findings:

Of operations

Of autopsy

What test confirmed diagnosis?

Date of

Funeral

Funeral

Test was not

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? (m)

If so, specify

(Signed)

Dr. J. Caplan

M. D.

(Address) 1560 ... Date 1-26-1946

21

Place of Burial, Cremation or Removal

(City or Town)

DATE OF BURIAL

Jan 30 1946

22 NAME OF

FUNERAL DIRECTOR

ADDRESS

Charles H. Treanor

East Boston, Mass.

Received and filed

JAN 31 1946

19

A TRUE COPY ATTEST:

(Registrar)

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

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

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

5607-50-220

terms, so near 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
1
Winthrop
(County)
Suffolk
(City or Town)
No. Winthrop Community Hospital

2 FULL NAME
Walter mellen Burnap
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(a) Residence, No. 8 Pleasant St. St.
(Usual place of abode)
Length of stay: In hospital or institution hospital years months 16 hrs days
(Before death) (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS
3 SEX male
4 COLOR OR RACE white
5 SINGLE (write the word) MARRIED
MARRIED
WIDOWED
or DIVORCED Married
5a If married, widowed, or divorced Ethel May Lunt
HUSBAND of (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 74 Years 2 Months 14 Days If less than 1 day Hours Minutes
9 Occupation: Guard
10 Industry Federal Building Administration
or Business:
11 Social Security No. 026-14-8044
12 BIRTHPLACE (City) Marlborough
(State or country) Mass
PARENTS
13 NAME OF FATHER Charles Russell Burnap
FATHER (City) Hopkinton
(State or country) Mass.
15 MAIDEN NAME OF MOTHER Belinda Elisabeth Perry
16 BIRTHPLACE OF MOTHER (City) Waterborough
(State or country) Maine
17 Informant Mrs W M Burnap (Address) 8 Pleasant St. Relation, if any wife

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
(Signature of Agent of Board of Health or other) Health Officer
(Official Designation) (Date of Issue of Permit) 1/30/46



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

To be filed for burial permit
with Board of Health
or its Agent.
Registered No. 21

(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 21 yrs. mos. days.
MEDICAL CERTIFICATE OF DEATH
18 DATE OF DEATH Jan 27 1946
(Month) (Day) (Year)
19 I HEREBY CERTIFY, That I attended deceased from Jan 17, 1946, to Jan 27, 1946.
I last saw h. l. m. alive on Jan 27, 1946 death is said to have occurred on the date stated above, at 11:20 P. m.
Duration
Immediate cause of death: Mesenteric Thrombosis IMPORTANT
Due to Chronic hypertension 11 hours
5 years
Other conditions: (Include pregnancy within 8 months of death) IMPORTANT
Major findings: none
Of operations: none Date of: none
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: none
(Signed) Daniel J. O'Brien M. D.
(Address) 41 W. 7th St. Mass. Date Jan 27, 1946
21 Winthrop Cemetery, Winthrop, Mass
Place of Burial, Cremation or Removal. (City or Town)
DATE OF BURIAL Jan 30, 1946 19
22 NAME OF FUNERAL DIRECTOR Alfred B. Monk
ADDRESS 174 Winthrop St. Winthrop
Received and filed JAN 30 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 of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or 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 such deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

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

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

100m-(g)-1-45-15510

PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)

No. 507 Shirley St



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

STANDARD
CERTIFICATE OF DEATH

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

Registered No.

22

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

2 FULL NAME Florence L Evans Ginepra

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

(a) Residence. No. 507 Shirley St.

(Usual place of abode)

St.

(If nonresident, give city or town and State)

Length of stay: In hospital or institution

(Before death)

(Specify whether)

years

months

days

In this community 18 yrs.

mon.

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Female

4 COLOR OR RACE

White

5 SINGLE (write the word)

MARRIED

WIDOWED

or DIVORCED Married

5a If married, widowed, or divorced
HUSBAND of

(or) WIFE of Frank V. Ginepra

(Give maiden name of wife in full)
(Husband's name in full)

6 Age of husband or wife if alive

49

years

7 IF STILLBORN, enter that fact here.

8 AGE 45 Years Months Days

If less than 1 day

Hours Minutes

Usual

9 Occupation: Housewife

10 Industry or Business: Own Home

11 Social Security No.

12 BIRTHPLACE (City)

Pittsburg

(State or country)

Penn.

13 NAME OF

FATHER

Ellsworth Evans

14 BIRTHPLACE OF

FATHER (City)

Pittsburg

(State or country)

Penn.

15 MAIDEN NAME

OF MOTHER

Marie Emmerich

16 BIRTHPLACE OF

MOTHER (City)

Germany

(State or country)

17 Informant

(Address)

Frank V. Ginepra

Relation, if any

507 Shirley St

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

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF
DEATH Jan 29

(Month)

(Day)

1946 (Year)

19 I HEREBY CERTIFY, That I attended deceased from

Jan 29, 1946, to Jan 29, 1946

I last saw him alive on Jan 29, 1946, death is said to

have occurred on the date stated above, at 4 P. M.

Immediate cause of death

Pneumonia - vascular

Due to hypotension

Due to cardiac - vascular

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) M. D.

(Address) Date

21 Winthrop Winthrop

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

DATE OF BURIAL Feb 1 1946

22 NAME OF FUNERAL DIRECTOR John J. O'Malley

ADDRESS Winthrop

Received and filed

JAN 31 1946

(Registrar)

PARENTS

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

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. 1034

23

1 PLACE OF DEATH

(County)

(City or Town)

No. Hebrew Ladies Home for Aged St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

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

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

(a) Residence. No. 24 Trident 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 4 days In this community yrs. mos. 4 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) Philip Katz (or) WIFE of (Husband's name in full)

6 Age of husband or wife if alive years

7 IF STILLBORN, enter that fact here.

8 AGE 77 Years 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) Russia
(State or country)

13 NAME OF FATHER Joseph A Feigon

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

15 MAIDEN NAME OF MOTHER Leah ---

16 BIRTHPLACE OF MOTHER (City) Russia
(State or country)17 Informant Son (Relation, if any)
(Address)

A TRUE COPY.

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

DATE FILED Feb 1/46 19

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Jan 30/46
(Month) (Day) (Year)19 I HEREBY CERTIFY, That I attended deceased from 1/27/46 19 to 1/30/46 19
I last saw her alive on 1/30/46 19, death is said to have occurred on the date stated above, at 2 a.m. Duration

Immediate cause of death Bronchopneumonia 1/29/46

Due to Arteriosclerosis

Due to Myocarditis ?

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Date of

Of autopsy

What test confirmed diagnosis?

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

If so, specify

(Signed) B A Udelson M. D.
(Address) Boston Date 1/20/4621 PLACE OF BURIAL, CREMATION OR REMOVAL Agudath Achim Woburn
(Cemetery) (City or Town)

DATE OF BURIAL Jan 31/46 19

22 NAME OF FUNERAL DIRECTOR M Stanetsky
ADDRESS Boston Mass.

Received and filed FEB 4 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.)

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.

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

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

Registered No. **24**

1 PLACE OF DEATH

*Boston
Notified
3/15/46*
Suffolk
(County)

Winthrop
(City or Town)

No. Winthrop Com. Hospital

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

2 FULL NAME Baby Girl Morrocco

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

(a) Residence. No. 124 Falcon St.
(Usual place of abode)

St. East Boston
(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)
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. 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 John Morrocco

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

15 MAIDEN NAME
OF MOTHER Catherine Giuggio

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

17 Informant John Morrocco Relationship any
(Address) 124 Falcon 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:

(Signature of Agent of Board of Health or other)

(Official Designation) (Date of Issue of Certificate) 2/4/46

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Feb 1 1946
(Month) (Day) (Year)

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

I last saw him alive on 19, death is said to

have occurred on the date stated above, at 6:40 m.

Immediate cause of death Duration

Stillbirth

Due to Encephalic head.

Due to Anencephalic

Other conditions (include pregnancy within 3 months of death)

Major findings:
Of operations

Data 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. Patito M. D.
(Address) 7 Central St. Boston 2/2 1946

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

DATE OF BURIAL Feb. 6 1946

22 NAME OF
FUNERAL DIRECTOR Father Stefano

ADDRESS 9 Chelsea Street East Boston

Received and filed FEB 9 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 of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or 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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Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

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

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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 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.—*General Laws, Chap. 46, Sec. 10.*

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SPACE FOR ADDITIONAL INFORMATION

100m-(g)-1-45-15510

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

extracts from it may be properly inserted. Exact statement of occupation is very important. See instructions and

PLACE OF DEATH		Suffolk (County)		Winthrop (City or Town)		No. 108 Grandview Ave.,		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. 26															
2 FULL NAME		William Herbert Smythe										(If deceased is a married, widowed or divorced woman, give also maiden name.)															
(a) Residence, No.		108 Grandview Ave.,										St.		(If nonresident, give city or town and State)													
Length of stay: In hospital or institution		None										years		months		days.											
(Before death)		(Specify whether)																									
PERSONAL AND STATISTICAL PARTICULARS														MEDICAL CERTIFICATE OF DEATH													
3 SEX		4 COLOR OR RACE		5 SINGLE (write the word)		18 DATE OF DEATH		February 4, 1946																			
Male		White		MARRIED		(Month) (Day) (Year)																					
5a If married, widowed or divorced		HUSBAND of Mary I. Brittain												(Give maiden name of wife in full)													
(or) WIFE of		(Husband's name in full)																									
6 Age of husband or wife if alive		53 years																									
7 IF STILLBORN, enter that fact here.																											
8 AGE		79 Years 3 Months 23 Days		If less than 1 day		Hours		Minutes																			
9 Occupation:		Buyer																									
10 Industry or Business:		R. H. Stearns Co.																									
11 Social Security No.																											
12 BIRTHPLACE (City)		East Boston												(State or country)		Mass.											
13 NAME OF FATHER		Hugh Smythe																									
14 BIRTHPLACE OF FATHER (City)		St. John												(State or country)		N. B.											
15 MAIDEN NAME OF MOTHER		Martha Brown																									
16 BIRTHPLACE OF MOTHER (City)		Scotland												(State or country)													
17 Informant (Address)		Mary T. Smythe, 108 Grandview Ave., Winthrop												Relation, if any		Wife											
I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:																											
(Signature of Agent of Board of Health or other)																											
Health Officer														9/6/46													
(Official Designation)														(Date of Issue of Permit)													
19 I HEREBY CERTIFY, That I attended deceased from January 2, 1946, to February 4, 1946																											
I last saw him alive on February 3, 1946 death is said to have occurred on the date stated above, at 3:30 A. M.																											
Immediate cause of death: Cirrhosis of liver with generalized edema																Duration 13 years											
Due to Congestive failure																1 month											
Due to Bronchio-pneumonia																4 days											
Other conditions: none																IMPORTANT											
(Include pregnancy within 8 months of death)																											
Major findings: Paracentesis of abdomen (8 qts bloody fluid) Date of Jan 30/46																Physician Underline the cause to which death should be charged statistically.											
Of operations: none																											
Of autopsy: none																											
What test confirmed diagnosis? Clinical & Lab																											
20 Was disease or injury in any way related to occupation of deceased? No																											
If so, specify: (Signed) J. H. Stearns, M.D. (Address) 562 Summer St. Date 2/5/1946																											
21 Place of Burial, Cremation or Removal: Mt. Hope Cemetery, Boston																											
DATE OF BURIAL February 7, 1946																											
22 NAME OF FUNERAL DIRECTOR Richard C. Kirby																											
ADDRESS 17 Bennington St., East Boston																											
Received and filed FEB 9 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 of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or 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

25m (h) 1-41-4667

Copies of returns of deaths received 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. 40, Sec. 12, G. L.)

R-305

1 PLACE OF DEATH

Essex
(County)
Gloucester
(City or Town)

No. Fort Square



OFFICE OF THE SECRETARY
COPY OF
MEDICAL EXAMINER'S
CERTIFICATE OF DEATH

Gloucester
(City or town making return)

Registered No. 27

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

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

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

(a) Residence. No. 69 Bates Avenue St. Winthrop, Mass.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or institution. years months days. In this community yrs. mos. days.
(Before death) Dead on arrival at the Addison Gilbert Hospital

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

18 DATE OF DEATH February 5, 1946
(Month) (Day) (Year)

5a If married, widowed, or divorced HUSBAND of Mary E. McCormick
(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.)

Crushed chest

6 Age of husband or wife if alive 60 years

7 IF STILLBORN, enter that fact here.

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

9 Occupation: Usual Foreman

10 Industry or Business: Construction

11 Social Security No.

12 BIRTHPLACE (City) Bay Fortune
(State or country) Prince Edward Island

20 Accident, suicide, or homicide (specify) Accident
Date of occurrence February 5, 1946

Where did Injury occur? Gloucester, Mass.
(City or town and State)

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

Manner of Injury Crushed by a 12"x12"x40' timber

Nature of Injury immediate death

While at work? yes Was there an autopsy? no

21 Was disease or injury in any way related to occupation of deceased? yes
If so, specify unloading a company truck

(Signed) Ira B. Hull, M. D.
(Address) Gloucester Date 2-5-1946

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

DATE OF BURIAL February 8, 1946

23 NAME OF FUNERAL DIRECTOR Kirby Bros.
ADDRESS 210 Winthrop St., Winthrop

Received and filed FEB 7 1946

(Registrar of City or Town where deceased resided)

PARENTS

13 NAME OF FATHER William MacDonald

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

15 MAIDEN NAME OF MOTHER Margaret Wheeler

16 BIRTHPLACE OF MOTHER (City) St. Johns, N. B.
(State or country)

17 Informant Mrs. Mary MacDonald (Wife)
(Address) 69 Bates Ave., Winthrop, Mass

A TRUE COPY Allen F. Grant

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

DATE FILED February 5, 1946

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

301 A

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)

Registrar's No. 29

PHYSICIAN-IMPORTANT

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

2 FULL NAME Frederick Freeman Hodgkins

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

(a) Residence. No. 195 Bartlett Rd.,

(Usual place of abode)

St. Winthrop

(If nonresident, give city or town and State)

Length of stay: In hospital or Institution

(Before death)

(Specify whether)

years months days.

In this community 1 yr 6 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 Annie I. Savory

(Give maiden name of wife in full)

(or) WIFE 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 7 Months 25 Days If less than 1 day Hours Minutes

9 Occupation: Garage Owner

10 Industry or Business: Central Garage

11 Social Security No. none

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

13 NAME OF FATHER Willard Hall Hodgkins

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

15 MAIDEN NAME OF MOTHER Mary Freeman

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

17 Informant Mrs. A. S. Tredwell (sister)
(Address) 195 Bartlett 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)

Male Officer 2/11/46
(Official Designation) (Date of Issue of Permit)

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD
CERTIFICATE OF DEATH

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

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH February 8, 1946
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from February 13, 1945, to February 8, 1946.

I last saw him alive on February 8, 1946 death is said to have occurred on the date stated above, at 3:30 P.M.

Immediate cause of death. Cerebral Hemorrhage

Due to Arteriosclerosis and hypertension.

Due to

Other conditions Bronchopneumonia 2 days
(Include pregnancy within 3 months of death) IMPORTANT

Major findings: none

Of operations. none

Of autopsy. none

What test confirmed diagnosis? Clinical & Laboratory

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

If so, specify (Signed) Maurice Traustein Jr., M. D.
(Address) 507 Chisley St. Winthrop, Mass. Date Feb 9, 1946

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

DATE OF BURIAL February 11, 1946

22 NAME OF FUNERAL DIRECTOR J. E. Parker

ADDRESS 300 Meridian St. E. Boston

Received and filed JAN 14 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 exhumate a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required

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

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

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

RULES OF PRACTICE

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

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

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

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

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

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

SPACE FOR ADDITIONAL INFORMATION

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.

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)			30	
Winthrop (City or Town)	Registered No.				
No.	108 Brookfield Road Winthrop	St.	{ (If death occurred in a hospital or institution, give its NAME instead of street and number)		
2 FULL NAME	William J. Cummings (If deceased is a married, widowed or divorced woman, give also maiden name.)		PHYSICIAN - IMPORTANT (Was deceased a World 1 U. S. War Veteran, if so specify WAR) yes		
(a) Residence, No.	108 Brookfield Road	Winthrop St.	(If nonresident, give city or town and State)		
Length of stay: In hospital or institution	none	years	months	days.	In this community 9 yrs. mos. days.
(Before death)	(Specify whether)				
PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH		
3 SEX	4 COLOR OR RACE	5 SINGLE (write the word) MARRIED WIDOWED or DIVORCED	18 DATE OF DEATH		
male	white	married	February 13, 1946	(Month)	(Day) (Year)
6 Age of husband or wife if alive	44 yrs	years	19 HEREBY CERTIFY, That I attended deceased from		
7 IF STILLBORN, enter that fact here.			June 2, 1946, to Feb. 13, 1946		
8 AGE 56 Years 5 Months 44 Days	If less than 1 day Hours Minutes		Last saw him alive on Feb. 13, 1946, death is said to		
9 Occupation: Engineer			have occurred on the date stated above, at 2 P. M.	Duration	
10 Industry or Business: New England Telephone Co			Immediate cause of death	Acute Pulmonary edema IMPORTANT	
11 Social Security No. 011-07-4105			Due to Coronary thrombosis	1 day	
12 BIRTHPLACE (City) East Boston			Due to Arterio sclerosis	1 yr.	
(State or country) Massachusetts			Other conditions	IMPORTANT	
13 NAME OF FATHER Edward Cummings			(Include pregnancy within 3 months of death)		
14 BIRTHPLACE OF FATHER (City) Ireland			Major findings:	Physician	
(State or country)			Of operations	Underline the cause to which death should be charged statistically	
15 MAIDEN NAME OF MOTHER Catherine Brown			Of autopsy	Date of	
16 BIRTHPLACE OF MOTHER (City) Ireland			What test confirmed diagnosis?		
(State or country)			20 Was disease or injury in any way related to occupation of deceased?	no	
17 Informant Florence Rea Cummings, wife	Relation, if any		If so, specify		
(Address) 108 Brookfield Road Winthrop			(Signed) George H. Schmitt	M. D.	
			(Address) 120 North St. W. Date 2/14/46	1946	
I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:			21 Holy Cross Cemetery, Malden		
William D. Childress			Place of Burial, Cremation or Removal. (City or Town)		
(Signature of Agent of Board of Health or other)			DATE OF BURIAL February 16 1946	19	
Agent			22 NAME OF FUNERAL DIRECTOR Richard C Kirby		
(Official Designation)			ADDRESS Boston		
Feb. 15/46			Received and filed	19	
(Date of Issue of Permit)			FEB 19 1946	(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 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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SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE Enlisted Reg. Army Dec. 10, 1917 at Boston

DATE OF DISCHARGE June 21, 1919

RANK, RATING Sgt. in Med. Dept.

ORGANIZATION AND OUTFIT Med. Dept.

SERVICE NUMBER 636512

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.	
1		No. 48 Washington Ave		St. (If death occurred in a hospital or institution, give its NAME instead of street and number)		Registered No. 31	
2 FULL NAME		Richard H. Holt		(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.		160 Bellingham Ave., Revere st.		(Usual place of abode)		(If nonresident, give city or town and State)	
Length of stay: in hospital or institution		years months days		In this community		yrs. mos. days	
(Before death)		(Specify whether)					
PERSONAL AND STATISTICAL PARTICULARS				MEDICAL CERTIFICATE OF DEATH			
3 SEX	4 COLOR OR RACE	5 SINGLE (write the word) MARRIED WIDOWED or DIVORCED		18 DATE OF DEATH		February 13, 1946 (Month) (Day) (Year)	
Male	White	Widowed		19 I HEREBY CERTIFY, That I attended deceased from		Nov 15, 1946, to Feb. 13, 1946	
5a If married, widowed, or divorced		Emma B. Buckley		I last saw h.l.m. alive on		Feb. 12, 1946 death is said to	
HUSBAND of		(Give maiden name of wife in full)		have occurred on the date stated above, at		7.30 A.M.	
(or) WIFE of		(Husband's name in full)		Immediate cause of death		Duration	
6 Age of husband or wife if alive		years		Carcinoma of Colon		IMPORTANT St. 1946	
7 IF STILLBORN, enter that fact here.				Due to			
8 AGE 83		Years Months Days		Due to			
If less than 1 day		Hours Minutes		Other conditions			
9 Occupation: Retired Boat Livery				(Include pregnancy within 3 months of death)		IMPORTANT	
Industry		Self		Major findings:		Physician	
10 or Business:				Of operations		Underline the cause to which death should be charged statistically.	
11 Social Security No.		none		Of autopsy			
12 BIRTHPLACE (City)		West Alexandria		What test confirmed diagnosis? Clinical Signs			
(State or country)		Ohio		20 Was disease or injury in any way related to occupation of deceased?		Yes	
13 NAME OF FATHER		Rufus Holt		If so, specify			
14 BIRTHPLACE OF FATHER (City)		Ohio		(Signed)		Daniel J. O'Brien M. D.	
(State or country)				(Address)		W. 12. Tracy Date Feb 14 1946	
15 MAIDEN NAME OF MOTHER		Katherine Kelley		21 Glenwood Cemetery, Everett Mass			
16 BIRTHPLACE OF MOTHER (City)		Ohio		Place of Burial, Cremation or Removal		(City or town)	
(State or country)				DATE OF BURIAL		February 15, 1946	
17 Informant		Mr. Richard Holt		22 NAME OF FUNERAL DIRECTOR		Edith M. Merwin	
(Address)		178 Bellingham Ave Revere, Mass		ADDRESS		305 Beach St., Revere, Mass	
I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:				Received and filed		19	
(Signature of Agent of Board of Health or other)							
Official Designation		(Date of Issue of Permit)				FEB 19 1946 (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).

RULES OF PRACTICE

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

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make one entry in this section for every person aged 1 year and over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

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. 1499

32

PLACE OF DEATH

(City or Town)

No. Children's Hosp

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

2 FULL NAME Jacqueline M StPierre

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

(a) Residence, No. 76 Bellevue 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 2 days. in this community yrs. mos. days.
(Before death) (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6 Age of husband or wife if alive years

7 IF STILLBORN, enter that fact here.

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

Usual Occupation: -----

Industry or Business:

11 Social Security No.

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

13 NAME OF FATHER Elphie J StPierre

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

15 MAIDEN NAME OF MOTHER Florence Donahue

16 BIRTHPLACE OF MOTHER (City) Boston 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 Feb. 15/46 19

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Feb. 13/46
(Month) (Day) (Year)19 I HEREBY CERTIFY, That I attended deceased from Feb. 11, 1946, to Feb. 13, 1946
I last saw her alive on Feb. 13/46, 19, death is said to have occurred on the date stated above, at 6:20AM m. DurationImmediate cause of death
Meningitis myelomyocele

Due to Congenital anomaly

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 Leonard
(Address) 300 Longwood Ave Date 2-13-194621 PLACE OF BURIAL, Winthrop Cem-Winthrop Mass
CREMATION OR REMOVAL (City or Town)

DATE OF BURIAL Feb. 15/46 19

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

Received and filed MAR 11 1946 19

(Registrar of City or Town where deceased resided)

PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)

No. 31 Belcher 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.

33

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

(a) Residence, No. 31 Belcher 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 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 Widowed
or DIVORCED

5a If married, widowed, or divorced
HUSBAND of _____
(or) WIFE of George Doherty
(Husband's name in full)

6 Age of husband or wife if alive _____ years

7 IF STILLBORN, enter that fact here.

8 AGE 83 Years _____ Months _____ Days | If less than 1 day
Hours _____ Minutes

Usual
9 Occupation: Housewife

Industry
10 or Business: Own Home

11 Social Security No. _____

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

13 NAME OF
FATHER Walter Dunn

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

15 MAIDEN NAME
OF MOTHER Jane Flynn

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

17 Informant Katherine Brennan (Relation if any) Daughter
(Address) 28 Thornton St Winthrop

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

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

Ayne Feb 15/46
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Feb. 14 1946
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from
Feb. 6, 1946, to Feb. 14, 1946

I last saw him alive on Feb. 12, 1946 death is said to
have occurred on the date stated above, at 8 A m.

Immediate cause of death Cerebral Embolism Duration
IMPORTANT

Due to arteriosclerosis

Due to myocardial infarction

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? _____
If so, specify _____

(Signed) William D. Childress M. D.
(Address) Winthrop, Mass. Date Feb 15, 1946

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

DATE OF BURIAL February 16, 1946

22 NAME OF FUNERAL DIRECTOR John F. O'Connell

ADDRESS Winthrop, Mass.

Received and filed _____ 19

FEB 15 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 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

See instructions and exact statement of OCCUPATION is very important. See instructions and exact statement of OCCUPATION is very important. See instructions and 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-(g)-1-45-15510

Suffolk
(County)

Wintrop
(City or Town)

No. **33 Tewksbury Street**

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

(a) Residence. No. **33 Tewksbury Street**
(Usual place of abode)

Length of stay: In hospital or institution **---** years **---** months **---** days **---** In this community **1** yrs. **6** mos. **---** days.
(Before death) (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

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

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

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

7 IF STILLBORN, enter that fact here.

8 AGE **17** Years **---** Months **---** Days | If less than 1 day Hours **---** Minutes

Usual Occupation: **At home**

Industry **Retired**
10 or Business: **---**

11 Social Security No. **none**

12 BIRTHPLACE (City) **Lowell, Mass.**
(State or country)

PARENTS

13 NAME OF FATHER **John J. Danahy**

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

15 MAIDEN NAME OF MOTHER **Mary Gorman**

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

17 Informant **Miss Anna Danahy** (Relation, if any) **(sister)**
(Address) **33 Tewksbury St., Wintrop**

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 **Feb. 15/46**
(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. **34**

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 **1** yrs. **6** mos. **---** days.

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH **February 15, 1946**
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from
January 29, 1946, to February 15, 1946
last saw him alive on **February 14, 1946** death is said to
have occurred on the date stated above, at **6:20 A.M.**

Immediate cause of death. **Cerebral Hemorrhage** Duration **24 hours**

Due to **Arteriosclerosis and Hypertension** **2 years**

Due to **Chronic hypertrophic arthritis** **5 years**

Other conditions. **Chronic hypertrophic arthritis** **5 years**

(Include pregnancy within 3 months of death)

Major findings: **None**

Of operations. **None**

Date of **---**

Of autopsy. **None**

What test confirmed diagnosis? **Clinical + laboratory**

Physician **---**

Underline the cause to which death should be attributed

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

If so, specify **---**

(Signed) **Marion Traubstein** M. D.

(Address) **567 Chiles St., Boston, Feb 15, 1946**

21 **New Calvary, Boston**

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

DATE OF BURIAL **February 13, 1946**

22 NAME OF FUNERAL DIRECTOR **J. J. Mahoney & Sons**

ADDRESS **644 Dudley Street, Rox. Mass.**

Received and filed. **15**

FEB 19 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 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 supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

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

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

1 PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)

No. 125 Cliff Ave.,



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

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

Registered No. 35

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

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

(a) Residence, No. 17 Irwin 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 30 yrs. mos. days.
 (Before death) (Specify whether)

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

PERSONAL AND STATISTICAL PARTICULARS

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

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

6 Age of husband or wife if alive years

7 IF STILLBORN, enter that fact here.

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

Usual Occupation: At Home

Industry or Business: —

11 Social Security No. —

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

13 NAME OF FATHER Joseph Kohler

14 BIRTHPLACE OF FATHER (City) unable to obtain
not known
 (State or country)

15 MAIDEN NAME OF MOTHER Ansisstasia Kast

16 BIRTHPLACE OF MOTHER (City) unable to obtain
not known
 (State or country)

17 Informant Helen Kohler (Address) 17 Irwin St., Winthrop, Mass. Relation, if any Sister

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

(Signature of Agent of Board of Health or other)

Health Officer (Official Designation) 3/18/46 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Feb. 15 1946
 (Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from
May 1, 1945, to February 15, 1946.
 I last saw her alive on February 15, 1946 death is said to
 have occurred on the date stated above, at 4:45 P.M.

Immediate cause of death Cerebral Embolism Duration 6 days
IMPORTANT

Due to Arteriosclerotic + Hypertensive heart disease with auricular fibrillation 10 months
auricular fibrillation

Due to Arteriosclerotic gangrene left leg - 6 days
 Other conditions (Include pregnancy within 3 months of death) —
IMPORTANT

Major findings: Of operations None Date of
 Of autopsy None
 What test confirmed diagnosis Clinical Laboratory
 Physician Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased? No.
 If so, specify —
 (Signed) Maurice T. Armstrong M. D.
 (Address) 562 Shirley St., Boston Date 2/18 1946

21 Holyhood Brookline Mass.
 Place of Burial, Cremation or Removal (City or Town)
 DATE OF BURIAL Feb. 19, 1946

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

Received and filed FEB 15 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 of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or 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.

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SPACE FOR ADDITIONAL INFORMATION

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, 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 septicaemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

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

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

SPACE FOR ADDITIONAL INFORMATION.....

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

(County) Winthrop
(City or Town) Winthrop



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

(City or town making return)
Registered No. 37

1 No. Winthrop Comm. Hosp. St. Mass. (If death occurred in a hospital or institution, give its NAME instead of street and number)
2 FULL NAME BABY BOY DIUTSH (twin #2) (If deceased is a married, widowed or divorced woman, give also maiden name.)
(a) Residence. No. 11 Pleasanton St. St. Rox. (If nonresident, give city or town and State)
Length of stay: In hospital or institution. 2 hrs. 3 min. years months & days. In this community yrs. mos. days.
(Before death) (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX <u>Male</u>	4 COLOR OR RACE <u>White</u>	5 SINGLE MARRIED WIDOWED or DIVORCED <u>Single</u>
5a If married, widowed, or divorced HUSBAND of _____ (Give maiden name of wife in full)		
(or) WIFE of _____ (Husband's name in full)		
6 Age of husband or wife if alive _____ years		
7 IF STILLBORN, enter that fact here. ☒		
8 AGE _____ Years _____ Months _____ Days _____ If less than 1 day Hours <u>2</u> Minutes <u>3</u>		
9 Occupation: _____		
10 Industry or Business: _____		
11 Social Security No. _____		
12 BIRTHPLACE (City) (State or country) <u>Winthrop Mass.</u>		
13 NAME OF FATHER <u>Morton Diutsh</u>		
14 BIRTHPLACE OF FATHER (City) (State or country) <u>Boston Mass.</u>		
15 MAIDEN NAME OF MOTHER <u>Lena Rosenblatt</u>		
16 BIRTHPLACE OF MOTHER (City) (State or country) <u>Boston Mass.</u>		

PARENTS

17 Informant (Address) Morton Diutsh (Father) 19 Pleasanton St. Rox. Relation, if any Father
I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
William D. Childress (Signature of Agent of Board of Health or other)
Agent (Official Designation) Feb. 22/46 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Feb 20, 1946
(Month) (Day) (Year)

19 I HEREBY CERTIFY That I attended deceased from Feb 20, 1946 to Feb 20, 1946
I last saw h. in alive on Feb 20, 1946 death is said to have occurred on the date stated above, at 2:30 p.m.
Immediate cause of death Prematurity (24 weeks)
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 Physic findings

20 Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____
(Signed) James C. Lee M. D.
(Address) 200 E. 3rd St. Boston Date 2/21/46

21 Winthrop Place of Burial, Cremation or Removal. (City or Town)
DATE OF BURIAL Feb 22, 1946

22 NAME OF FUNERAL DIRECTOR Samuel Stinebaugh
ADDRESS Washington St. Dor.

Received and filed _____ 19 _____
A TRUE COPY ATTEST: FEB 27 1946 (Registrar)

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

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.—*General Laws, Chap. 46, Sec. 10.*

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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				Registered No. 38	
Suffolk Weymouth (City or Town) No. 212 Woodside Ave		ST. (If death occurred in a hospital or institution, give its NAME instead of street and number)		PHYSICIAN - IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR)	
2 FULL NAME		Charles L. Lane (If deceased is a married, widowed or divorced woman, give also maiden name.)		(If nonresident, give city or town and State)	
(a) Residence, No.		212 Woodside Ave		(If nonresident, give city or town and State)	
(Usual place of abode)		Length of stay: In hospital or institution (Before death) (Specify whether)		years months days. In this community 26 yrs. mos. days.	
PERSONAL AND STATISTICAL PARTICULARS					
3 SEX	4 COLOR OR RACE	5 SINGLE (write the word) MARRIED WIDOWED or DIVORCED			
Male	White	Married			
5a If married, widowed or divorced HUSBAND of (Give maiden name of wife in full) (or) WIFE of (Husband's name in full)					
Christine M. Webster					
6 Age of husband or wife if alive 52 years					
7 IF STILLBORN, enter that fact here.					
8 AGE 51 Years Months Days If less than 1 day Hours Minutes					
9 Occupation: Usual Industry or Business: Started Boston Elevated					
11 Social Security No.					
12 BIRTHPLACE (City) (State or country) East Boston					
13 NAME OF FATHER Cornelius Lane					
14 BIRTHPLACE OF FATHER (City) (State or country) East Boston					
15 MAIDEN NAME OF MOTHER Annie Rathwell					
16 BIRTHPLACE OF MOTHER (City) (State or country) South Boston					
17 Informant (Address) Mrs. Charles L. Lane (wife) 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) Feb 25/46 (Official Designation) (Date of Issue of Permit)					
MEDICAL CERTIFICATE OF DEATH					
18 DATE OF DEATH Feb. 22 1946 (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 Crownary Infarct Duration IMPORTANT					
Due to Myocardial Infarction					
Due to					
Other conditions (Include pregnancy within 8 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) Charles L. Lane M. D. (Address) 212 Woodside Ave 19 46					
21 Place of Burial, Cremation or Removal (City or Town) Weymouth					
DATE OF BURIAL Feb 25 1946					
22 NAME OF FUNERAL DIRECTOR John P. ...					
ADDRESS 210 Woodside Ave					
Received and filed FEB 27 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 hurry or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall he accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required

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

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a 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

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.)

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

Chelsea
 (City or town making return)

Suffolk
 (County)

Chelsea

(City or Town)

Soldiers' Home Hospital

No.

St.

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

Charles P. Sliney

Registered No. 104 39

2 FULL NAME

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

22 Deal

Winthrop, Mass.

(a) Residence, No.

(Usual place of abode)

hosp.

8

8

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

M

4 COLOR OR RACE

W

5 SINGLE (write the word)

MARRIED

Married

WIDOWED

OR DIVORCED

5a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

(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

Usual

9 Occupation:

Comm. of Mass.

Industry

10 or Business:

11 Social Security No.

Boston, Mass.

12 BIRTHPLACE (City)

(State or country)

James

13 NAME OF

FATHER

14 BIRTHPLACE OF

FATHER (City)

(State or country)

Ireland

15 MAIDEN NAME

OF MOTHER

Mary Given

Ireland

16 BIRTHPLACE OF

MOTHER (City)

(State or country)

Records

Soldiers' Home Hosp. Chelsea

17

Informant

(Address)

Relation, if any

A TRUE COPY.

ATTEST:

(Registrar of city or town where death occurred)

DATE FILED

2/23/46

19

MEDICAL CERTIFICATE OF DEATH

18 DATE OF

DEATH

Feb. 23, 1946

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY, That I attended deceased from

Jan. 15, 1945, to Feb. 23, 1946

I last saw him alive on Feb. 23, 1946

death is said to have occurred on the date stated above, at 2:10 A.M.

Immediate cause of death

Hypertensive heart disease

Auricular fibrillation

Chronic nephritis

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

What test confirmed diagnosis?

Clinical

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

If so, specify

A. Roubley

(Signed)

(Address)

Soldiers' Home 2/23/46

Winthrop, Mass. Winthrop, Mass.

21 PLACE OF BURIAL,

CREMATION OR REMOVAL

Feb. 26, 1946

(Cemetery)

(City or Town)

DATE OF BURIAL

Kirby Bros.

19

22 NAME OF

FUNERAL DIRECTOR

ADDRESS

Received and filed

MAR 11 1946

19

(Registrar of City or Town where deceased resided)

Enlisted S.W. 5/4/98
" W.W.I 8/13/17
Discharged S.W. 11/25/98
WW.I 7/12/20

Rank S.W. Cpl.	Organization Co.A.9th Regt. Vols. Mass.
WWI 1st Lt.	" Q.M.C.

information should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate. If deceased was a U. S. War Veteran, G. L., Chap. 46, Sec. 10, requires physician to insert a recital to that effect.

100m (b) 1-41-4695

PLACE OF DEATH		Suffolk (County) <i>Winthrop</i> (City or Town)		The Commonwealth of Massachusetts OFFICE OF THE SECRETARY DIVISION OF VITAL STATISTICS		(City or town making return)	
1		Winthrop Hospital		STANDARD		Registered No. 40	
2 FULL NAME		Wendell P. Murray		St. <i>Revere</i>		{ (If death occurred in a hospital or institution, give its NAME instead of street and number)	
(a) Residence. No. 174 Bradstreet		St. <i>Revere</i>		St. <i>Revere</i>		{ PHYSICIAN-IMPORTANT (Was deceased a U. S. War Veteran? If so, specify WAR)	
Length of stay: In hospital or institution. 2 years / months 5 days		(Specify whether)		In this community yrs. mos. days.			
PERSONAL AND STATISTICAL PARTICULARS				MEDICAL CERTIFICATE OF DEATH			
3 SEX <i>Male</i>	4 COLOR OR RACE <i>White</i>	5 SINGLE MARRIED WIDOWED OR DIVORCED <i>Married</i>	18 DATE OF DEATH <i>February 27, 1946</i>		(Month) (Day) (Year)		
5a If married, widowed, or divorced HUSBAND of <i>Margaret A. Murphy</i>			19 I HEREBY CERTIFY That I attended deceased from <i>Jan 27, 1946</i> to <i>Feb 27, 1946</i>		19 <i>46</i>		
(or) WIFE of <i>Margaret A. Murphy</i>			I last saw him alive on <i>Feb 27, 1946</i>		Death is said to have occurred on the date stated above, at <i>7:00 P.M.</i>		
6 Age of husband or wife if alive <i>69</i> years			Immediate cause of death <i>Cerebral hemorrhage</i>		Duration Important <i>2 yrs</i>		
7 IF STILLBORN, enter that fact here.			Due to <i>Cerebral hemorrhage</i>		Due to <i>Cerebral hemorrhage</i>		
8 AGE <i>69</i> Years <i>6</i> Months <i>14</i> Days			If less than 1 day Hours Minutes		Other conditions		Important
9 Usual Occupation <i>Lawyer</i>			Industry or Business		(Include pregnancy within 3 months of death)		
10 Social Security No. <i>New Castle</i>			12 BIRTHPLACE (City) <i>New Brunswick</i>		13 NAME OF FATHER <i>Wm. G. A. Murray</i>		PHYSICIAN
11 BIRTHPLACE (City) <i>Scotland</i>			14 NAME OF FATHER (City) <i>Scotland</i>		15 MAIDEN NAME OF MOTHER <i>Mary Mosher</i>		Underline the cause to which death should be charged statistically.
16 BIRTHPLACE OF MOTHER (City) <i>Scotland</i>			17 Informant <i>Clayton J. Murray</i>		18 NAME OF FUNERAL DIRECTOR <i>J. E. Waterman & Sons</i>		
19 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:			20 Was disease or injury in any way related to occupation of deceased?		21 <i>Knollwood Cemetery Canton Mass</i>		
(Signature of Agent of Board of Health or other)			If so, specify (Signed) <i>Wendell P. Murray</i>		Place of Burial, Cremation or Removal. (City or Town)		
Health Officer <i>3/28/46</i>			(Address) <i>100 Beach St. Revere</i>		DATE OF BURIAL <i>March 2, 1946</i>		
(Official Designation)			(Date of Issue of Permit)		22 NAME OF FUNERAL DIRECTOR <i>J. E. Waterman & Sons</i>		
					ADDRESS <i>Boston Mass</i>		
					Received and filed <i>WAR 4 1946</i>		
					A TRUE COPY ATTEST: (Registrar)		

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

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

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

Tewksbury State Hospital

and Infirmary

(City or town making return)

COPY OF
CERTIFICATE OF DEATH

Registered No. 29 41

1 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)

Yes

2 FULL NAME Charles F. Cammall

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

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

(a) Residence. No. 7 Beacon

(Usual place of abode)

St. Winthrop

(If nonresident, give city or town and State)

Length of stay: In hospital or institution

(Before death)

years

months 27 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 Divorced

5a If married, widowed, or divorced

HUSBAND of

Hannah Ring

(Give maiden name of wife in full)

(or) WIFE 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 9 Months 21 Days | If less than 1 day

Hours Minutes

Usual

9 Occupation:

Printer

Industry

10 or Business:

11 Social Security No.

12 BIRTHPLACE (City)

Boston

(State or country)

Mass.

13 NAME OF

FATHER

William Cammall

14 BIRTHPLACE OF

FATHER (City)

Calais

(State or country)

Maine

15 MAIDEN NAME

OF MOTHER

Mary Rogers

16 BIRTHPLACE OF

MOTHER (City)

Calais

(State or country)

Maine

17 Informant

(Address)

Hospital Records

(Relation, if any)

A TRUE COPY.

C. Winthrop Houghton m.d. Supt.

ATTEST:

(Registrar of city or town where death occurred)

DATE FILED

February 2, 19 46

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH

February

2

1946

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY, That I attended deceased from Jan. 5, 1946, to Feb. 2, 1946

I last saw him alive on Feb. 2, 1946, death is said to have occurred on the date stated above, at 5:15 P. m.

Duration

Immediate cause of death

Cerebral Hemorrhage

4 days

Due to

Due to

Other conditions Aortic Insufficiency
(Include pregnancy within 3 months of death)

Physician

Major findings:

Of operations

Date of

Of autopsy

What test confirmed diagnosis? Clinical

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

If so, specify

(Signed) J. Jeffrey Higgs M. D.

(Address) T. S. H. and I. Tewksbury Date 2/3 19 46

21 PLACE OF BURIAL

CREMATION OR REMOVAL

Winthrop Cem., Winthrop

(Cemetery)

(City or Town)

DATE OF BURIAL

February 5, 19 46

22 NAME OF

FUNERAL DIRECTOR

Maurice Kirby

ADDRESS

Winthrop, Mass.

Received and filed

APR 6 1946

19

(Registrar of City or Town where deceased resided)

resided in another city or town at the time of death should be made forthwith and transmitted on Form R-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

1 PLACE OF DEATH

Suffolk

(County)

Boston

(City or Town)

No.

Enroute to Mass. General Hospital

St.

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

2 FULL NAME

Benjamin D Smith

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

(a) Residence, No.

117 Revere 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 45

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 Helen Huse

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

6 Age of husband or wife if alive

58

years

7 IF STILLBORN, enter that fact here.

8

AGE 59

Years

Months

Days

If less than 1 day

Hours

Minutes

Usual

9 Occupation:

Stock Clerk

Industry

10 or Business:

Mill

11 Social Security No. 029-09-4216

12 BIRTHPLACE (City) East Boston Mass

(State or country)

13 NAME OF FATHER

William Smith

14 BIRTHPLACE OF FATHER (City)

Boston Mass.

(State or country)

15 MAIDEN NAME OF MOTHER

Rose Doane

16 BIRTHPLACE OF MOTHER (City)

Nova Scotia

(State or country)

17 Informant

(Address)

Wife

(Relation, if any)

A TRUE COPY.

ATTEST:

(Registrar of city or town where death occurred)

DATE FILED

Feb. 27/46

19

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY

COPY OF

MEDICAL EXAMINER'S

CERTIFICATE OF DEATH

Boston

(City or town making return)

Registered No. 1892 42

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH

Feb. 22/46

(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 carcinoma with metastases

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 while in ambulance

Nature of Injury

enroute 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

(Signed)

W J Brickley

(Address)

Boston Mass

Date 2-22

M. D.

19 46

22 Winthrop Cem-Winthrop Mass.

Place of Burial, Cremation or Removal

(City or Town)

DATE OF BURIAL

Feb. 25/46

19

23 NAME OF

FUNERAL DIRECTOR

R H White

ADDRESS

Winthrop Mass.

Received and filed

MAR 23 1946

19

(Registrar of City or Town where deceased resided)

1 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)The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICSCOPY OF
CERTIFICATE OF DEATHTewksbury State Hospital
and Infirmary
(City or town making return)

Registered No. 66 44

2 FULL NAME John P. Pratt

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

{ (If U. S. Not
War Veteran, learned
specify WAR)(a) Residence, No. 66 Cliff
(Usual place of abode)St. Winthrop
(If nonresident, give city or town and State)Length of stay: In hospital or institution years months 2 days. In this community yrs. mos. days.
(Before death) (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE (write the word)
MARRIED
WIDOWED
or DIVORCED Married5a If married, widowed, or divorced
HUSBAND of Nora N. (not learned)
(Give maiden name of wife in full)
(or) WIFE of
(Husband's name in full)

6 Age of husband or wife if alive 63 years

7 IF STILLBORN, enter that fact here.

8 AGE 59 Years 8 Months 1 Days | If less than 1 day
Hours MinutesUsual
9 Occupation: AttendantIndustry
10 or Business: Hospital

11 Social Security No. None

12 BIRTHPLACE (City) Somerville
(State or country) Mass.13 NAME OF
FATHER Richard Pratt14 BIRTHPLACE OF
FATHER (City) Not learned
(State or country) Ireland15 MAIDEN NAME
OF MOTHER Mary Healy16 BIRTHPLACE OF
MOTHER (City) Not learned
(State or country) Ireland17 Hospital Records (Relation, if any)
Informant (Address)A TRUE COPY C. Winthrop Houghton Supt.
ATTEST: (Registrar of city or town where death occurred)

DATE FILED February 27, 19 46

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH February 27 1946
(Month) (Day) (Year)19 I HEREBY CERTIFY, That I attended deceased from
Feb. 25, 19 46, to Feb. 27, 19 46I last saw him alive on Feb. 27, 1946, death is said to
have occurred on the date stated above, at 6:25 A. m.

Immediate cause of death Cerebral Hemorrhage Duration 31 hrs.

Due to

Due to

Other conditions Essential Hypertension Unk.
(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) N. E. Svibergson M. D.
(Address) T. S. H. and I. Tewksbury Date 2/27/19 4621 PLACE OF BURIAL, Winthrop, Winthrop
CREMATION OR REMOVAL (Cemetery) (City or Town) 46

DATE OF BURIAL March 1, 19 46

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

Received and filed APR 6 1946 19

(Registrar of City or Town where deceased resided)

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

STANDARD
CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent. **45**

Registered No.

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. 105 Sumner Ave St.

2 FULL NAME Sarah Gaddis
(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. 105 Sumner 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 40 yrs. mos. days.
(Before death) (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

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

5a If married, widowed, or divorced
HUSBAND of _____ (Give maiden name of wife in full)
(or) WIFE of David J. Gaddis (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 2 Months 4 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) Belfast (State or country) Ireland

13 NAME OF FATHER John Dixon

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

15 MAIDEN NAME OF MOTHER Unable to obtain but known

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

17 Informant Mrs. H. H. Gilbert (Address) 105 Sumner Ave 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) 3/14/46 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH 4 March 1, 1946
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from February 11, 1946, to March 1, 1946.

I last saw him alive on February 27, 1946 death is said to have occurred on the date stated above, at 7:20 P.M.

Immediate cause of death _____ Duration

Acute Coronary Thrombosis 10 minutes.
Due to Angina Pectoris 3 years.

Due to Atherosclerosis 5 years.

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

Major findings: none Physician

Date of _____ Underline the cause to which death should be charged statistically.
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 Feinstein Jr. M. D.
(Signed) (Address) 562 Shirley St. Winthrop 3/2 1946

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

DATE OF BURIAL March 4, 1946

22 NAME OF FUNERAL DIRECTOR Alfred B. Murphy
ADDRESS 174 Winthrop St.

Received and filed March 5, 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 of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or 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)

No.

Winthrop Community Hosp.

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

2 FULL NAME

Frank Edward Reed

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

(a) Residence, No.

363 Pleasant

St.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of stay: In hospital or Institution

hospital

years

months 1 day

In this community 8 yrs.

mos.

days

(Before death)

(Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX

male

4 COLOR OR RACE

white

5 SINGLE (write the word)

MARRIED

WIDOWED

or DIVORCED

Married

5a If married, widowed, or divorced

HUSBAND of

Dorothy Adelaide Daley

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

6 Age of husband or wife if alive

31

years

7 IF STILLBORN, enter that fact here.

8 AGE 35 Years 2 Months 7 Days

If less than 1 day

Hours Minutes

Usual

9 Occupation:

school teacher

Industry

10 or Business:

Winthrop school Dept

11 Social Security No.

none

12 BIRTHPLACE (City)

Chelsea

(State or country)

Mass

13 NAME OF

FATHER

Fred Percy Reed

14 BIRTHPLACE OF

FATHER (City)

Chelsea

(State or country)

Mass

15 MAIDEN NAME

OF MOTHER

Annie May Griffin

16 BIRTHPLACE OF

MOTHER (City)

E. Boston

(State or country)

Mass

17

Informant

Mrs F. E. Reed

Relation, if any

(Address)

363 Pleasant St. wife

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

Wm. D. Chelidze

(Signature of Agent of Board of Health or other)

Health Officer

3/5/46

(Official Designation)

(Date of Issue of Permit)

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

Registered No.

46

PHYSICIAN - IMPORTANT

(Was deceased a

U. S. War Veteran,

if so specify WAR)

No

18 DATE OF
DEATH

March 3

1946

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY, That I attended deceased from

March 2 1946, to March 3, 1946

I last saw him, alive on March 2, 1946, death is said to

have occurred on the date stated above, at 6:14 A.M.

Immediate cause of death

Duration

IMPORTANT

Due to

Cerebral Hemorrhage 18 hrs

Due to

used by untrained
jurisdiction

Other conditions

(Include pregnancy within 3 months of death)

IMPORTANT

Major findings:

Of operations

Physician

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

Date of

Of autopsy

What test confirmed diagnosis?

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

If so, specify

(Signed)

(Address)

C. Mahoney
41 Ashburton Ave. 34496
M. D.

21

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

DATE OF BURIAL

March 5

1946

22 NAME OF

FUNERAL DIRECTOR

Alfred B. Marsh

ADDRESS

174 Winthrop St. Winthrop

Received and filed

MAR 5 1946

19

(Registrar)

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COMMONWEALTH OF MASSACHUSETTS
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).

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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

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

R-305

1
PLACE OF DEATH

SUFFOLK

(County)

BOSTON

(City or Town)

No. Peter Bent Brigham Hospital



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

BOSTON

(City or town making return)

Registered No. 22147

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

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

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

(a) Residence. No. 583 Shirley
(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 5 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 Katherine Schroeder
(Give maiden name of wife in full)
(or) WIFE of
(Husband's name in full)

6 Age of husband or wife if alive 55 years

7 IF STILLBORN, enter that fact here.

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

Usual
9 Occupation: Machinist

10 Industry or Business: Machine Shop

11 Social Security No. 048-09-2262

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

13 NAME OF FATHER Winifred Wier

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

15 MAIDEN NAME OF MOTHER Kitty Withrow

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

17 Informant of the deceased (Address) Relation, if any
(Wife)

A TRUE COPY

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

DATE FILED Mar 8 19 46

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Mar 4 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.)

Carbon tetrachloride poisoning

Self ingested: alcoholism

Manner to be determined

20 Accident, suicide, or homicide (specify)

Date of occurrence Mar 2 19 46

Where did
Injury occur? 2 X X
(City or town and State)

Did injury occur in or about the home, on farm, in industrial place, or in public place? 2
(Specify type of place)

Manner of
Injury

Nature of
Injury

While at work? Was there an autopsy? Yes

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

If so, specify W J Brickley M. D.
(Signed) Boston Date 3/4 19 46
(Address)

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

DATE OF BURIAL Mar 7 19 46

23 NAME OF FUNERAL DIRECTOR R H White
ADDRESS Winthrop

Received and filed 19

APR 3 1946
(Registrar of City or Town where deceased resided)

PLACE OF DEATH

Suffolk
(County)
Huntington
(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. 48

No.

27 Cottage Park Rd

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

PHYSICIAN - IMPORTANT

2 FULL NAME

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

(a) Residence, No.

(Usual place of abode)

127 Cottage Park 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 75 yrs.

mon.

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

Jessa Stella

(or) WIFE of

(Give maiden name of wife in full) Astrid

(Husband's name in full)

6 Age of husband or wife if alive

years

7 IF STILLBORN, enter that fact here.

8 AGE

86 Years

Months -

Days

If less than 1 day

Hours

Minutes

9 Usual Occupation:

Liquor Dealer

10 Industry or Business:

Liquors - Soft Drinks

11 Social Security No.

019-12-9021

12 BIRTHPLACE (City)
(State or country)

Province of Brindisi Italy

13 NAME OF FATHER

Giuseppe Vesce

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

Province of Brindisi Italy

15 MAIDEN NAME OF MOTHER

Giovanna Piscopo

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

Province of Brindisi Italy

PARENTS

17 Informant (Address)

Joseph Vesce
1125 Huntington St. Boston

Relation, if any

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

(Signature of Agent of Board of Health or other)

Health Officer

(Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH

March

6

1946

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY, That I attended deceased from

about 1925, to March 6, 1946

I last saw him alive on March 5, 1946 death is said to

have occurred on the date stated above, at 2:10 P.M.

Immediate cause of death Arterio Sclerosis

Peripheral vascular Sclerosis

Bronchopneumonia

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

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 Willard Parker Barberian

(Signed) Address 270 Huntington St. Boston Date March 7, 1946

21 Place of Burial, Cremation or Removal

DATE OF BURIAL Mar. 8, 1946

22 NAME OF FUNERAL DIRECTOR

ADDRESS 978 Huntington St. Boston

Received and filed

MAR 11 1946

19

(Registrar)

Duration

4 days

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

SUFFOLK
BOSTON

(County)



The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

(City or town making return)

COPY OF
CERTIFICATE OF DEATH

Registered No. 2332 49

PLACE OF DEATH

(City or Town)

No. Mass. General Hospital

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

2 FULL NAME

Patrick J Markey

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

(a) Residence. No. 138 Main 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 11 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

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

Usual

9 Occupation:

Nickle Plater

Industry

10 or Business:

Plating

11 Social Security No.

011-20-6751

12 BIRTHPLACE (City)

East Boston Mass.

(State or country)

13 NAME OF

FATHER

Patrick Markey

14 BIRTHPLACE OF

FATHER (City)

Ireland

(State or country)

15 MAIDEN NAME

OF MOTHER

Cecelia Terrell

16 BIRTHPLACE OF

MOTHER (City)

Ireland

(State or country)

17 Informant

(Address)

Mary Markey

Relation, if any

Sister

A TRUE COPY.

ATTEST:

(Registrar of city or town where death occurred)

DATE FILED

March 11 19 46

MEDICAL CERTIFICATE OF DEATH

18 DATE OF
DEATH

March 7/46

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY,

That I attended, deceased from

Feb/25/46 19

March 7/46 19

I last saw him alive on March 7, 1946, death is said to
have occurred on the date stated above, at 1:35P

Duration

Immediate cause of death

Coronary occlusion

1/2 Hour

Due to Cirrhosis of the liver

Carcinoma of prostate

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

Physician

Major findings: Circumcision

Of operations

Femoral vein

ligation

Date of 2-25 &

3-7-45

Of autopsy

What test confirmed diagnosis? Clinical

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

If so, specify

C L Clay

(Signed)

(Address) Mass/General Hospt

Date 3-7 19 46

M.D.

21 PLACE OF BURIAL, Holy Cross-Malden Mass.

CREMATION OR REMOVAL

(Cemetery)

(City or Town)

DATE OF BURIAL

March 11/46

19

22 NAME OF

FUNERAL DIRECTOR

J F O'Maley

ADDRESS

Winthrop Mass.

Received and filed

APR 2 1946

19

(Registrar of City or Town where deceased resided)

Copies of returns of deaths recorded during the year 1946 are available for inspection at the office of the city or town in which the deceased resided. (See Chap. 46, Sec. 12, G. L.)

30m. (b) 6-44-14607



COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

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

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

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SPACE FOR ADDITIONAL INFORMATION

PLACE OF DEATH

Suffolk
(County)
Winthrop
(City or Town)

No.

149 River Road, Winthrop



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

STANDARD
CERTIFICATE OF DEATH

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

Registered No. 51

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

2 FULL NAME Solomon Freedman
(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. 149 River Road
(Usual place of abode)

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

Length of stay: In hospital or institution — years months days. In this community 17 yrs. mos. days.
(Before death) (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6 Age of husband or wife if alive 37 years

7 IF STILLBORN, enter that fact here.

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

Usual
9 Occupation: Mfg of Table Tops

Industry
10 or Business: for himself

11 Social Security No. none

12 BIRTHPLACE (City)
(State or country) Russia

PARENTS

13 NAME OF
FATHER Raphael Freedman

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

15 MAIDEN NAME
OF MOTHER Fannie (cannot be
learned)

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

17 Informant Sophie Freedman Relation, if any
(Address) 149 River Road Winthrop

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

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

Agent Mar. 10/46
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH March 13 1946
(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 3.22 P m.

Immediate cause of death Chr. infarct Duration

IMPORTANT

Due to My E. blood

Due to fracture

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

IMPORTANT

Major findings:
Of operations — Physician

Date of — Underline the cause to which death should be charged statistically.

Of autopsy —

What test confirmed diagnosis? —

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

If so, specify —

(Signed) G. D. Smith M. D.

(Address) 601 East 3rd St. 19 46

21 Arthur Johnson N. J. Reg.

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

DATE OF BURIAL March 14 19 46

22 NAME OF FUNERAL DIRECTOR Benjamin Burbach

ADDRESS 10 Washington St. Dorchester

Received and filed Mar 17 1946 19 46

(Registrar)

**EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE**

RETURN OF CERTIFICATES OF DEATH

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

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

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SPACE FOR ADDITIONAL INFORMATION _____

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.

PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)

1

No. Winthrop Community Hospital

2 FULL NAME Francis Harold Masselink

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

(a) Residence. No. 140 Somerset Ave.

(Usual place of abode)

Hospital

Length of stay: In hospital or institution

(Before death)

(Specify whether)

years

months

21 days

In this community 10 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. 52

{ (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

Male

4 COLOR OR RACE

White

5 SINGLE (write the word)

MARRIED
WIDOWED
or DIVORCED Divorced

5a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

6 Age of husband or wife if alive

years

7 IF STILLBORN, enter that fact here.

8

AGE 42 Years 10 Months 29 Days If less than 1 day Hours Minutes

Usual

9 Occupation:

Sales Manager

Industry

10 or Business:

Vegetable Parchment

11 Social Security No.

368-03-0107

12 BIRTHPLACE (City)

Kalamazoo

(State or country)

Michigan

13 NAME OF FATHER

Benjamin H Masselink

14 BIRTHPLACE OF FATHER (City)

(State or country)

Michigan

15 MAIDEN NAME OF MOTHER

Senie Welandt

16 BIRTHPLACE OF MOTHER (City)

(State or country)

Netherlands

17

Informant

Senie Masselink

Relation, if any

(Mother)

(Address)

19 W. Vine ST. Kalamazoo, Mich.

I HEREBY CERTIFY that a satisfactory standard 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

12

1946

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY, That I attended deceased from February 21, 1946, to March 12, 1946

I last saw him alive on March 12, 1946, death is said to have occurred on the date stated above, at 8:50 P. M.

Immediate cause of death

Cirrhosis of Liver

Duration

Important

3 months

Due to

Bronchopneumonia

2 days

Due to

Other conditions

NONE

(Include pregnancy within 3 months of death)

Important

Major findings:

Of operations

NONE

Date of

Of autopsy

NONE

What test confirmed diagnosis? Clinical Laboratory

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

If so, specify

(Signed) Maurice Trautwein, M. D.

(Address) 562 Liberty St. W. Date Mar. 12, 1946

21 Riverside Kalamazoo, Mich.

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

DATE OF BURIAL

March 16

1946

22 NAME OF FUNERAL DIRECTOR

ADDRESS

Received and filed

19

A TRUE COPY ATTEST:

MAR 13 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.—*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

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

Suffolk
(County)

Winthrop
(City or Town)

No. Winthrop Community Hospital

2 FULL NAME. Clyde Denison Moulton

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

(a) Residence. No. 27 Pleasant Park Road
(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 4 months 13 days.

In this community 38 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

6a If married, widowed, or divorced, HUSBAND of Leona Wiley
(Give maiden name of wife in full)

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

8 Age of husband or wife if alive. years

7 IF STILLBORN, enter that fact here.

8 AGE 76 Years 9 Months 7 Days If less than 1 day Hours Minutes

9 Usual Occupation: Salesman Shipper

10 Industry or Business: Rubber Co.

11 Social Security No. 012 - 12 - 7365

12 BIRTHPLACE (City) East Randolph
(State or country) Vermont

13 NAME OF FATHER Daniel Moulton

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

15 MAIDEN NAME OF MOTHER Martha Plumley

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

17 Informant: Wiley Moulton (Son)
(Address) 27 Pleasant Park Rd. Winthrop

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

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

Health Officer 3/15/46
(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. 53

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

PHYSICIAN—IMPORTANT
(Was deceased a U. S. War Veteran? If so, specify WAR)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH March 14, 1946
(Month) (Day) (Year)

19 I HEREBY CERTIFY. That I attended deceased from March 4, 1945, to March 14, 1946

I last saw him alive on March 13, 1946 death is said to have occurred on the date stated above, at 5:25 A. M.

Immediate cause of death: Uremia Duration Important 3 days

Due to: Hypertrophy of the prostate with obstruction 1 year

Due to:

Other conditions: Arteriosclerotic heart disease Important
(Include pregnancy within 3 months of death)

Arteriosclerosis Chronic Bronchitis

Major findings: None

Of operations:

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 E. Translein, Jr., M. D.
(Address) 562 Shirley St. Winthrop Date March 14, 1946

21 East Randolph East Randolph

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

DATE OF BURIAL March 17, 1946

22 NAME OF FUNERAL DIRECTOR Howard S. Pym

ADDRESS Winthrop, Mass.

Received and filed. MAR 19 1946

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

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SPACE FOR ADDITIONAL INFORMATION.....

should be carefully examined. After death, the exact statement or 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)-1-45-13510

PLACE OF DEATH

Suffolk
(County)

Winthrop
(City or Town)

No. Wintrop 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. 54

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 Baby Girl D'Amato
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence, No. 453 Frankfort
(Usual place of abode)

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

Length of stay: In hospital or institution (Before death) years months 5 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 Years Months 5 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 Henry D'Amato

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

15 MAIDEN NAME
OF MOTHER Theresa Saccaro

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

17 Informant Henry D'Amato (Relation, if any)
(Address) 453 Frankfort St. E. Boston

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

(Signature of Agent of Board of Health or other)

(Official Designation) (Date of Issue of Permit) 3/19/46

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Mar. 17 1946
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from
Mar 12 1946, to Mar 17 1946
I last saw him alive on Mar 16 1946 death is said to
have occurred on the date stated above, at 2:35 A. m.

Immediate cause of death

Enter cause of death

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?

Duration

IMPORTANT

5 days

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) D. J. Hughes M. D.
(Address) 193 Essex St. E. Boston Date Mar 17 1946

21 St. Michael Boston
Place of Burial, Cremation or Removal (City or Town)
DATE OF BURIAL March - 20 1946

22 NAME OF
FUNERAL DIRECTOR F. J. D'Amato
ADDRESS 9 Chelsea Street East Boston

Received and filed MAR 19 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.

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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.

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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

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.

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. 55

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 La Re
(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. 331 Lowell St., Somerville, Mass.

(If nonresident, give city or town and State)

Length of stay: In hospital or institution. 4 hrs. 40 min.
(Before death) (Specify whether)

In this community yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F 4 COLOR OR RACE W. 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.

AGE Years Months Days 4 Hours 40 Minutes

Usual Occupation: Industry or Business:

11 Social Security No.

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

13 NAME OF FATHER Anthony La Re

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

15 MAIDEN NAME OF MOTHER Theresa Romero

16 BIRTHPLACE OF MOTHER Boston
(State or country) Massachusetts

17 Informant Anthony La Re (Father)
(Address) 331 Lowell St. Somerville

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 Health Officer (Official Designation)
3/19/46 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Mar 17, 1946
(Month) (Day) (Year)

19 I HEREBY CERTIFY. That I attended deceased from Mar 16, 1946 to Mar 17, 1946
I last saw h. or alive on Mar 16, 1946 death is said to have occurred on the date stated above, at 12:55 A. M.
Immediate cause of death Prematurity - 5 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?

20 Was disease or injury in any way related to occupation of deceased?
If so, specify (Signed) D. P. O'Leary, M. D.
(Address) Central Bg. 28 Date 3/17, 1946

21 Place of Burial, Cremation or Removal Rosendale (City or Town)
DATE OF BURIAL Mar 20, 1946

22 NAME OF FUNERAL DIRECTOR James J. Sementa
ADDRESS 215 North St. Boston

Received and filed MAR 19 1946

A TRUE COPY ATTEST: (Registrar)

GOVERNING THE RETURN OF CERTIFICATES OF DEATH

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

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).*

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

Statement of Occupation.—Praise statement of occupation is very important, so that the relative 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

100m-(g)-1-45-15510
 If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a notation 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. 56

1 PLACE OF DEATH

Suffolk
 (County)

Winthrop
 (City or Town)

No. Winthrop Community Hospital

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

2 FULL NAME

Baby Ascolillo

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

(a) Residence. No.

367 Maverick

St. E. Boston

(Usual place of abode)

(If nonresident, give city or town and State)

Length of stay: In hospital or institution
 (Before death)

(Specify whether)

years

months 1 days

In this community

yr.

mon.

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Male

4 COLOR OR RACE

White

5 SINGLE (write the word)

MARRIED
 WIDOWED
 or DIVORCED

Single

5a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

6 Age of husband or wife if alive

years

7 IF STILLBORN, enter that fact here.

8

AGE

Years

Months

1 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

Americo Ascolillo

14 BIRTHPLACE OF
 FATHER (City)

(State or country)

Boston, Mass.

15 MAIDEN NAME

OF MOTHER

Rose Abbatie

16 BIRTHPLACE OF

MOTHER (City)

(State or country)

Boston, Mass.

17

Informant
 (Address)

Father

Relation, if any

367 Maverick St. E. Boston

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

(Signature of Agent of Board of Health or other)

(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

March 17, 1946, to March 18, 1946

I last saw him alive on March 18, 1946, death is said to

have occurred on the date stated above, at 8:30 a.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? Clinical

Physician

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

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

(Signed)

(Address)

238 Maverick St. E. Boston

Date 3/19/1946

M. D.

21

St. Michael

Boston

Place of Burial, Cremation or Removal

(City or Town)

DATE OF BURIAL

March - 22

1946

22 NAME OF

FUNERAL DIRECTOR

ADDRESS

9 Chelsea Street East Boston

Received and filed

March 19, 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 of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or 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

Information should be carefully checked and corrected before filing. 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.

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.

57

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

2 FULL NAME Camille Joseph LaVigueur

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

(a) Residence. No. 105 Pearl Ave.,
(Usual place of abode)St. Revere
(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

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 Ella M. Fitzmeyer
(Give maiden name of wife in full)
(or) WIFE of (Husband's name in full)

6 Age of husband or wife if alive 61 years

7 IF STILLBORN, enter that fact here.

8 AGE 59 Years Months Days If less than 1 day Hours Minutes

Usual Occupation: paper ruler

Industry or Business: paper

11 Social Security No. 029-10-8320

12 BIRTHPLACE (City) Canada
(State or Country)

13 NAME OF FATHER Roque LaVigueur

14 BIRTHPLACE OF FATHER (City) Canada
(State or Country)15 MAIDEN NAME OF MOTHER Cannot be obtained
c/b/116 BIRTHPLACE OF MOTHER (City) c/b/1
(State or Country)17 Informant Ella M. LaVigueur (Relation if any)
(Address) 105 Pearl Ave., Revere Mass.

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

(Signature of Agent of Board of Health or other)

(Official Designation) Health Officer (Date of Issue of Permit) 3/2/46

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH March 19 1946
(Month) (Day) (Year)HEREBY CERTIFY, That attended deceased from March 17 1946 to March 19 1946
I last saw h in alive on March 19 1946 death is said to have occurred on the date stated above, at 7:45 P.M.
Immediate cause of deathCoronary thrombosis 2 days
Due to Generalized arteriosclerosis 5 yrsOther conditions
(Include pregnancy within 3 months of death)Major findings:
Of operations

Date of Of autopsy What test confirmed diagnosis? Clinical Examination

20 Was disease or injury in any way related to occupation of deceased? If so, specify (Signed) Harold D. Musgrave, M. D.
(Address) 67 Beach St., Revere Mass. Date 3-19-4621 Holy Cross Place of Burial, Cremation or Removal March 23 1946
(City or Town)
DATE OF BURIAL Malden Mass. 1922 NAME OF FUNERAL DIRECTOR Murray & Murray
ADDRESS 262 Beach St., Revere Mass.

Received and Filed 19

MAR 25 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

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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

Suffolk.
(County)

Winthrop.
(City or Town)



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

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

Registered No.

58

No. **Winthrop Community Hospital.**St. { (If death occurred in a hospital or institution, }
{ give its NAME instead of street and number) }2 FULL NAME **Myra (Johnson) Kelley.**

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

(a) Residence. No. **51 Birch Road.**

(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 **3** days.In this community **14** yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE (write the word)

MARRIED

WIDOWED

or DIVORCED **married****female****white**

5a If married, widowed or divorced

HUSBAND of.....

(Give maiden name of wife in full)

(or) WIFE of **Halsey Wolcott Kelley.**

(Husband's name in full)

6 Age of husband or wife if alive **78.** years

7 IF STILLBORN, enter that fact here.

8 AGE **79** Years **1** Months **20** 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) **Franklin**
(State or Country) **Conn.**

13 NAME OF

FATHER

Oliver A. Johnson.

14 BIRTHPLACE OF

FATHER (City).....

unable to obtain

(State or Country)

15 MAIDEN NAME

OF MOTHER

Agnew.

16 BIRTHPLACE OF

MOTHER (City).....

unable to obtain

(State or Country)

17

Informant
(Address)**Wallace A. Kelley (Son.)****15 Foxhill Road, Wellsley Mass.**I HEREBY CERTIFY that a satisfactory standard certificate of death was filed
with me BEFORE the burial or transit permit was issued:**Wm. D. Childs, Jr.**
(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit) **3/27/46**

MEDICAL CERTIFICATE OF DEATH

18 DATE OF
DEATH**March 21**

(Month)

21

(Day)

1946

(Year)

19

I HEREBY CERTIFY, That I attended deceased from

Jan 2, 1943, to March 21, 1946I last saw him alive on **March 21, 1946** death is said to
have occurred on the date stated above, at **4:38 P.M.**

Immediate cause of death

Cerebral HemorrhageDue to **Hypertension**

Due to

Other conditions **Bronch. pneumonia**
(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)

Louis F. Salerno

M. D.

(Address) **175 Pleasant St.** Date **3/21** 19 **46**

21

Place of Burial, Cremation or Removal, **Franklin Cemetery, Franklin Ct**
(City or Town)DATE OF BURIAL **March 24 1946.** 19

22

NAME OF FUNERAL DIRECTOR **Alfred B. Marsh.**
ADDRESS **174 Winthrop St, Winthrop Mass.**

Received and Filed

19

MAR 25 1946

(Registrar)

Information should be carefully examined. AGES should be stated. Exact statement of OCCUPATION is very important.
See instructions and extracts from the laws on back of certificate.

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

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

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

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

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

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

1 PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)

No. Winthrop Hospital



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

STANDARD
CERTIFICATE OF DEATH

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

Registered No. 59

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

(a) Residence, No. 174 Bradstreet Ave.
(Usual place of abode)

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

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

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 (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 9 Months 11 Days | If less than 1 day Hours Minutes

9 Occupation: Att. Nurse

10 Industry or Business:

11 Social Security No.

12 BIRTHPLACE (City) Charlotte, N.C.
(State or country)

PARENTS

13 NAME OF FATHER John Murphy

14 BIRTHPLACE OF FATHER (City) Charlotte, N.C.
(State or country)

15 MAIDEN NAME OF MOTHER Hester

16 BIRTHPLACE OF MOTHER (City) Charlotte, N.C.
(State or country)

17 Informant Edmund Murray (Address) 39 Amber Road Wellerley Hill 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) (Official Designation) (Date of Issue of Permit) 3/27/46

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH March 23, 1946
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from June 5, 1945, to March 22, 1946.
I last saw him alive on March 22, 1946, death is said to have occurred on the date stated above, at 4:40 P.M.

Immediate cause of death: Bronchial pneumonia Duration 3-78-46

Due to Cerebral hemorrhage 3-10-46

Due to Generalized arterio-sclerosis

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

Major findings: Of operations Date of Of autopsy What test confirmed diagnosis? Clinical Examination 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 Harold Murgrave M. D. (Signed) (Address) 620 Beach Park Date 3-23-1946

21 Knollwood Cemetery Canton Mass Place of Burial, Cremation or Removal (City or Town) DATE OF BURIAL March 25 1946

22 NAME OF FUNERAL DIRECTOR J. S. Matorn Sons ADDRESS Boston, Mass.

Received and filed March 27 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.

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

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

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

WHILE PLACED IN THE CHARGE OF THE REGISTRAR, THIS DEATH CERTIFICATE SHOULD BE MAILED IN THE CITY OR TOWN IN WHICH THE DECEASED RESIDED. (See Chap. 46, Sec. 12, G. L.)

The Commonwealth of Massachusetts

BOSTON

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

(City or town making return)

COPY OF
CERTIFICATE OF DEATH

Registered No. 2918 60

SUFFOLK

(County)

BOSTON

(City or Town)

No. The Children's Hospital

St. { (If death occurred in a hospital or institution,
give its NAME instead of street and number)2 FULL NAME David A Baldwin
(If deceased is a married, widowed or divorced woman, give also maiden name.)(a) Residence. No. 525 Pleasant 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 1 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 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 5 Years 2 Months Days | If less than 1 day
Hours Minutes9 Usual
Occupation:10 Industry
or Business:

11 Social Security No.

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

13 NAME OF FATHER Frederick Baldwin

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

15 MAIDEN NAME OF MOTHER Ruthmae Penny

16 BIRTHPLACE OF MOTHER (City) Saugus
(State or country)17 Informant F Baldwin (Relation, if any)
(Address) (father)

A TRUE COPY.

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

DATE FILED Mar 28 1946

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Mar 24 1946
(Month) (Day) (Year)19 I HEREBY CERTIFY, That I attended deceased from
Mar 23, 1946, to Mar 24, 1946.
I last saw him alive on Mar 24, 1946, death is said to
have occurred on the date stated above, at 7:45 A.M.Immediate cause of death.
Pneumococcus Type IV
Meningitis 2 1/2 dys

Due to

Due to

Other conditions.
(Include pregnancy within 3 months of death)Major findings:
Of operationsDate of
Of autopsy Meningitis otitis
pneumonia spinal flexion

What test confirmed diagnosis? Spinal flexion

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

If so, specify
(Signed) W. M. Wallace M. D.
(Address) Childrens Hosp Date 3/24 194621 PLACE OF BURIAL, Wyoming Melrose
CREMATION OR REMOVAL (Cemetery) (City or Town)

DATE OF BURIAL Mar 27 1946

22 NAME OF FUNERAL DIRECTOR M Kirby
ADDRESS Winthrop Mass

Received and filed APR 3 1946 19

(Registrar of City or Town where deceased resided)

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

No. 125 Cliff Avenue. (Paul's nursing Home)

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.

61

(If death occurred in a hospital or institution,
give its NAME instead of street and number)2 FULL NAME Mary Frances Ford.
(If deceased is a married, widowed or divorced woman, give also maiden name.)(a) Residence, No. 15 Egelton Park
(Usual place of abode)

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

Length of stay: In hospital or institution N. Home 7 years months days. In this community 40 yrs. mos. days.
(Before death) (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

5a If married, widowed, or divorced

HUSBAND of (Give maiden name of wife in full)

(or) WIFE of Harry Andrew Ford.
(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 9 Days | If less than 1 day
Hours MinutesUsual
9 Occupation: retiredIndustry
10 or Business:

11 Social Security No. none

12 BIRTHPLACE (City)
(State or country) Huntington
Long Island N.Y.

PARENTS

13 NAME OF
FATHER Fred Modell14 BIRTHPLACE OF
FATHER (City) Huntington
(State or country) Long Island N.Y.15 MAIDEN NAME
OF MOTHER Jeannette Rogers16 BIRTHPLACE OF
MOTHER (City) Huntington
(State or country) Long Island N.Y.17 Informant Mrs. Amos Crooks (daughter)
(Address) 15 Egelton Park Winthrop MassI HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation) (Date of Issue of Permit)

18 DATE OF
DEATH March 24 1946.
(Month) (Day) (Year)19 I HEREBY CERTIFY, That I attended deceased from
August 15, 1939, to March 23, 1946I last saw h. alive on March 23, 1946, death is said to
have occurred on the date stated above, at 1:30 m.

Immediate cause of death.

Diabetes
IMPORTANT
15 years

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?
If so, specify.

(Signed) Wm. D. Crooks M. D.

(Address) Winthrop Mass Date March 25, 1946

21 Mount Peake Waltham Mass

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

DATE OF BURIAL March 26, 1946. 19

22 NAME OF
FUNERAL DIRECTOR Alfred B. Marsh

ADDRESS 174 Winthrop St. Winthrop Mass

Received and filed 19

APR 2 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.

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SPACE FOR ADDITIONAL INFORMATION

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GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

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

should be carefully examined. After use, this certificate should be destroyed. No statement or 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. 45, 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. 23 Court Rd.



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

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

Registered No.

63

2 FULL NAME

Marian Whipple

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

(a) Residence. No.

23 Court 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

1 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

4

Months

8

Days

If less than 1 day

Hours

Minutes

Usual

9 Occupation:

Book keeper Retired

Industry

10 or Business:

11 Social Security No.

None

12 BIRTHPLACE (City)

Boston

(State or country)

Mass.

13 NAME OF

FATHER

Frederick J Whipple

14 BIRTHPLACE OF

FATHER (City)

Boston

(State or country)

Mass.

15 MAIDEN NAME

OF MOTHER

Lucinda Dubois

16 BIRTHPLACE OF

MOTHER (City)

New York

(State or country)

17

Informant

Mrs Harriette Whipple

(Address)

23 Court Rd. Winthrop

Relation, if any

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

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF
DEATH

March

30

1946

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY, That I attended deceased from

Sept. 15, 1945, to March 30, 1946

I last saw him alive on March 30, 1946, death is said to

have occurred on the date stated above, at 12:30 P. M.

Immediate cause of death

Duration

Due to

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings:

Of operations

Of autopsy

What test confirmed diagnosis?

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

If so, specify

(Signed) Louis T. Salerno

(Address) 75 Pleasant St. Date Mar 30 1946

21 Forrest Hills Crematory Boston

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

DATE OF BURIAL April 1 1946

22 NAME OF

FUNERAL DIRECTOR Howard S. Reynolds

ADDRESS Winthrop Mass.

Received and filed APR 2 1946

(Registrar)

IMPORTANT

2 day
8 hrs

2 yrs

IMPORTANT

Physician

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

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

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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

PLACED OF DEATH 1. Suffolk (County) Winthrop (City or Town) No. 322 Revere 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. 64	
2 FULL NAME John Francis Davis (If deceased is a married, widowed or divorced woman, give also maiden name.) (a) Residence, No. 322 Revere St. (Usual place of abode)		St. (If death occurred in a hospital or institution, give its NAME instead of street and number) (If nonresident, give city or town and State)		PHYSICIAN - IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR) No	
Length of stay: In hospital or institution — years (Before death) (Specify whether)		months days.		In this community 30 yrs. mos. days.	
PERSONAL AND STATISTICAL PARTICULARS					
3 SEX Male		4 COLOR OR RACE White		5 SINGLE (write the word) MARRIED WIDOWED or DIVORCED Widowed	
5a If married, widowed, or divorced, HUSBAND of Mary F. Driscoll (Give maiden name of wife in full)					
(or) WIFE of (Husband's name in full)					
6 Age of husband or wife if alive — years					
7 IF STILLBORN, enter that fact here.					
8 AGE 90 Years Months Days If less than 1 day Hours Minutes					
9 Occupation: Master Rigger					
10 or Business: Navy Yard					
11 Social Security No. —					
12 BIRTHPLACE (City) (State or country) Charlestown Mass					
PARENTS					
13 NAME OF FATHER Thomas J. Davis					
14 BIRTHPLACE OF FATHER (City) (State or country) Cannot be learned					
15 MAIDEN NAME OF MOTHER Ellen Sullivan					
16 BIRTHPLACE OF MOTHER (City) (State or country) Cannot be learned					
17 Informant Helen McGough (Daughter) (Address) 322 Revere St.					
I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued: Wm. D. Chiswick (Signature of Agent of Board of Health or other) Health Officer (Official Designation) 4/14/46 (Date of Issue of Permit)					
MEDICAL CERTIFICATE OF DEATH					
18 DATE OF DEATH April 3, 1946 (Month) (Day) (Year)					
19 I HEREBY CERTIFY, That I attended deceased from Jan 1, 1945 to April 3, 1946 last saw him alive on April 2, 1946 death is said to have occurred on the date stated above, at 12:40 m.					
Immediate cause of death Cerebral sclerosis					
Due to —					
Due to —					
Other conditions (Include pregnancy within 8 months of death) —					
Major findings: Of operations —					
Of autopsy —					
What test confirmed diagnosis? —					
20 Was disease or injury in any way related to occupation of deceased? If so, specify —					
(Signed) Wm. D. Chiswick M. D. (Address) Winthrop Date 4-3-1946					
21 Holy Cross Malden Place of Burial, Cremation or Removal. (City or Town)					
DATE OF BURIAL April 6 1946					
22 NAME OF FUNERAL DIRECTOR John F. O'Malley					
ADDRESS Winthrop					
Received and filed —					
(Registrar)					

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

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

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

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



The Commonwealth of Massachusetts
OFFICE OF THE 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

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

2 FULL NAME

AMALIA SALVATI

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

(a) Residence. No. 140 Price Street
(Usual place of abode)

St. Boston, Mass.

(If nonresident, give city or town and State)

Length of stay: In hospital or institution 7 hrs. 35 mins.
(Before death) (Specify whether)

months days. In this community 35 yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

female

4 COLOR OR RACE

white

5 SINGLE (write the word)

MARRIED

WIDOWED

or DIVORCED

5a If married, widowed or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

Michael Salvati

(Husband's name in full)

6 Age of husband or wife if alive 70 years

7 IF STILLBORN, enter that fact here.

8

AGE 68 Years

Months

Days

If less than 1 day

Hours

Minutes

Usual

9 Occupation:

Housewife

Industry

10 or Business:

11 Social Security No.

12 BIRTHPLACE (City)

L. A. Wellins Italy

(State or Country)

13 NAME OF

FATHER

Sabato Novello

14 BIRTHPLACE OF

FATHER (City)

Italy

(State or Country)

15 MAIDEN NAME

OF MOTHER

Philomena Yello

16 BIRTHPLACE OF

MOTHER (City)

Italy

(State or Country)

17 Informant

(Address)

Michael Salvati

(Relationship if any)

140 Price Street 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)

Health Officer

(Date of Issue of Permit)

(Official Designation)

(Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF

DEATH

Apr

(Month)

3

(Day)

1946

(Year)

19

I HEREBY CERTIFY,

That I attended deceased from

Apr 2

1946, to

Apr 3

1946

I last saw her alive on

Apr 2

1946 death is said to

have occurred on the date stated above, at

61 SSA m.

Immediate cause of death

Due to

Coronary infarction

Due to

diabetes mellitus

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)

D. D. Potito

M. D.

(Address)

Bally Cross

Place of Burial, Cremation or Removal.

DATE OF BURIAL

Apr 4

(City or Town)

1946

22 NAME OF

FUNERAL DIRECTOR

ADDRESS

Received and Filed

APR 8 1946

19

(Registrar)

Duration

IMPORTANT

1 day

7 years

1 day

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).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a 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. 125 Cliff Ave.

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

Registered No.

66

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

2 FULL NAME Hannah Louise Anderson

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

(a) Residence, No. 235 Court Road
(Usual place of abode)

St.

(If nonresident, give city or town and State)

Length of stay: In hospital or institution
(Before death)

years

months

14

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 11 Months 8 Days | if less than 1 day
Hours Minutes

9 Occupation: Dress Maker (Retired)

Industry
or Business:

11 Social Security No. None

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

13 NAME OF FATHER Edwin Anderson

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

15 MAIDEN NAME OF MOTHER Vesta Weeber

16 BIRTHPLACE OF MOTHER (City) Boothbay
(State or country) Maine17 Informant Viola O'Brien Niece
(Address) 235 Court Rd. WinthropI HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transfer permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH April 4, 1946
(Month) (Day) (Year)19 I HEREBY CERTIFY, That I attended deceased from
Jan 10, 1946, to April 4, 1946.I last saw her alive on April 3, 1946, death is said to
have occurred on the date stated above, at 10:09 a.m.

Immediate cause of death:

Cerebral Hemorrhage 48 hours
Due to Chronic Hypertension 5 years

Due to:

Other conditions (Include pregnancy within 3 months of death)

Major findings:

Of operations:

Date of:

Of autopsy:

What test confirmed diagnosis: Clinical Signs

20 Was disease or injury in any way related to occupation of deceased?
if so, specify:(Signed) M. D.
(Address) Date April 4, 194621 Winthrop Winthrop
Place of Burial, Cremation or Removal. (City or Town)
DATE OF BURIAL April 6, 194622 NAME OF FUNERAL DIRECTOR Howard S. Reynolds
ADDRESS Winthrop, Maine

Received and filed April 8, 1946

(Registrar)

IMPORTANT

IMPORTANT

Physician

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

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

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

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

COPY OF
CERTIFICATE OF DEATH

Cambridge

(City or town making return)

Registered No. 553 67

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)

Harry C. Jones

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

(a) Residence. No. 187 Court Road
(Usual place of abode)

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

Length of stay: In hospital or institution. Hospital 1 years 1 months 29 days. In this community 15 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 W

5a If married, widowed, or divorced HUSBAND of Sarah A. Gilgan (Give maiden name of wife in full)
(or) WIFE 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: Shoe Worker

Industry Retired

10 or Business: None

11 Social Security No. Hudson
12 BIRTHPLACE (City) New York
(State or country)

PARENTS

13 NAME OF FATHER Alden Jones

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

15 MAIDEN NAME OF MOTHER Susan Senter

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

17 Informant Miss Dorothy Jones (Daughter)
(Address) 187 Court Road, Winthrop

A TRUE COPY.

ATTEST: Frederick H. B. (Registrar of city or town where death occurred)
April 11, 1946

DATE FILED 19

MEDICAL CERTIFICATE OF DEATH

18 DATE OF April 4, 1946
DEATH (Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from Feb. 6, 1945, to Apr. 4, 1946.
I last saw him alive on Apr. 3, 1946 death is said to have occurred on the date stated above, at 12.45 A. M.

Immediate cause of death: Arterio sclerotic & hypertensive heart disease 10 yrs

Due to

Due to

Other conditions Pneumonia 5 dys
(Include pregnancy within 3 months of death) Physician

Major findings: None
Of operations Date of

Of autopsy None
What test confirmed diagnosis? None

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

If so, specify Joseph L. Tansey M. D.
(Signed) Boston, Mass. Date 4/4/1946
(Address)

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

DATE OF BURIAL April 8, 1946 19

22 NAME OF FUNERAL DIRECTOR James F. Hickey
ADDRESS 403 Main St. Brockton

Received and filed 19

(Registrar of City or Town where deceased resided)

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

Form (R)-1-45-15510

PLACE OF DEATH		Suffolk (County)		Winthrop (City or Town)		10 Harbor View Ave.		No.		St. (If death occurred in a hospital or institution, give its NAME instead of street and number)		Registered No. 68	
1 FULL NAME		Florence Helen Royle (If deceased is a married, widowed or divorced woman, give also maiden name.)											
(a) Residence, No.		10 Harbor View Ave. (Usual place of abode)											
Length of stay: In hospital or institution		(Before death)		(Specify whether)		years		months		days		In this community 34 yrs. mon. days.	
PERSONAL AND STATISTICAL PARTICULARS													
3 SEX		4 COLOR OR RACE		5 SINGLE (write the word) MARRIED WIDOWED or DIVORCED Single									
Female		White											
5a If married, widowed, or divorced		HUSBAND of (Give maiden name of wife in full)											
(or) WIFE of		(Husband's name in full)											
6 Age of husband or wife if alive		years											
7 IF STILLBORN, enter that fact here.													
8 AGE		4 ³ Years		4 Months		2 Days		If less than 1 day Hours Minutes					
9 Occupation:		Office Work											
10 Industry or Business:		Shipping Co.											
11 Social Security No.		1-010-09-4838											
12 BIRTHPLACE (City)		Somerville											
(State or country)		Mass.											
13 NAME OF FATHER		Matthias Royle											
14 BIRTHPLACE OF FATHER (City)		New Jersey											
(State or country)													
15 MAIDEN NAME OF MOTHER		Edith Brinsley											
16 BIRTHPLACE OF MOTHER (City)		England											
(State or country)													
17 Informant (Address)		Edith M Royle (Mother) 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: wm stehldress (Signature of Agent of Board of Health or other) 147 (Official Designation) april 3/46 (Date of Issue of Permit)													
MEDICAL CERTIFICATE OF DEATH													
18 DATE OF DEATH		April 4 1946 (Month) (Day) (Year)											
19 I HEREBY CERTIFY, That I attended deceased from Jan 15, 1946, to April 4, 1946. I last saw her alive on April 4, 1946 death is said to have occurred on the date stated above, at 1:00 P. m. Immediate cause of death: Chronic Muscular Atrophy Duration: 10 mos 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? Clinical Signs IMPORTANT											
20 Was disease or injury in any way related to occupation of deceased? No.		If so, specify: Spinal Cord Injury M. D. (Signed) Edward S. Thynolds (Address) Winthrop, Mass. Date April 4, 1946											
21 Place of Burial, Cremation or Removal.		Winthrop Winthrop DATE OF BURIAL April 4 1946											
22 NAME OF FUNERAL DIRECTOR		Edward S. Thynolds ADDRESS Winthrop, Mass.											
Received and filed		APR 8 1946 19											

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

Registered No. 68

PHYSICIAN - IMPORTANT

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

(If nonresident, give city or town and State)

Duration

IMPORTANT

IMPORTANT

Physician

Underline the cause to which death should be charged statistically.

147-4838

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

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



STANDARD
CERTIFICATE OF DEATH

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

Registered No. **69**

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

2 FULL NAME Baby Day Morcaldi (Premature)
(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. 138 North Shore Rd St. Revere
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or institution yes - years - months 19 days. In this community - yrs. - mos. 19 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 April 8, 1946
(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
Mar 22, 1946, to April 8, 1946
I last saw him alive on April 8, 1946, death is said to
have occurred on the date stated above, at 8:45 P. m.

6 Age of husband or wife if alive _____ years

Immediate cause of death _____ Duration

7 IF STILLBORN, enter that fact here. ✓

Underline the cause to which death should be charged statistically.

8 AGE _____ Years _____ Months 18 Days | If less than 1 day
Hours _____ Minutes

Due to Prematurity

Usual Occupation: 18

Due to _____

Industry or Business: _____

Other conditions (Include pregnancy within 3 months of death)

11 Social Security No. _____

Major findings: Of operations _____ Date of _____

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

Of autopsy _____

What test confirmed diagnosis? _____

13 NAME OF FATHER Daniel Morcaldi

Physician _____

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

Underline the cause to which death should be charged statistically.

15 MAIDEN NAME OF MOTHER Mary Anna

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

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

(Signed) John J. Morcaldi M. D. (Address) 1138 North Shore Rd, Revere, Mass. Date 4/11/46

21 St. Mary's Catholic Church, Revere, Mass. (City or Town)
DATE OF BURIAL April 11, 1946

22 NAME OF FUNERAL DIRECTOR Charles Bruno & Son
ADDRESS 14 Proctor Ave, Revere, Mass.

Received and filed _____ 19 _____

APR 15 1946 (Registrar)

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

(Official Designation) (Date of Issue of Permit) 4/11/46

(Official Designation) (Date of Issue of Permit)

you mother (exp. mid) (5/2/46)

RETURN OF CERTIFICATES OF DEATH

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

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

SPACE FOR ADDITIONAL INFORMATION



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

STANDARD
CERTIFICATE OF DEATH

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

Registered No. **70**

1 PLACE OF DEATH

Suffolk
(County)

Winthrop
(City or Town)

No. Winthrop Community Hospital

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

2 FULL NAME Mary A. Lynch.

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

(a) Residence, No. 34 Harrington Ave. Revere
(Usual place of abode)

(If nonresident, give city or town and State)

Length of stay: In hospital or institution 23 years
(Before death) (Specify whether)

months 23 days

In this community 2 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 Widow

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 72 Years — Months — Days | If less than 1 day
Hours — Minutes —

9 Occupation: Housewife

10 Industry
or Business: at home

11 Social Security No. none

12 BIRTHPLACE (City)
(State or country) Ireland

PARENTS

13 NAME OF
FATHER John McJartoy

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

15 MAIDEN NAME
OF MOTHER Catherine Moore

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

17 Informant Mrs. Eugene Zakemars Relation, if any
(Address) 34 Harrington Ave. Revere

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

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

Official Designation (Date of Issue of Permit) 4/16/46

18 DATE OF DEATH APRIL 14, 1946
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from
March 10, 1946 to April 14, 1946
I last saw her alive on April 14, 1946, death is said to
have occurred on the date stated above, at 11:40 A. m.

Immediate cause of death

Bronchial pneumonia

Duration

10 days

Due to Cerebral hemorrhage

28 days

Due to Cerebral arterio-sclerosis
Generalized arterio-sclerosis

Other conditions
(Include pregnancy within 3 months of death)

IMPORTANT

Major findings:
Of operations

Date of

Of autopsy

What test confirmed diagnosis? Clinical Exam.

Physician

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

20 Was disease or injury in any way related to occupation of deceased? No
If so, specify Stroke
(Signed) Dr. Richard D. Revere
(Address) 4-15 M. D.
1946

21 Revere
Place of Burial, Cremation or Removal. (City or Town)
DATE OF BURIAL April 17, 1946 19

22 NAME OF
FUNERAL DIRECTOR Wm. S. Casey
ADDRESS Chelsea, Mass.

Received and filed APR 27 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 of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or 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 _____

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. **71**

1 PLACE OF DEATH
Suffolk
(County)
Winthrop
(City or Town)
No. **15 Pleasant Park Road**



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

PHYSICIAN - IMPORTANT

2 FULL NAME **Alice R Preg (Howard)**
(If deceased is married, widowed or divorced women, give also maiden name.)

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

(a) Residence, No. **15 Pleasant Park Road** St. _____
(Usual place of abode)

(If nonresident, give city or town and State)

Length of stay: In hospital or institution _____ years _____ months _____ days. In this community **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** **Married**

18 DATE OF DEATH **April 17 1946**
(Month) (Day) (Year)

5a If married, widowed, or divorced
HUSBAND of **Joseph F Preg**
(or) WIFE of **Alice R Preg**
(Husband's name in full)

19 I HEREBY CERTIFY, That I attended deceased from
1-1- 19**45** to **4-17-** 19**46**

I last saw him alive on **4-16-** 19**46** death is said to
have occurred on the date stated above, at **4:20 A.** m.

6 Age of husband or wife if alive **68** years

Immediate cause of death

7 IF STILLBORN, enter that fact here.

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

Cerebral hemorrhage **3 hrs**
IMPORTANT

9 Occupation: **housework**

Due to **Chronic hypertension** **4 yr**

Industry or Business: **own home**

Due to **Chronic Bright's Disease** **4 yr**

11 Social Security No. **NONE**

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

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

Major findings:
Of operations **Physician**

13 NAME OF FATHER **Richard Howard**

Date of _____

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

Of autopsy _____

What test confirmed diagnosis? _____

15 MAIDEN NAME OF MOTHER **Bridget E Kennedy**

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

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

(Signed) **C. J. ...** M. D.
(Address) **...** Date **4-17-1946**

17 Informant **Joseph F Preg** Relation, if any **(husband)**
(Address) **15 Pleasant Park Road**

21 **Holyhead** **Brookline**
Place of Burial, Cremation or Removal (City or Town)
DATE OF BURIAL **April 20** 19**46**

22 NAME OF FUNERAL DIRECTOR **Genevieve ...**
ADDRESS **109 Warren St. ...**

Received and Filed **APR 27 1946** 19**46**

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

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

Health Officer **4/18/46**
(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, certificate as hereinafter provided. If there is no attending physician, or if for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required

by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained 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 disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

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

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

SPACE FOR ADDITIONAL INFORMATION

Rank and Branch of Service

Date of Enlistment

Date of Discharge

Serial Number

Section of Cemetery

Number of Grave

PLACE OF DEATH

Suffolk
(County)Winthrop
(City or Town)

No. 88 Woodside Ave.

St.

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

Registered No. 72

{ (If death occurred in a hospital or institution,
give its NAME instead of street and number)2 FULL NAME Hazel Ruth Smith
(If deceased is a married, widowed or divorced woman, give also maiden name.){ (If U. S.
War Veteran,
specify WAR)(a) Residence. No. 88 Woodside Ave. St.
(Usual place of abode) (If nonresident, give city or town and state)Length of stay: In hospital or institution years months days. In this community 17 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 37 Years 4 Months 22 Days If less than 1 day Hours Minutes

9 Usual Occupation: Billing Clerk

10 Industry or Business: Electric Light Co.

11 Social Security No. 017-0714441

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

13 NAME OF FATHER James H. Smith

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

15 MAIDEN NAME OF MOTHER Flossie Thompson

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

17 Relation, if any

Informant Flossie Smith (Mother)
(Address) 88 Woodside Ave., Winthrop

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

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH April 17 1946
(Month) (Day) (Year)

19 I HEREBY CERTIFY That I attended deceased from 2001.15, 1945 to April 17, 1946

I last saw her alive on April 16, 1946 death is said to have occurred on the date stated above, at 2.30 P. m.

Immediate cause of death

Carcinoma of Intestines

Duration
IMPORTANT
ONE
YEAR

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)IMPORTANT
PHYSICIANMajor findings: Carcinoma of Intestines
Of operations Date of August 1940
Of autopsy Date of April 1946
What test confirmed diagnosis? Clinical SignsUnderline
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. Winthrop Date April 18, 1946
(Address)

21 Puritan Lawn Peabody, Mass.

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

DATE OF BURIAL April 20, 1946 19

22 NAME OF FUNERAL DIRECTOR Richard B. White

ADDRESS 147 Winthrop St., Winthrop

Received and filed APR 27 1946 19

(Registrar)

GOVERNING THE RETURN OF CERTIFICATES OF DEATH

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

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

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

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

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

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

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

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

SPACE FOR ADDITIONAL INFORMATION.....

PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)

No. 122 Washington Ave.

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

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

Registered No. 73

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

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

(a) Residence. No. 122 Washington Ave. St.
(Usual place of abode)

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

(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)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

5a If married, widowed, or divorced Hattie A. Call
HUSBAND 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 88 Years 0 Months 13 Days | If less than 1 day Hours Minutes

9 Occupation: Usual Recorder (Retired)

10 Industry or Business: Aleppo Temple

11 Social Security No. 021-12-0302

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

PARENTS

13 NAME OF FATHER George Washington Morrison

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

15 MAIDEN NAME OF MOTHER Elizabeth Dunton

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

17 Informant Mrs. Harris Relation, if any (Address) 122 Washington Ave. Winthrop

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

(Signature of Agent of Board of Health or other)
Health Officer 4/23/46

(Official Designation) (Date of Issue of Permit)

18 DATE OF DEATH April 18 1946
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from April 12, 1946, to April 18, 1946.

I last saw him alive on April 17, 1946, death is said to have occurred on the data stated above, at 5 P. M.

Immediate cause of death

Chronic Myocarditis

Duration

IMPORTANT

4 yrs

Due to

Due to

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

5 yrs

IMPORTANT

Major findings:

Of operations

Date of

Of autopsy

What test confirmed diagnosis?

Physician

Underline the cause to which death should be charged statistically.

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

(Signed) Louis F. Salerno M. D.
(Address) 175 Pleasant St Date 4/18/1946

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

DATE OF BURIAL April 23 1946

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

Received and filed APR 27 1946 19

(Registrar)

100m-(g)-1-45-15510
If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

EXTRACTED FROM THE LAWS ON DEATH 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. 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

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

(City or town making return)

COPY OF
CERTIFICATE OF DEATH

Registered No. 369474

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 Esther Phillips
(If deceased is a married, widowed or divorced woman, give also maiden name.){ (If U. S.
War Veteran,
specify WAR)(a) Residence. No. 14 Trident 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
(Before death) (Specify whether) In this community yrs. mos. 1 days.

16 Hrs

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX F 4 COLOR OR RACE W 5 SINGLE (write the word)
MARRIED
WIDOWED Single
or DIVORCED18 DATE OF DEATH April 18/46
(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
April 17, 1946, to April 18, 1946
I last saw her alive on April 18/46, death is said to
have occurred on the date stated above, at 2:35AM m.

6 Age of husband or wife if alive years

Immediate cause of death Myocardial infarction Duration 16 Hrs

7 IF STILLBORN, enter that fact here.

8 AGE 73 Years Months Days | If less than 1 day
Hours MinutesDue to
Due to

9 Usual Occupation: None

10 Industry or Business: None

11 Social Security No. None

12 BIRTHPLACE (City) Russia
(State or country)Other conditions Pt. deaf and dumb
(Include pregnancy within 3 months of death)

Physician

13 NAME OF FATHER Abraham Phillips

Major findings:
Of operations Date of14 BIRTHPLACE OF FATHER (City) Russia
(State or country)

Of autopsy

15 MAIDEN NAME OF MOTHER Rachel R. Palais

What test confirmed diagnosis?

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

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

If so, specify

(Signed) S. H. Hoffman M. D.

(Address) Beth Israel Hospt. Date 4-18-46

17 Informant C. Shap (relation, if any) Sister
(Address)21 PLACE OF BURIAL, Ohel Jacob Cem-Woburn Mass.
CREMATION OR REMOVAL (Cemetery) (City or Town)

DATE OF BURIAL April 18/46 19

A TRUE COPY.

22 NAME OF FUNERAL DIRECTOR H J Torf
ADDRESS Brookline Mass.ATTEST: (Registrar of city or town where death occurred)
DATE FILED April 22 1946

Received and filed APR 27 1946 19

(Registrar of City or Town where deceased resided)



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

STANDARD
CERTIFICATE OF DEATH

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

Registered No. 75

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

(a) Residence, No. 24 Winthrop St. St.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or institution Hospital years months 1 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)
MARRIED Married
WIDOWED or DIVORCED

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

6 Age of husband or wife if alive 73 years

7 IF STILLBORN, enter that fact here.

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

Usual
9 Occupation: Housewife

Industry
10 or Business: Own Home

11 Social Security No.

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

PARENTS

13 NAME OF FATHER Michael D. Kelley

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

15 MAIDEN NAME OF MOTHER Anastasia Sullivan

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

17 Informant Samuel J. Devlin (husband)
(Address) 24 Winthrop St Winthrop

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

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

Agent April 21/46
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH April 19 1946
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from
September 19 46 to April 19 1946
I last saw her alive on April 19 1946, death is said to
have occurred on the date stated above, at 12:10 p.m.

Immediate cause of death.

Cardiac decompensation
Due to Arterio sclerotic heart
disease and chronic
Due to nephritis

Other conditions Cardiac cirrhosis of liver
(Include pregnancy within 8 months of death)
with ascites

Major findings: ascites
Of operations

Date of

Of autopsy

What test confirmed diagnosis? clinical

20 Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Paul J. Devlin M. D.
(Address) 238 Shore Drive Date April 19 1946

21 Place of Burial, Cremation or Removal Winthrop Winthrop
(City or Town)
DATE OF BURIAL April 22 1946

22 NAME OF FUNERAL DIRECTOR John J. H. Moley
ADDRESS Winthrop Mass.

Received and filed APR 27 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 of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or 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

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

Registered No.

76

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.) }2 FULL NAME Stillborn Conway - (Male)
(If deceased is a married, widowed or divorced woman, give also maiden name.)(a) Residence. No. 198 Leyden St. East Boston
(Usual place of abode)

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

Length of stay: In hospital or institution (Before death) (Specify whether) years months 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 Single5a If married, widowed or divorced
HUSBAND of. (Give maiden name of wife in full)
(or) WIFE of (Husband's name in full)

6 Age of husband or wife if alive years

7 IF STILLBORN, enter that fact here. Stillborn

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

9 Usual Occupation:

10 Industry or Business:

11 Social Security No.

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

PARENTS

13 NAME OF FATHER William Conway

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

15 MAIDEN NAME OF MOTHER Norma Cristoforo

16 BIRTHPLACE OF MOTHER (City) Boston
(State or Country) Mass.17 Informant William Conway (Relation if any)
(Address) 198 Leyden St. East Boston, Mass.

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

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH April 20 1946
(Month) (Day) (Year)19 I HEREBY CERTIFY, That I attended deceased from April 20 1946, to April 20 1946, 19
I last saw him alive on April 20 1946, death is said to have occurred on the date stated above, at A. 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 so, specify(Signed) C. Meloni M. D.
(Address) 305 Hanover St. Boston Date April 20 194621 St. Michael Boston
Place of Burial, Cremation or Removal (City or Town)
DATE OF BURIAL April 22 1946 1922 NAME OF FUNERAL DIRECTOR Michael J. Torrella
ADDRESS 10 No. Bennet St. Boston

Received and Filed

APR 27 1946

19

(Registrar)

PHYSICIAN-IMPORTANT

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

IMPORTANT

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

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

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

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

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

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

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a 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.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance 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

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

2 FULL NAME

Margerie A. Jacobs

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

(a) Residence. No. *66 Beacon St. Winthrop*
(Usual place of abode)

(If nonresident, give city or town and State)

PHYSICIAN-IMPORTANT

(Was deceased a
U. S. War Veteran,
if so specify WAR)Length of stay: In hospital or institution
(Before death)

(Specify whether)

years

months

days

In this community *17* yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX

4 COLOR OR RACE

5 SINGLE (write the word)

MARRIED

WIDOWED

or DIVORCED

18 DATE OF DEATH

April 20 1946
(Month) (Day) (Year)5a If married, widowed or divorced
HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

6 Age of husband or wife if alive

years

7 IF STILLBORN, enter that fact here.

8 AGE *17* Years - Months - Days

If less than 1 day

Hours

Minutes

Usual

9 Occupation:

Student

Industry

10 or Business:

*High School*11 Social Security No. *none*

12 BIRTHPLACE (City)

(State or Country)

Chelsea Mass.

13 NAME OF FATHER

Sidney L. Jacobs

14 BIRTHPLACE OF FATHER (City)

(State or Country)

Boston Mass.

15 MAIDEN NAME OF MOTHER

Annie H. Harris

16 BIRTHPLACE OF MOTHER (City)

(State or Country)

Boston Mass.

17 Informant (Address)

Sidney L. Jacobs

(Relation, if any)

66 Beacon St. Winthrop 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)

19 I HEREBY CERTIFY, That I attended deceased from

March 1, 1946, to April 20, 1946

I last saw her alive on

*April 20, 1946*death is said to have occurred on the date stated above, at *6:05 p.m.*

Immediate cause of death

Acute Myelogenous Leukemia

Duration

IMPORTANT

7 weeks

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

none

Major findings:

Of operations

none

Date of

Of autopsy

What test confirmed diagnosis

clinical + laboratory

Physician

Underline the cause to which death should be statistically.

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.

(City or Town)

DATE OF BURIAL

Apr. 23 - 1946

22 NAME OF FUNERAL DIRECTOR

ADDRESS

Benjamin F. Solomon
420 Harvard St. Brookline

Received and Filed

19

APR 27 1946

(Registrar)

EXTRACTS FROM THE LAWS OF THE
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SPACE FOR ADDITIONAL INFORMATION

On the day of death or on the day after the death occurred, as soon as possible after the close of the month in which the death occurred. (See Chap. 40, Sec. 12, G. L.)

25m (h)-1-41-4667

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY

COPY OF
MEDICAL EXAMINER'S
CERTIFICATE OF DEATH

Stoneham

(City or town making return)

Registered No.

78

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

1 PLACE OF DEATH
Middlesex
(County)
Stoneham
(City or Town)
No. 12 Denton

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

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

(a) Residence. No. 235 Court Rd. Wintrop St.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or institution years 11 months 18 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

18 DATE OF DEATH April 21 1946
(Month) (Day) (Year)

5a If married, widowed, or divorced
HUSBAND of Martha Anderson
(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.)

Fracture right femur
Carcinoma Rectum

6 Age of husband or wife if alive years

7 IF STILLBORN, enter that fact here.

8 AGE 83 Years 11 Months 11 Days If less than 1 day
Hours Minutes

9 Usual Occupation: Wood Turner (retired)

20 Accident, suicide, or homicide (specify) accidental
Date of occurrence April 11 1946 19

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

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

Manner of Injury Fall from bed on floor

Nature of Injury Fracture right Hip

While at work? no Was there an autopsy? no

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

If so, specify Ira W Richardson
(Signed) Wakefield Mass Date Apr 23 1946
(Address)

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

DATE OF BURIAL April 23 1946 19

23 NAME OF FUNERAL DIRECTOR Howard S Reynolds
ADDRESS Wintrop, Mass

Received and filed April 22 1946 19

(Registrar of City or town where deceased resided)

PARENTS

13 NAME OF FATHER John Dewar

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

15 MAIDEN NAME OF MOTHER Christine Campbell

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

17 Informant Mrs Arthur O'Brien (Daughter)
(Address) 235 Court Rd Wintrop

A TRUE COPY.

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

DATE FILED April 22 19 46



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

STANDARD
CERTIFICATE OF DEATH

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

Registered No. 79

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. 158 Winthrop Street.

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

2 FULL NAME Phoebe Estelle Fernald.
(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. 158 Winthrop Street.
(Usual place of abode)

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

Length of stay: In hospital or institution (Before death) years months days. In this community 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 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 4 Months 20 Days | If less than 1 day
Hours Minutes

Usual Occupation: At Home

Industry
10 or Business:

11 Social Security No. No.

12 BIRTHPLACE (City) Dixmont
(State or country) Maine.

PARENTS

13 NAME OF FATHER John Fernald.

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

15 MAIDEN NAME OF MOTHER Laura Howe

16 BIRTHPLACE OF MOTHER (City) Dixmont
(State or country) Maine.

17 Informant John Pratt (Relation, if any)
(Address) Dixmont Maine (Nephew)

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

(Signature of Agent of Board of Health or other)
Health Officer 4/26/46
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH April 24 1946.
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from
August 10, 1945, to April 24, 1946
I last saw him alive on April 24, 1946, death is said to
have occurred on the date stated above, at 1 p.m.

Immediate cause of death: Carcinoma of Lung
Right Lower Lobe

IMPORTANT
10 months

Due to
Due to

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

IMPORTANT

Major findings: No operation
Of operations Date of

Of autopsy No autopsy
What test confirmed diagnosis? Physical Examination

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

20 Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Edward J. Fernald M. D.
(Address) 200 Washington Ave. Date 4-25-1946

21 Dixmont Cemetery Dixmont Maine
Place of Burial, Cremation or Removal (City or Town)
DATE OF BURIAL April 27, 1946.

22 NAME OF FUNERAL DIRECTOR Alfred B. Marsh
ADDRESS 174 Winthrop Street, Winthrop

Received and filed APR 27 1946
(Registrar)

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GOVERNING THE

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

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

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

SPACE FOR ADDITIONAL INFORMATION

1 PLACE OF DEATH

suffolk

(County)

Winthrop

(City or Town)

No. 75 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. 80

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

2 FULL NAME Wesley Tyler

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

(a) Residence, No. 75 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 50 yrs. mos. days.

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

5a If married, widowed, or divorced, HUSBAND of Josephine Gallagher Tyler

(Give maiden name of wife in full)

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

6 Age of husband or wife if alive 82 years

7 IF STILLBORN, enter that fact here.

8 AGE 88 Years Months Days | If less than 1 day Hours Minutes

Usual Occupation: Salesman

10 or Business: Paint

11 Social Security No.

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

PARENTS

13 NAME OF FATHER Sylvester Tyler

14 BIRTHPLACE OF FATHER (City) Baldwin (State or country) Me.

15 MAIDEN NAME OF MOTHER Annie Miller

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

17 Informant Josephine Tyler (Address) 75 Highland Ave

Relationship (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 April 27 1946 (Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from April 27, 1946, to April 27, 1946. I last saw him alive on April 26, 1946, death is said to have occurred on the date stated above, at 5 P. m.

Immediate cause of death:

arteriosclerosis
 heart disease

Due to arteriosclerosis

Due to arteriosclerosis

Due to arteriosclerosis

Due to arteriosclerosis

Due to arteriosclerosis

Due to arteriosclerosis

Due to arteriosclerosis

Due to arteriosclerosis

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Duration

IMPORTANT

IMPORTANT

IMPORTANT

IMPORTANT

IMPORTANT

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IMPORTANT

IMPORTANT

IMPORTANT

IMPORTANT

IMPORTANT

Major findings:

Of operations

Of operations

Of operations

Of operations

Of operations

Of operations

Of operations

Of operations

Of operations

Of operations

Of operations

Of operations

Of operations

Of operations

Of operations

Of operations

Of operations

Of operations

Of operations

Of operations

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)

(Address)

(Address)

(Address)

(Address)

(Address)

(Address)

(Address)

(Address)

(Address)

(Address)

(Address)

(Address)

21 Winthrop, Winthrop

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

DATE OF BURIAL April 30 1946 19

22 NAME OF FUNERAL DIRECTOR John F. O'Malley

ADDRESS Winthrop

Received and filed MAY 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 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

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

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
1

Suffolk
(County)

Winthrop
(City or Town)

No. 152 Bartlett 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. 81

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

2 FULL NAME Dr. Henry C. Kennington
(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. 152 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 35 yrs. mos. days.
(Before death) (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

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

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

6 Age of husband or wife if alive 70 years

7 IF STILLBORN, enter that fact here.

8 AGE 69 Years 6 Months 22 Days | If less than 1 day
Hours _____ Minutes _____

Usual
9 Occupation: Doctor

Industry
10 or Business: Own

11 Social Security No. none

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

13 NAME OF FATHER John W. Kennington

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

15 MAIDEN NAME OF MOTHER Susan M. Frazer

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

17 Informant Mrs. Edith Kennington Relation, if any Wife
(Address) 152 Bartlett Rd., Winthrop

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

Wm. D. Childers
(Signature of Agent of Board of Health or other)
Health Officer (Official Designation) 5/11/46 (Date of Issue of Permit)

18 DATE OF DEATH April 29 1946
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from
Jan 15, 1946, to April 29, 1946
I last saw him alive on April 29, 1946 death is said to

have occurred on the date stated above, at 12:05 PM

Immediate cause of death _____

Myocarditis Duration 6 mos

Due to Chronic Nephritis 3 years

Due to _____

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

Major findings: _____
Of operations: _____

Of autopsy _____

What test confirmed diagnosis? Clinical Signs

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

If so, specify _____

(Signed) Daniel J. O'Brien, M. D.

(Address) Winthrop Date April 29 46

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

DATE OF BURIAL May 2, 46

22 NAME OF FUNERAL DIRECTOR E. Parker

ADDRESS 300 Meridian St., E. Boston

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

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

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

RULES OF PRACTICE

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

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

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

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

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

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

SPACE FOR ADDITIONAL INFORMATION

PLACE OF DEATH

Suffolk
(County)
Winthrop
(City or Town)The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD

CERTIFICATE OF DEATH

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

Registered No. 260032

No. 46 Washington Ave.

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

2 FULL NAME

Mary E. Mangan (Sherry)

(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. 97 Nahant

(Usual place of abode)

St. Lynn
(If nonresident, give city or town and State)Length of stay: In hospital or institution
(Before death)

8 days

years

months 8 days.

In this community

yrs.

mos. 8 days.

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

widowed

5a If married, widowed or divorced
HUSBAND of...

(Give maiden name of wife in full)

(or) WIFE of...

(Husband's name in full)

John J. Mangan

6 Age of husband or wife if alive

years

7 IF STILLBORN, enter that fact here.

8 AGE

82 Years 8 Months 24 Days

It less than 1 day
Hours Minutes9 Usual
Occupation:

At home

10 Industry
or Business:

11 Social Security No.

none

12 BIRTHPLACE (City)
(State or Country)Lynn
Mass13 NAME OF
FATHER

Patrick P. Sherry

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

Ireland

15 MAIDEN NAME
OF MOTHER

Mary A. Phelan

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

Ireland

17 Informant
(Address)Mrs. Mgt. A. O'Brien (sister)
178 Washington 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)

(Date of Issue of Permit)

18 DATE OF
DEATHApril 29 1946
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from

April 15, 1946, to April 28, 1946
I last saw him alive on April 28, 1946, death is said to
have occurred on the date stated above, at 6.40 a.m.

Immediate cause of death

Cerebral Hemorrhage

Duration

IMPORTANT

Two Days

Due to

Hypertension
Chronic Myocarditis

5 years

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

Physician

Underline
the cause to
which death
should be
charged sta-
tistically.20 Was disease or injury in any way related to occupation of deceased?
If so, specify(Signed) Daniel J. O'Brien M.D.
(Address) Winthrop, Mass Date April 29, 1946

21

Place of Burial, Cremation or Removal.

Lynn
(City or Town)

DATE OF BURIAL

May 2 1946

22 NAME OF
FUNERAL DIRECTOR

Garrett J. Hall

ADDRESS

103 Johnson St Lynn

Received and Filed

MAY 1 1946

19

(Registrar)

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

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

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

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

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

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

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a 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

so that it may be properly classified under the international classification of causes of death. See reverse side for instructions. 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)-1-41-14667

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. **83**

1 PLACE OF DEATH
Supreme
(County)
Wintthrop
(City or Town)
No. Wintthrop Community Hospital



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

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

PHYSICIAN — IMPORTANT
(Was deceased a
U. S. War Veteran, **none**
If so specify WAR)

(a) Residence, No. **41 Neptune Road E. Boston**, St. **Mass.**
(Usual place of abode)

(If nonresident, give city or town and State)

Length of stay: In hospital or Institution **1 month** years months **59** 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)
MARRIED **Widowed**
WIDOWED
or DIVORCED

18 DATE OF DEATH **April - 30 - 1946**
(Month) (Day) (Year)

5a If married, widowed, or divorced
HUSBAND of (Give maiden name of wife in full)
(or) WIFE of **Thomas Kennedy**
(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.)

**Cardiac & 22 Compensation
arteriosclerotic Heart Disease
Recent fracture Lt. Pelvis**

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

20 Accident, suicide, or homicide (specify) **Accidental**
Date of occurrence **Feb - 25 - 1946**

Where did
Injury occur? **E. Boston**
(City or town and State)

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

Manner of Injury **Fell accidentally at her home**

Nature of Injury **on Feb - 25 - 1946**

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

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

If so, specify **John J. Buckley, Inc.** M. D.

(Signed) **John J. Buckley, Inc.** (Address) **13 Boston** Date **30 - 1946**

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

DATE OF BURIAL **May 3 - 1946**

23 NAME OF FUNERAL DIRECTOR **Frederick J. Magrath**

ADDRESS **East Boston**

Received and filed **MAY 6 1946** 19

(Registrar)

PARENTS

13 NAME OF FATHER **William Bolton**

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

15 MAIDEN NAME OF MOTHER **Ellen Not Known**

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

17 Informant **Anna Johnson** (Relation, if any)
(Address) **41 Neptune Road E. Boston**

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

Bladen G. Pearson
(Signature of Agent of Board of Health or other)

Agenda (Official Designation) **5/2/46** (Date of Issue of Permit)

COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, 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 thereof, shall be injected into the body of any person supposed to have met his death by violence, until a permit, signed by the Medical Examiner, has first been obtained.—General Laws, Chap. 38, Sec. 14.

THIS CERTIFICATE CONSTITUTES SUCH PERMIT

extracts from the laws on back of certificate.
If deceased was a U. S. War Veteran, G. L. Chap. 45, Section 10, requires physicians 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
STANDARD
CERTIFICATE OF DEATH

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

Registered No. 84

No. 220 Cottage Park Road

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

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

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

(a) Residence, No. 220 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 MARRIED WIDOWED OR DIVORCED Married

18 DATE OF DEATH April 30 1946
(Month) (Day) (Year)

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

19 I HEREBY CERTIFY, That I attended deceased from April 6, 1946, to April 30, 1946
I last saw him alive on April 30, 1946 death is said to have occurred on the date stated above, at 7:30 P. m. Duration

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

9 Usual Occupation: Roofer

10 Industry or Business: Prop.

11 Social Security No. Cannot be determined

12 BIRTHPLACE (City) Halifax, Nova Scotia
(State or country) Newfoundland N.S.

Immediate cause of death: Broncho pneumonia
Due to: R.V. / demiplegia
Due to: 1/4 pneumonia & R. pneumoniae
Other conditions: Heart disease
(Include pregnancy within 3 months of death)

IMPORTANT

IMPORTANT

PARENTS

13 NAME OF FATHER John Keough

14 BIRTHPLACE OF FATHER (City) Halifax, Nova Scotia
(State or country) Newfoundland N.S.

15 MAIDEN NAME OF MOTHER Julia Purcell

16 BIRTHPLACE OF MOTHER (City) Halifax, Nova Scotia
(State or country) Newfoundland N.S.

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

Physician

Underline the cause to which death should be charged statistically.

17 Informant Ellen Keough (Address) 220 Cottage Park Road
(Address) (Relation, if any)

20 Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) [Signature] M. D.
(Address) [Address] Date 5/2 1946

21 Place of Burial, Cremation or Removal: Maiden
(City or Town)
DATE OF BURIAL May 3 1946

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: Fiddler & Magrath
ADDRESS: East Boston

(Signature of Agent of Board of Health or other) [Signature]
(Official Designation) [Signature] (Date of Issue of Permit) 5/2/46

Received and filed: 6 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.

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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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(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

STANDARD CERTIFICATE OF DEATH

State File No. _____

85

Registrar's No. _____

State of

90

1. PLACE OF DEATH:

- (a) County Tolland
(b) City or town Vernon
(If outside city or town limits, write RURAL)
(c) Name of hospital or institution: Hartford Spoke
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
In this community hrs
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Mass (b) County Suffolk
(c) City or town Dunthorpe
(If outside city or town limits, write RURAL)
(d) Street No. 15 Charles
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

3. (a) FULL NAME

Daniel W. B. Edmondston

3. (b) If veteran,
name war _____

3. (c) Social Security
No. _____

4. Sex

M

5. Color or
race W.

6. (a) Single, widowed, married,
divorced m

6. (b) Name of husband or wife
Cath Johnson

6. (c) Age of husband or wife if
alive 1911 years

7. Birth date of deceased

(Month)

(Day)

(Year)

8. AGE:

Years

Months

Days

If less than one day

35

hr.

min.

9. Birthplace _____

(City, town, or county)

(State or foreign country)

10. Usual occupation Sales mng. & Advertising

11. Industry or business Dept. Natl Stores

12. Name Simon Edmondston

(City, town, or county)

(State or foreign country)

13. Birthplace _____

14. Maiden name Maria Baker

(City, town, or county)

(State or foreign country)

15. Birthplace _____

16. (a) Informant's own signature Mrs. W. Edmondston

- (b) Address Dunthorpe Mass

17. (a) Evergreen

(Burial, cremation, or removal)

- (b) Date thereof 1/29/46

(Month)

(Day)

(Year)

- (c) Place; burial or cremation Boston Mass

18. (a) Signature of funeral director L. G. White

- (b) Address Rockville CT

19. (a) 1/26/46

(Date received local registrar)

- (b) U. C. Lentocho

(Registrar's signature)

MEDICAL CERTIFICATION

20. Date of death: Month Jan day 25
year 1946 hour 9 minute PM
21. I hereby certify that I attended the deceased from Jan 25, 1946
that I last saw him alive on never, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death

Fracture of Skull
Brain Operation

Due to

Due to

Other conditions

Multiple Fracture

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

Duration

PHYSICIAN

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

22. If death was due to external causes, fill in the following:

- (a) Accident, suicide, or homicide (specify) accident

- (b) Date of occurrence 1-25-46

- (c) Where did injury occur? Vernon Tolland CT

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

place? HighwayWhile at work? no

23. Signature L. W. Levine

Address Collington CTDate signed 1/25/46

MAY 14 1946

(13)

The first part of the paper is devoted to a discussion of the general principles of the theory of the structure of the atom. It is shown that the structure of the atom is determined by the laws of quantum mechanics, and that the structure of the atom is determined by the laws of quantum mechanics. The second part of the paper is devoted to a discussion of the general principles of the theory of the structure of the atom. It is shown that the structure of the atom is determined by the laws of quantum mechanics, and that the structure of the atom is determined by the laws of quantum mechanics. The third part of the paper is devoted to a discussion of the general principles of the theory of the structure of the atom. It is shown that the structure of the atom is determined by the laws of quantum mechanics, and that the structure of the atom is determined by the laws of quantum mechanics.

Copies of returns of deaths recorded in the preceding month which occurred in your city or town 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

Boston

(City or town making return)

401086

Registered No.

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 Viola Whitten

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

(a) Residence. No. 64 Main

(Usual place of abode)

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 Life yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6 Age of husband or wife if alive 41 years

7 IF STILLBORN, enter that fact here.

8 AGE 38 Years 10 Months 28 Days | If less than 1 day Hours Minutes

9 Occupation: Usual Housewife

10 Industry or Business: At Home

11 Social Security No. None

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

13 NAME OF FATHER George M Hoyt

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

15 MAIDEN NAME OF MOTHER Eva Smith

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

17 Informant (Address) Husband Relation, if any

A TRUE COPY.

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

DATE FILED May 1 1946

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH April 25/46 (Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from April 25, 1946, to April 26, 1946. I last saw her alive on April 26, 1946, death is said to have occurred on the date stated above, at 11:40P. m. Duration

Immediate cause of death. Subarachnoid hemorrhage 3 D

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

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

If so, specify

(Signed) C L Clay M. D. (Address) Mass. General Hospt Date 4-27-19 46

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

DATE OF BURIAL April 30/46 19

22 NAME OF FUNERAL DIRECTOR L E Parker East Boston Mass. ADDRESS

Received and filed MAY 18 1946 19

(Registrar of City or Town where deceased resided)

50m (g)-1-41-4607
 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. **87**

1 PLACE OF DEATH
 Suffolk
 (County)
 Wrentham
 (City or Town)
 No. Cottage Park Yacht Club - Wrentham St.

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

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

PHYSICIAN — IMPORTANT

(Was deceased a World
 U. S. War Veteran, yes
 If so specify WAR) 1918

(a) Residence, No. 48 Waldemar Ave., 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 44 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 3 1946
 (Month) (Day) (Year)

5a If married, widowed, or divorced Married
 HUSBAND of Marjorie Hart
 (Give maiden name of wife in full) Hart
 (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.)
Coronary thrombosis

6 Age of husband or wife if alive 49 years

7 IF STILLBORN, enter that fact here.

8 AGE 49 Years — Months — Days If less than 1 day
— Hours — Minutes

20 Accident, suicide, or homicide (specify) —

9 Occupation: Salesman

Date of occurrence 19

10 Industry or Business: J. M. Adams Co

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

11 Social Security No. 010-05-7496

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

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

Manner of Injury —

Nature of Injury —

While at work? — Was there an autopsy? —

13 NAME OF FATHER George M. Canthorne

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

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

If so, specify — M. D.
 (Signed) A. R. M. M. M.

15 MAIDEN NAME OF MOTHER Mary A. Kelly

(Address) 25 Wrentham St. Date 5/4 1946

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

22 Holy Cross (Vn.) Malden
 Place of burial, Cremation or Removal. (City or Town)

17 Informant (Address) Marjorie Canthorne Relation, if any
48 Waldemar Ave. Wrentham

DATE OF BURIAL May 7th 1946

23 NAME OF FUNERAL DIRECTOR Joseph E. Farrell
 ADDRESS 250 Adams St. Wrentham

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

THOMAS F. GOOD (Signature of Agent of Board of Health or other)

Received and filed MAY 25 1946 19

(Official Designation) MAY 6 1946 (Date of Issue of Permit)

(Registrar)

RETURN OF CERTIFICATES OF DEATH

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

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February 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 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 death following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

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* it 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)

Date entered *1/1/1918*

" *1/1/1918*

Place of death *at home*

Sex *Male*

Age *35*

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)

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

(City or town making return)

Boston

(City or Town)

COPY OF
CERTIFICATE OF DEATH

4236

Registered No.

No. Mass. General Hospital

St. (If death occurred in a hospital or institution,
give its NAME instead of street and number)2 FULL NAME Mary Monica King
(If deceased is a married, widowed or divorced woman, give also maiden name.)(If U. S.
War Veteran,
specify WAR)(a) Residence. No. 249 Shore Drive
(Usual place of abode)St. Winthrop Mass.
(If nonresident, give city or town and State)Length of stay: In hospital or institution years months 7 days In this community yrs. mos. 7 days.
(Before death) (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F 4 COLOR OR RACE W 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 King
(Husband's name in full)

6 Age of husband or wife if alive years

7 IF STILLBORN, enter that fact here.

8 AGE 60 Years Months Days If less than 1 day
Hours MinutesUsual
9 Occupation: At HomeIndustry
10 or Business: Housework

11 Social Security No.

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

PARENTS

13 NAME OF FATHER John King

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

15 MAIDEN NAME OF MOTHER Catherine King

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

17 Informant L Daffin (Address) (Relation, if any) Daughter

A TRUE COPY.

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

DATE FILED May 8 19 46

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH May 4/46
(Month) (Day) (Year)19 I HEREBY CERTIFY, That I attended deceased from April 30, 19 46, to May 4, 19 46
I last saw her alive on May 4, 19 46, death is said to have occurred on the date stated above, at 3:05 AM m.

Immediate cause of death Anemia Duration 2 Yrs

Due to Carcinoma of cecum Unknown

Due to Rheumatic heart disease with mitral and aortic stenosis; hydrothorax chronic glomerulo nephritis

Other conditions (Include pregnancy within 3 months of death)

Major findings: None

Date of Of autopsy Carcinoma of cecum

What test confirmed diagnosis? autopsy

20 Was disease or injury in any way related to occupation of deceased? No...
If so, specify(Signed) T S Hamilton M. D.
(Address) Mass. General Hospt Date 5-4 19 4621 PLACE OF BURIAL Milton Cem-Milton Mass.
CREMATION OR REMOVAL

DATE OF BURIAL May 7/46 (City or Town)

22 NAME OF FUNERAL DIRECTOR R J DeNeill
ADDRESS Revere Mass.

Received and filed MAY 7 1946 19

(Registrar of City or Town where deceased resided)

PLACE OF DEATH

Suffolk
(County)Winthrop
(City or Town)

No.

57 Forest 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.

89

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

Ellen F. Kelly Shelly

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

(a) Residence, No.

57 Forest 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 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 WIDOWED or DIVORCED

5a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

John F. Shelly
(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

1

Months

Days

if less than 1 day

Hours

Minutes

Usual

9 Occupation:

at home

Industry

10 or Business:

none

11 Social Security No.

none

12 BIRTHPLACE (City)

Cambridge
Mass.

13 NAME OF

FATHER

John F. Kelly

14 BIRTHPLACE OF

FATHER (City)

Clare
Ireland

15 MAIDEN NAME

OF MOTHER

16 BIRTHPLACE OF

MOTHER (City)

Mary M. Gine
Cambridge Mass.

(State or country)

17

Informant

(Address)

John F. Kelly
57 Forest St.

(Relation, if any)

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

(Signature of Agent of Board of Health or other)
 John F. Kelly

(Official Designation)

(Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF
DEATH

May 5

1946

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY, That I attended deceased from

May 4, 1946, to May 5, 1946

I last saw him alive on May 5, 1946 death is said to

have occurred on the date stated above, at 4:30 P.M.

Duration

Immediate cause of death

Coronary decompensation

IMPORTANT

Due to

Myocardial infarction -
hypertension, heart disease

Due to

arteriosclerosis

Other conditions

(Include pregnancy within 8 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? No

If so, specify

(Signed) J. F. Kelly

M. D.

(Address) 188 Forest St. E.B.

Date 5-7

1946

21

Place of Burial, Cremation or Removal

(City or Town)

DATE OF BURIAL

May 8

1946

22 NAME OF

FUNERAL DIRECTOR

ADDRESS

John F. Kelly
356 Broadway Cambridge

Received and filed

MAY 9 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 of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or 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.

The Commonwealth of Massachusetts
OFFICE OF THE 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**

PLACE OF DEATH

Suttons
(County)Winthrop
(City or Town)Main Community Hospital
No. _____

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

2 FULL NAME

Alice T. Bradley (nee Whalen)
(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. **93 Beach**
(Usual place of abode)St. **Revere**

(If nonresident, give city or town and State)

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

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

female

4 COLOR OR RACE

white

5 SINGLE (write the word)

MARRIED
WIDOWED
or DIVORCED **widowed**5a If married, widowed or divorced
HUSBAND of _____
(Give maiden name of wife in full)(or) WIFE of **Charles A. Bradley**
(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 **7** Months _____ Days If less than 1 day Hours Minutes9 Occupation: **housewife**10 Industry or Business: **at home**11 Social Security No. **none**12 BIRTHPLACE (City) **Katie's Mass**
(State or Country)13 NAME OF
FATHER**Thomas P. Whalen**14 BIRTHPLACE OF
FATHER (City)
(State or Country)**Ireland**15 MAIDEN NAME
OF MOTHER**Ellen Smiddy**16 BIRTHPLACE OF
MOTHER (City)
(State or Country)**Ireland**17 Informant: **Eleanor Bradley** (Relation, if any)
(Address) **93 Beach St Revere**

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

Gladys Dean
(Signature of Agent of Board of Health or other)

(Official Designation)

May 12/1946
(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 attended deceased from
May 8 1946, to **May 11 1946**
I last saw her alive on **May 11 1946** death is said to
have occurred on the date stated above, at **6:55 A.M.**

Immediate cause of death

Cerebral Hemorrhage

Due to

Arterial Hypertension

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations **none**Of autopsy **none**

What test confirmed diagnosis?

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

(Signed)

(Address)

John T. Collins M. D.
125 Loring Rd Winthrop Date **May 11 1946**21 **St. Joseph's** **Lynn**
Place of Burial, Cremation or Removal. (City or Town)
DATE OF BURIAL **May 13 1946**22 NAME OF
FUNERAL DIRECTOR **Murray & Murray**
ADDRESS **Revere Mass**

Received and Filed

19

MAY 1 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 lxxxix, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or 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-9-44-1-4955

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

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

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)

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

CERTIFICATE OF DEATH

Registered No.

91

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)

No

(If nonresident, give city or town and State)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF
DEATH

May (Month)

12 (Day)

1946 (Year)

19 I HEREBY CERTIFY, That I attended deceased from

, 19

, to

, 19

I last saw h alive on

, 19

, death is said to

have occurred on the date stated above, at

m.

Immediate cause of death

Stillborn

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Date of

Of autopsy

What test confirmed diagnosis?

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

If so, specify

(Signed)

(Address)

(City or Town)

(State or Country)

(Date)

(Time)

(Signature)

(Address)

(City or Town)

(State or Country)

(Date)

(Time)

(Signature)

(Address)

(City or Town)

(State or Country)

(Date)

(Time)

21

Place of Burial, Cremation or Removal

(City or Town)

(State or Country)

(Date)

(Time)

(Signature)

(Address)

(City or Town)

(State or Country)

(Date)

(Time)

(Signature)

(Address)

(City or Town)

(State or Country)

22

NAME OF

FUNERAL DIRECTOR

(Address)

(City or Town)

(State or Country)

(Date)

(Time)

(Signature)

(Address)

(City or Town)

(State or Country)

Received and Filed

19

MAY 15 1946

(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 counter sign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a 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

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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

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. 92

PLACE OF DEATH

Suffolk
(County)
Winthrop
(City or Town)



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

PHYSICIAN - IMPORTANT

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

(a) Residence, No. *286 Maverick* St. *East Boston*
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or institution *3 days* years - months *2* days. In this community yrs. mos. days.
(Before death) (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX *Male* 4 COLOR OR RACE *White* 5 SINGLE (write the word) *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 *2* Days If less than 1 day
Hours Minutes

9 Usual
Occupation:

Industry
10 or Business:

11 Social Security No.

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

13 NAME OF FATHER *Enrico Palmieri*

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

15 MAIDEN NAME OF MOTHER *Lena Marcella*

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

17 Informant (Address) *Enrico Palmieri* (Relation, if any) *brother*
286 Maverick 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:

Gladys A. Deane
(Signature of Agent of Board of Health or other)

agent (Official Designation) *5/14/46* (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH *May 13/46*
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from *May 11*, 19*46*, to *May 13*, 19*46*

I last saw him alive on *May 13*, 19*46* death is said to have occurred on the date stated above, at *6 45* m.

Immediate cause of death. Duration

Due to *Renature*
(6 mos - 3 wks)

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) *P. Deane* M. D.
(Address) *286 Maverick St. East Boston* Date *5/12* 19*46*

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

DATE OF BURIAL *May 14* 19*46*

22 NAME OF FUNERAL DIRECTOR *John Di Pietro*

ADDRESS *224 Broadway St. East Boston*

Received and filed *May 15 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 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 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.

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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

1	PLACE OF DEATH	Suffolk (County)	The Commonwealth of Massachusetts OFFICE OF THE SECRETARY DIVISION OF VITAL STATISTICS	STANDARD CERTIFICATE OF DEATH	To be filed for burial permit with Board of Health or its Agent.	Registered No. 93	
		Winthrop (City or Town)					
No.	39 Coral Ave	8L	(If death occurred in a hospital or institution, give its NAME instead of street and number)				
2	FULL NAME	Margaret E. Driscoll Connelly					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.	39 Coral Ave	St.	(If nonresident, give city or town and State)			
(Usual place of abode)							
Length of stay: In hospital or institution		—	years	months	days.	In this community 30 yrs. mos. days.	
(Before death)		(Specify whether)					
PERSONAL AND STATISTICAL PARTICULARS							
3	SEX	4	COLOR OR RACE	5	SINGLE (write the word)	18	DATE OF DEATH
female	white			MARRIED	Married	May 14 1946	(Month) (Day) (Year)
5a If married, widowed, or divorced							
HUSBAND of (Give maiden name of wife in full)							
(or) WIFE of Michael J. Connelly (Husband's name in full)							
6	Age of husband or wife if alive		79	years			
7	IF STILLBORN, enter that fact here.						
8	AGE	84	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)	Hudson					
	(State or country)	Massachusetts					
PARENTS	13	NAME OF FATHER	John Driscoll				
	14	BIRTHPLACE OF FATHER (City)	Ireland				
	15	MAIDEN NAME OF MOTHER	Hannah Regan				
	16	BIRTHPLACE OF MOTHER (City)	Ireland				
	(State or country)						
17	Informant	Francis Connelly		Relation, if any		Son	
	(Address)	39 Coral Ave, Winthrop					
I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transfer permit was issued.							
Walter E. Bowers							
(Signature of Agent of Board of Health or other Health Officer)							
5/15/46							
(Official Designation) (Date of Issue of Permit)							
MEDICAL CERTIFICATE OF DEATH							
19 I HEREBY CERTIFY, That I attended deceased from August 15, 1945, to May 13, 1946							
I last saw her alive on May 13, 1946 death is said to have occurred on the date stated above, at 12:30 a.m.							
Immediate cause of death							
Carcinoma of Bladder							
Duration							
Two years							
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? Clinical Signs							
20 Was disease or injury in any way related to occupation of deceased? If so, specify							
(Signed) Daniel J. O'Malley M. D.							
(Address) 212 E. P. Mass. Date May 14, 1946							
21 Holy Cross							
Place of Burial, Cremation or Removal (City or Town)							
DATE OF BURIAL May 17 1946							
22 NAME OF FUNERAL DIRECTOR John F. O'Malley							
ADDRESS Winthrop Mass.							
Received and filed							
19							
(Registrar)							

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

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

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

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

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

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

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

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

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

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

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

RULES OF PRACTICE

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

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

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

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

STATEMENT OF CAUSE OF DEATH

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

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

DESCRIPTION (for unknown person)

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

THIS CERTIFICATE CONSTITUTES SUCH PERMIT

PLACE OF DEATH

Suffolk
(County)Winthrop
(City or Town)

No. 112 Hermon



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

STANDARD
 CERTIFICATE OF DEATH

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

Registered No. 95

2 FULL NAME

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

(a) Residence. No.

112 Hermon

(Usual place of abode)

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

St.

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

PHYSICIAN - IMPORTANT

(Was deceased a
U. S. War Veteran,
so specify WAR) NoLength of stay: In hospital or institution
(Before death)40 -
(Specify whether)

years

months

days

In this community 20 yrs.

mos.

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE (write the word)

MARRIED

WIDOWED

or DIVORCED

5a If married, widowed, or divorced
HUSBAND of

(or) WIFE of

James J. Kelly
(Maiden name of wife in full)
(Husband's name in full)

6 Age of husband or wife if alive

deceased years

7 IF STILLBORN, enter that fact here.

8 AGE 63 Years - Months - Days

If less than 1 day
Hours - Minutes9 Usual
Occupation:

House wife

10 Industry
or Business:

own home

11 Social Security No.

none

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

George W. Whiteley

14 BIRTHPLACE OF
FATHER (City)

Boston

(State or country)

Mass.

15 MAIDEN NAME
OF MOTHER

Catherine Kelleher

16 BIRTHPLACE OF
MOTHER (City)

Boston

(State or country)

Mass.

17 Informant
(Address)Catherine J. Kelly daughter
112 Hermon St., W. 11th

Relation to any

I HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or cremation permit was issued:Walter S. Baker
(Signature of Agent of Board of Health or other)

Health Officer

(Official Designation)

(Date of Issue of Permit) 5/15/46

MEDICAL CERTIFICATE OF DEATH

18 DATE OF
DEATH

May

14

1946

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY, That I attended deceased from

June 5, 1945, to May 13, 1946

I last saw him alive on May 13, 1946, death is said to

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

Immediate cause of death

Cerebral Hemorrhage

Duration

IMPORTANT
10 days

Due to

Arteriosclerotic Heart Disease

5 yrs.

Due to

Chronic Nephritis

5 yrs.

Due to

Chronic Arthritis

18 yrs.

Other conditions

(Include pregnancy within 8 months of death)

IMPORTANT

Major findings:

Of operations

Physician

Date of

Of autopsy

What test confirmed diagnosis? Physical Examination

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) Samuel S. Kelly, M.D.

(Address) 270 Sperry St., W. 11th, Date May 14, 1946

21

Place of Burial, Cremation or Removal.

(City or Town)

DATE OF BURIAL

May 17

1946

22 NAME OF
FUNERAL DIRECTOR

John C. Kelly

ADDRESS 11 Mendham St., E. 13

Received and filed

MAY 20 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 of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or 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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Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

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

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.

36

St. { (If death occurred in a hospital or institution,
give its NAME instead of street and number) }2 FULL NAME ~~(Mrs.)~~ Mabel Scott
(If deceased is a married, widowed or divorced woman, give also maiden name.)(a) Residence. No. 15 Townsend Street, Winthrop, Mass.
(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 3 months 21 days. In this community 30 yrs. mos. days.

PHYSICIAN - IMPORTANT

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

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX Female 4 COLOR OR RACE White 5 SINGLE (write the word)
MARRIED
WIDOWED
or DIVORCED Married5a If married, widowed or divorced
HUSBAND of.. (Give maiden name of wife in full)
(or) WIFE of Morton Scott
(Husband's name in full)

6 Age of husband or wife if alive - years

7 IF STILLBORN, enter that fact here.

8 AGE 57 Years 8 Months 26 Days If less than 1 day
Hours MinutesUsual
9 Occupation: Housewife10 Industry
or Business: Own Home

11 Social Security No. None

12 BIRTHPLACE (City) Worcester
(State or Country) Mass.13 NAME OF
FATHER Raymond Smith14 BIRTHPLACE OF
FATHER (City) Norway
(State or Country)15 MAIDEN NAME
OF MOTHER Lena Hanson16 BIRTHPLACE OF
MOTHER (City) Norway
(State or Country)17 Informant Morton Smith Husband
(Address) 15 Townsend St. WinthropI HEREBY CERTIFY that a satisfactory standard certificate of death was filed
with me BEFORE the burial or transit permit was issued:Walter E. Baker
(Signature of Agent of Registrar Health or other)

Health Officer (Date of Issue of Permit) 5/10/46

18 DATE OF
DEATH May 14, 1946
(Month) (Day) (Year)19 I HEREBY CERTIFY, That I attended deceased from
March 23, 1945, to May 14, 1946
I last saw her alive on May 13, 1946, death is said to
have occurred on the date stated above, at 6:55 A.M.

Immediate cause of death

Rheumatic Heart Disease
with congestive failure

Due to Chronic Glomerulonephritis 4 months

Due to Asthmatic Bronchitis 2 years

Other conditions None
(Include pregnancy within 3 months of death)Major findings:
Of operations None

Date of

Of autopsy None

What test confirmed diagnosis: Clinical & 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 Shubert St., Winthrop Date May 14, 194621 Winthrop Winthrop
Place of Burial, Cremation or Removal. (City or Town)

DATE OF BURIAL May 16, 1946

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

Received and Filed 19

(Registrar)

IMPORTANT

Physician

Underline
the cause to
which death
should be
charged sta-
tistically.Duration
IMPORTANT
1 year

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, 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. 24 Winthrop St



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

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

Registered No. 97

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

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

(a) Residence, No. 24 Winthrop 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 35 yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

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

6 Age of husband or wife if alive years

7 IF STILLBORN, enter that fact here.

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

Usual
9 Occupation: Retired Customs Officer

Industry
10 or Business: U. S. Customs

11 Social Security No.

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

PARENTS

13 NAME OF FATHER John Devlin

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

15 MAIDEN NAME OF MOTHER Charity McCafferty

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

17 Informant Catherine A. Devlin (daughter)
(Address) 24 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:

Waller H. Baker
(Signature of Agent of Board of Health or other)

Health Officer 5/21/46
(Official Designation) (Date of Issue of Permit)

18 DATE OF DEATH May 21 1946
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from
March 1946 to May 21, 1946

I last saw him alive on May 21, 1946, death is said to
have occurred on the date stated above at 5:35 A.M.

Immediate cause of death.

Cerebral thrombosis

Due to cerebral artery

Due to general arteriosclerosis

Other conditions.
(Include pregnancy within 8 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) Date 1946

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

DATE OF BURIAL May 24, 1946 19

22 NAME OF FUNERAL DIRECTOR John F. O'Leary
ADDRESS Winthrop, Mass

Received and filed MAY 22 1946 (Registrar)

IMPORTANT

IMPORTANT

Physician

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

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

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

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

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

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

1 PLACE OF DEATH

Suffolk
(County)Winthrop
(City or Town)

No. 185 Woodside Avenue.



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

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

Registered No. 98

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

2 FULL NAME Annie Belle Marden.
(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. 185 Woodside Avenue.
(Usual place of abode)

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

Length of stay: In hospital or institution _____ years _____ months _____ days. In this community 2 yrs 10 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 Widowed

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

(or) WIFE 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 3 Months 24 Days | If less than 1 day
Hours _____ Minutes _____

9 Usual Occupation: At Home

10 Industry or Business:

11 Social Security No. None

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

13 NAME OF FATHER Joshua C. Littlefield

14 BIRTHPLACE OF FATHER (City) Emden.
(State or country) Maine.

15 MAIDEN NAME OF MOTHER Sarah J. Eames.

16 BIRTHPLACE OF MOTHER (City) Swenville.
(State or country) Maine.

17 Informant Mrs. Vernon C. Kerr. (Daughter)
(Address) 185 Woodside 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:

Walter E. Baker
(Signature of Agent of Board of Health or other)

Health Officer 5/23/46
(Official Designation) (Date of Issue of Permit)

18 DATE OF DEATH May 22 1946.
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from
April 13, 1946, to May 22, 1946
I last saw her alive on May 22, 1946 death is said to
have occurred on the date stated above, at 10:15 PM

Immediate cause of death _____
Duration

Broncho-pneumonia 2 weeks

Due to Pulmonary Tuberculosis 3-4 years

Due to _____
Other conditions Arteriosclerosis 5 years
(Include pregnancy within _____ months of death)
Debility 1-2 years

Major findings: none Physician

Of operations _____ Date of _____
Underline the cause to which death should be attributed statistically
Of autopsy none
What test confirmed diagnosis? clinical & lab

20 Was disease or injury in any way related to occupation of deceased? No
If so, specify _____ M.D.
(Signed) _____
(Address) 562 _____ Date May 23 1946

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

DATE OF BURIAL May 24, 1946. 19

22 NAME OF FUNERAL DIRECTOR Alfred B. Marsh
ADDRESS 174 Winthrop St. Winthrop Mass.

Received and filed MAY 25 1946 19

(Registrar)

RETURN OF CERTIFICATES OF DEATH

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

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

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for a family, however, designate the occupation by 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-303 to the clerk of the city or town in which the deceased resided. (See Chap. 46, Sec. 12, G. L.)

30m-(b)-6-44-14607

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

(City or town making return)

COPY OF
CERTIFICATE OF DEATH

Registered No. 4768

PLACE OF DEATH

Suffolk
(County)
Boston
(City or Town)
No. Children's Hospital



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

2 FULL NAME Stuart Cash
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(a) Residence, No. 65 Revere 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. days.
(Before death) (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX M 4 COLOR OR RACE W 5 SINGLE (write the word) MARRIED WIDOWED Single or DIVORCED
5a If married, widowsd, 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 Occupation: Usual
10 Industry or Business:
11 Social Security No.
12 BIRTHPLACE (City) Winthrop Mass. (State or country)
13 NAME OF FATHER Daniel Cash
14 BIRTHPLACE OF FATHER (City) Boston Mass. (State or country)
15 MAIDEN NAME OF MOTHER Kathleen Hurley
16 BIRTHPLACE OF MOTHER (City) Boston Mass. (State or country)

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

A TRUE COPY. Michael J. Manning
ATTEST: (Registrar of city or town where death occurred)
DATE FILED May 27/46 19

18 DATE OF DEATH May 23/46 (Month) (Day) (Year)
19 I HEREBY CERTIFY, That I attended deceased from May 21 1946, to May 23/46 1946
I last saw him alive on May 23 1946 death is said to have occurred on the date stated above, at 1:30P m. Duration
Immediate cause of death Erythroblastosis fetalis 2 Days
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?
20 Was disease or injury in any way related to occupation of deceased?
If so, specify F. C. Robbins M. D. (Signed) 300 Longwood Ave. Date 5-23, 46 (Address)

21 PLACE OF BURIAL Winthrop Cem-Winthrop Mass. (Cemetery) (City or Town)
DATE OF BURIAL May 25/46 19

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

Received and filed JUN 4 1946 19
(Registrar of City or Town where deceased resided)

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

100

100

100

100

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

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

Registered No. **100**

PLACE OF DEATH

Suffolk
(County)
Winthrop
(City or Town)
No. **35 Nevada**



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

(a) Residence. No. **35 Nevada** 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 **4** 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
DIVORCED

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

6 Age of husband or wife if alive _____ years

7 IF STILLBORN, enter that fact here.

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

Usual
9 Occupation: **Housework**

Industry
10 or Business: **at home**

11 Social Security No. **none**

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

PARENTS

13 NAME OF
FATHER **Harry Wildman**

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

15 MAIDEN NAME
OF MOTHER **Otta (cannot be learned)**

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

17 Informant **Rebecca M. Cooper** Relation, if any
(Address) **35 Nevada St. Winthrop**

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

Walter H. Barker
(Signature of Agent of Board of Health or other)
Health officer
(Official Designation) (Date of Issue of Permit) **5-13-46**

18 DATE OF DEATH **May 30 1946**
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from
December 1945 to **May 30 1946**
I last saw her alive on **May 30 1946**, death is said to
have occurred on the date stated above at **1:15 P. m.** Duration
Immediate cause of death _____

Cardiac decompensation **2 days**
Due to **Generalized arterio sclerosis** **2 years**

Due to **Cirrhosis of liver** **10 years**

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

Major findings:
Of operations _____

Of autopsy _____

What test confirmed diagnosis? **Clinical**

20 Was disease or injury in any way related to occupation of deceased? **No**
If so, specify _____
(Signed) **Paul J. Menn** M. D.
(Address) **235 Wood Ave. Winthrop** Date **May 30 1946**

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

DATE OF BURIAL **May 31 1946**

22 NAME OF FUNERAL DIRECTOR **Benjamin Biryukach**
ADDRESS **10 Washington St. Dor.**

Received and filed **JUN 4 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 of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or 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.

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

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

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

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

No.

2 FULL NAME

(e) Residence, No.

(Usual place of abode)

Length of stay: In hospital or institution

(Before death)

(Specify whether)

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.

101

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

PHYSICIAN - IMPORTANT

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

(If nonresident, give city or town and State)

In this community

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)

PARENTS

17

Informant

(Address)

Relation, if any

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

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF

DEATH

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY,

that I attended deceased from

May 1, 1945 to May 30, 1946

I last saw him alive on May 30, 1946 death is said to

have occurred on the date stated above, at 9:30 p.m.

Immediate cause of death

Acute Bulimia Edema

Due to Chronic Myocarditis

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings: Sanguine left 4 toes

Of operations

Date of 5/10/46

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 M. D.

(Address) 19 Princeton St. Ely Date 5/31 1946

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

DATE OF BURIAL June 3 1946

22 NAME OF FUNERAL DIRECTOR

ADDRESS 132 1st St. Ely

Received and filed

30th

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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(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

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

Registered No.

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)

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

(a) Residence. No. 15 Moore St.
(Usual place of abode)

St.

(If nonresident, give city or town and State)

Length of stay: In hospital or institution (Before death) Hospital years 1 months 14 days. In this community 25 yrs. mos. days.

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

5a If married, widowed or divorced
HUSBAND of Lillian McPherson

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

6 Age of husband or wife if alive 62 years

7 IF STILLBORN, enter that fact here.

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

9 Usual Occupation: Supply Dep't

10 Industry or Business: U. S. N. Boston Mass

11 Social Security No. 023-10-6800

12 BIRTHPLACE (City) East Boston
(State or Country) Massachusetts

13 NAME OF FATHER Florence Nolan

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

15 MAIDEN NAME OF MOTHER Hanna Buckley

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

17 Informant Lillian Nolan (Wife if any)
(Address) 15 Moore St Winthrop

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

Walter G. Baker
Health Officer
(Official Designation) 6/3/46
(Date of Issue of Permit)

18 DATE OF DEATH

May

31

1946

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY, That I attended deceased from
July 24, 1940, to May 31, 1946
I last saw him alive on May 30, 1946 death is said to
have occurred on the date stated above, at 1:30 A.M.
Immediate cause of death

Duration

IMPORTANT

Carcinoma of transverse colon
Due to General carcinomatosis 3 mos
Due to Gastric ulcer 1 mo.
Uremia 5 1/2 yrs
Other conditions Pleurisy with effusion 2 days
(Include pregnancy within 3 months of death)
Major findings: Ruptured gastric ulcer
Of operations Date of July 25/1946
Of autopsy none
What test confirmed diagnosis? Clinical & lab
Underline cause to which death should be charged statistically.

IMPORTANT

Physician

20 Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Jacob A. Hayes M.D.
(Address) 562 Shirley St Date June 1, 1946

21 Place of Burial, Cremation or Removal. Winthrop
DATE OF BURIAL June 3, 1946

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

Received and Filed 19

JUN 4 1946 (Registrar)

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

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

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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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SPACE FOR ADDITIONAL INFORMATION

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

(City or town making return)

COPY OF
CERTIFICATE OF DEATH

Registered No. 125103

PLACE OF DEATH

Worcester

(County)

Westborough

(City or Town)

No. Westborough State Hospital

St. (If death occurred in a hospital or institution,
give its NAME instead of street and number)2 FULL NAME Myrton L. Davis
(If deceased is a married, widowed or divorced woman, give also maiden name.)(a) Residence No. 76 Fremont St. Winthrop, Mass.
(Usual place of abode)Length of stay: In hospital or institution Instit. - years - months 8 days
(Before death) (Specify whether) In this community yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX male 4 COLOR OR RACE white 5 SINGLE (write the word)
MARRIED married
WIDOWED or DIVORCED18 DATE OF DEATH May 14, 1946
(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 6, 1946, to May 14, 1946
I last saw him alive on May 13, 1946, death is said to
have occurred on the date stated above, at m. Duration

6 Age of husband or wife if alive years

Immediate cause of death

7 IF STILLBORN, enter that fact here.

8 AGE 68 Years Months Days If less than 1 day
Hours MinutesDue to Chronic Myocarditis
Arteriosclerosis

9 Usual Occupation: none

Due to Hypertension, Terminal
Bronchopneumonia

10 Industry or Business:

Other conditions
(Include pregnancy within 3 months of death)

11 Social Security No.

12 BIRTHPLACE (City) Maine
(State or country)Major findings:
Of operations Date of
Of autopsy
What test confirmed diagnosis? ClinicalPhysician
Underline
the cause to
which death
should be
charged sta-
tistically.

13 NAME OF FATHER Unascertained

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

15 MAIDEN NAME OF MOTHER Dora -- not learned

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 E. Philip Freedman M. D.
(Signed) Westboro S. H. Date 5/14 19 46
(Address)17 Informant Westborough State Hospital records (Relation, if any)
(Address)21 PLACE OF BURIAL, Winthrop Cem. Winthrop
CREMATION OR REMOVAL (Cemetery) (City or Town)
DATE OF BURIAL May 16 19 46

A TRUE COPY.

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

DATE FILED May 16, 19 46

22 NAME OF FUNERAL DIRECTOR Alfred B. Marsh
ADDRESS 174 Winthrop St. Winthrop

Received and filed 961-71-NMF 19

(Registrar of City or Town where deceased resided)

Resident in another city or town at the time of death, or whose usual place of abode was in another city or town at the time of death, and who was not a resident of the city or town in which the deceased resided. (See Chap. 46, Sec. 12, G. L.)



OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

(City or town making return)

COPY OF
CERTIFICATE OF DEATHRegistered No. **29404**

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)**Baby Girl Boyce**

2 FULL NAME

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

30 Madison Ave.**Winthrop, Mass.**

(a) Residence. No.

(Usual place of abode)

hospital

St.

(If nonresident, give city or town and State)

Length of stay: In hospital or Institution

(Before death)

(Specify whether)

years

months

1 days.

In this community

yrs.

mos.

days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

F

4 COLOR OR RACE

W

5 SINGLE (write the word)

MARRIED

WIDOWED

or DIVORCED

Single

5a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

6 Age of husband or wife if alive

years

7 IF STILLBORN, enter that fact here.

8

AGE.....Years.....Months.....Days

If less than 1 day

.....Hours.....Minutes

40

Usual

9 Occupation:

Industry

10 or Business:

11 Social Security No.

12 BIRTHPLACE (City)
(State or country)**Chelsea, Mass.**13 NAME OF
FATHER**Charles H. Boyce**14 BIRTHPLACE OF
FATHER (City)
(State or country)**East Boston, Mass.**15 MAIDEN NAME
OF MOTHER**Nora E. Mortimer**16 BIRTHPLACE OF
MOTHER (City)
(State or country)**East Boston, Mass.****Charles H. Boyce****30 Madison Ave. Winthrop, Mass.**17 Informant
(Address)

A TRUE COPY.

ATTEST:

(Registrar of City or Town where death occurred)

DATE FILED

19

MEDICAL CERTIFICATE OF DEATH

18 DATE OF
DEATH

(Month)

(Day)

(Year)

May 18, 1946

19 I HEREBY CERTIFY, that the deceased died on

May 18, 1946

or

19

May 18, 1946

19

I last saw him alive on

1:50p.

death is said to have occurred on the date stated above, at

Duration

Immediate cause of death

Anencephalus**(Monstrosity)****10 min.**

Due to

Due to

Other conditions

(Include pregnancy within 6 months of death)

Cesarean birth

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

G.L. Gately

(Signed)

East Boston**5/20****1946****Holy Cross, Malden, Mass.**21 PLACE OF BURIAL,
CREMATION OR REMOVAL**May 20, 1946**

(City or Town)

DATE OF BURIAL

Charles H. Treanor22 NAME OF
FUNERAL DIRECTOR**East Boston, Mass.**

ADDRESS

Received and filed

JUL 8 1946**19**

(Registrar of City or Town where deceased resided)

WESTERN RECORDING & REPRODUCING CO. has prepared a permanent record of this document in your city or town. In case the original is lost or destroyed, this record will be made available to you. It is recommended that you retain this record for your files. (See Chap. 46, Sec. 12, G. L.)

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICSBoston
(City or town making return)COPY OF
CERTIFICATE OF DEATH

Registered No.

1095

PLACE OF DEATH

Suffolk

(County)

Boston

(City or Town)

No. New England Hospt

St. (If death occurred in a hospital or institution,
give its NAME instead of street and number)2 FULL NAME Baby Girl Sisson
(If deceased is a married, widowed or divorced woman, give also maiden name.)(a) Residence, No. 26 Bates 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 10 days. In this community yrs. mos. 10 days.
(Before death) (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F 4 COLOR OR RACE W 5 SINGLE (write the word)
MARRIED Single
WIDOWED
OR 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 10 Days If less than 1 day
Hours Minutes

9 Occupation: Usual

10 Industry or Business:

11 Social Security No.

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

13 NAME OF FATHER Jean Sisson

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

15 MAIDEN NAME OF MOTHER Evelyn Epstein

16 BIRTHPLACE OF MOTHER (City) Haverhill 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 May 28/46 19

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH May 24/46
(Month) (Day) (Year)19 I HEREBY CERTIFY, That I attended deceased from
May 19, 1946, to May 24/46
I last saw her alive on May 24/46, death is said to
have occurred on the date stated above, at 12:30P m.Immediate cause of death.
Broncho Pneumonia 6 Days

Due to

Due to

Other condition, Microcephally multiple
(Include pregnancy within 3 months of death)
congenital anomalies

Major findings: Of operations

Date of

Of autopsy

What test confirmed diagnosis?

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

If so, specify

(Signed) A. N. Caplan M. D.
(Address) Boston Mass. Date 5-24-4621 PLACE OF BURIAL, Mt. Lebanon Workmen's Circle
CREMATION OR REMOVAL (Cemetery) West Rox.

DATE OF BURIAL May 26/46 19

22 NAME OF FUNERAL DIRECTOR B. Birnbach
ADDRESS Dorchester Mass.

Received and filed JUN 10 1946 19

(Registrar of City or Town where deceased resided)

MIDDLESEX

The Commonwealth of Massachusetts

SOMERVILLE

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

(City or town making return)

SOMERVILLE

COPY OF
CERTIFICATE OF DEATH

Registered No. 364106

PLACE OF DEATH

Home for the Aged.
186 Highland Ave.,St. { (If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME Nora O'Leary

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

(a) Residence, No. 19A Gudleston Road,
(Usual place of abode)St. Winthrop, Mass.
(If nonresident, give city or town and State)Length of stay: In ~~Massachusetts~~ Home 5 years 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 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

Usual Occupation: At Home

10 Industry or Business:

11 Social Security No.

12 BIRTHPLACE (City) Ireland
(State or country)

13 NAME OF FATHER Timothy O'Leary

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

15 MAIDEN NAME OF MOTHER Catherine Leary

16 BIRTHPLACE OF MOTHER (City) Ireland
(State or country)17 Informant Ellen Yarrows (Sister)
(Address) 19A Gudleston Road, Winthrop, Mass.

A TRUE COPY.

ATTEST: Norman C. Cowan
(Registrar of city or town where death occurred)

DATE FILED May 27, 1946 19

18 DATE OF DEATH May 27, 1946
(Month) (Day) (Year)19 I HEREBY CERTIFY, That I attended deceased from
May 22, 1946, to May 27, 1946I last saw her alive on May 26, 1946 death is said to
have occurred on the date stated above, at m. DurationImmediate cause of death.
Chronic Myocardial Disease

Due to Arteriosclerosis

Due to Gastro-intestinal neoplasm?
bleeding. 2 daysMajor findings:
Of operationsDate of Physician
Underline
the cause to
which death
should be
charged sta-
tistically.

Of autopsy. What test confirmed diagnosis?

20 Was disease or injury in any way related to occupation of deceased?
If so, specify(Signed) E. H. Robbins, M. D.
(Address) Somerville, Mass. Date 5/27, 194621 PLACE OF BURIAL Holy Cross Cem. Malden, Mass.
CREMATION OR REMOVAL

DATE OF BURIAL May 29, 1946 (City or Town) 19

22 NAME OF FUNERAL DIRECTOR T. J. Magrath
ADDRESS 64 Meridian St., E. Boston, MassReceived and filed JUN 10 1946
(Registrar of City or Town where deceased resided)

PLAID, and the death certificate is to 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.)

reaided 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.)

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
COPY OF
MEDICAL EXAMINER'S
CERTIFICATE OF DEATH

TON

(City or town making return)

Registered No. 509107

PLACE OF DEATH

SUFFOLK
(County)
BOSTON

(City or Town)

No. 854 Hyde Park Ave

St. { (If death occurred in a hospital or institution,
give its NAME instead of street and number)2 FULL NAME Maria M. Slocum
(If deceased is a married, widowed or divorced woman, give also maiden name.){ (If U. S.
War Veteran,
specify WAR) no(a) Residence, No. 10 Underhill
(Usual place of abode)St. Winthrop
(If nonresident, give city or town and State)Length of stay: In hospital or institution..... years months days. In this community yrs. mos. days.
(Before death) (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

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

5a If married, widowed, or divorced

HUSBAND of Isabel Huntington Slocum
(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 78 Years 1 Months 15 Days | If less than 1 day
Hours..... MinutesUsual
9 Occupation: At homeIndustry
10 or Business:

11 Social Security No.

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

PARENTS

13 NAME OF FATHER David MacIntosh

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

15 MAIDEN NAME OF MOTHER Ann Smith

16 BIRTHPLACE OF MOTHER (City) Nova Scotia
(State or country)17 Informant E E Slocum (Relation, if any)
(Address)

A TRUE COPY.

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

DATE FILED 6/6/46 19

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH June 3/46
(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
Treated for hypertension
Collapsed while visiting friend

20 Accident, suicide, or homicide (specify)

Date of occurrence 19

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

While at work? Was there an autopsy?

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

If so, specify Timothy Leary M. D.
(Signed) Boston Date 6/4/46
(Address)22 Winthrop Cem - Winthrop
Place of Burial, Cremation or Removal (City or Town)
DATE OF BURIAL 6/6/46 1923 NAME OF FUNERAL DIRECTOR A B Marsh
ADDRESS Winthrop

Received and filed JUN 22 1946 19

(Registrar of City or Town where deceased resided)

1 PLACE OF DEATH

Suffolk.

(County)

Winthrop.

(City or Town)

No. 571 Shirley Street.



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

STANDARD
CERTIFICATE OF DEATH

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

Registered No. 108

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

2 FULL NAME Walter Ernest Meryman.

(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. 571 Shirley 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 40 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

Male.

White.

Widowed

5a If married, widowed, or divorced

Lillie Rose Caine

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

6 Age of husband or wife if alive

years

7 IF STILLBORN, enter that fact here.

8 AGE 79 Years 10 Months 22 Days

If less than 1 day

Hours Minutes

Usual

9 Occupation:

Fish Merchant

Industry

10 or Business:

Own business

11 Social Security No.

12 BIRTHPLACE (City)

(State or country)

Chelsea

Mass

13 NAME OF

FATHER

Jacob Walter Meryman.

14 BIRTHPLACE OF

FATHER (City)

Portland

(State or country)

Maine

15 MAIDEN NAME

OF MOTHER

Marv Jane Swett.

16 BIRTHPLACE OF

MOTHER (City)

Boston

(State or country)

Mass.

17 Informant

(Address)

Albert H. Meryman

Relation, if any

(Son)

571 Shirley St.

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

Walter E. Caine

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

18 DATE OF

DEATH

June

5.

1946

(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

S.P.

m.

Duration

Immediate cause of death

Chronic Embolism

IMPORTANT

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

IMPORTANT

Major findings:

Of operations

Physician

Underline

the cause to

which death

should be

charged ca-

stastically.

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)

Walter E. Caine

Date

6/5

19

46

21 cremation Woodlawn Everett

Place of Burial, Cremation or Removal.

(City or Town)

OATE OF

June 8, 1946

19

22 NAME OF

FUNERAL DIRECTOR

ADDRESS

Alfred B. Marsh

174 Winthrop St. Winthrop

Received and filed

JUN 7 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 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

PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)

No. 364 Winthrop 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. 109

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

2 FULL NAME Thomas Warren 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. 364 Winthrop 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 56 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 Willette Richardson (Give maiden name of wife in full)
(or) WIFE of (Husband's name in full)

6 Age of husband or wife if alive 77 years

7 IF STILLBORN, enter that fact here.

8 AGE 78 Years 11 Months 7 Days | If less than 1 day Hours Minutes

9 Usual Occupation: Mailer

10 Industry or Business: Newspaper

11 Social Security No. 031-07-1048

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

13 NAME OF FATHER John Johnson

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

15 MAIDEN NAME OF MOTHER Elizabeth Chace

16 BIRTHPLACE OF MOTHER (City) Salem
(State or country) Mass.17 Informant Willette Johnson (Relation, if any)
(Address) 364 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:

Walter H. Baker
(Signature of Agent of Board of Health or other)
(Official Designation) Health Officer (Date of Issue of Permit) 6/11/46

18 DATE OF DEATH June 9, 1946
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from January 10, 1946, to June 9, 1946
I last saw him alive on June 8, 1946 death is said to have occurred on the date stated above, at 1:20 A.M.

Immediate cause of death.

Chronic Glomerulo-nephritis
Benign prostatic hypertrophy
Arteriosclerotic heart disease

Duration

IMPORTANT

6 months

8 months

18 months

Other conditions (Include pregnancy within 3 months of death)

IMPORTANT

Major findings: Prostatic hypertrophy
Of operations: Benign Prostatic hypertrophy
Of autopsy: None
What test confirmed diagnosis: Clinical & Laboratory

Physician

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

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

If so, specify: Maurice Traustein M. D.
(Signed) (Address) 562 Shirley St. Date June 9, 1946

21 Winthrop
Place of Burial, Cremation or Removal. (City or Town)
DATE OF BURIAL June 11, 1946

22 NAME OF FUNERAL DIRECTOR Harold Dymally
ADDRESS Winthrop, Mass.

Received and filed June 12, 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 hurry or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been hurried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is hurried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or, if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required

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

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a 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

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

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

Registered No. **110**

1 PLACE OF DEATH
Suffolk
(County)
Winthrop
(City or Town)
No. *35 Birch Road*

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

(a) Residence, No. *35 Birch Road* 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 *25* yrs. mos. _____ days.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6 Age of husband or wife if alive _____ years

7 IF STILLBORN, enter that fact here.

8 AGE *72* Years _____ Months _____ Days | If less than 1 day
Hours _____ Minutes _____

9 Occupation: *Buyer*

Industry *United Markets*

10 or Business:

11 Social Security No. _____

12 BIRTHPLACE (City) *Prince Edward Island*
(State or country)

13 NAME OF FATHER *Donald McNeil*

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

15 MAIDEN NAME OF MOTHER *Julia McLaughlin*

16 BIRTHPLACE OF MOTHER (City) *Prince Edward Island*
(State or country)

17 Informant *Robert D. McNeil* (Son)
(Address) *17 Cliff Ave Winthrop, Mass*

I HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with _____ (Signature of Agent of Board of Health or other)

Walter H. Baker
(Official Designation)

6/10/46
(Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH *June 9 1946*
(Month) (Day) (Year)

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

I last saw him _____ alive on _____, 19____, death is said to
have occurred on the date stated above, at *1 P.* m.

Immediate cause of death *Natural causes* Duration _____

Due to *Probable coronary occlusion* **IMPORTANT**
for hours

Due to _____

Other conditions *diabetes mellitus* *3 yrs*
(Include pregnancy within 3 months of death) **IMPORTANT**

Major findings:
Of operations _____ Physician _____

Date of _____ Underline the cause to which death should be charged statistically.

Of autopsy _____

What test confirmed diagnosis? _____

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

(Signed) *Arthur J. Murray* M. D.
(Address) *Winthrop, Mass* Date *9/11/46*

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

DATE OF BURIAL *June 12 1946*

22 NAME OF FUNERAL DIRECTOR *Frank A. Wepsh*
ADDRESS *721 Broadway Chelsea, Mass*

Received and filed *JUN 10 1946* 19____
(Registrar)

RETURN OF CERTIFICATES OF DEATH

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

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

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

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

SPACE FOR ADDITIONAL INFORMATION

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

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

PLACE OF DEATH

Suffolk
(County)
Dorchester
(City or Town)



The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD
CERTIFICATE OF DEATH

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

Registrar's No.

111

No. *125 Cliff Ave.*

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

2 FULL NAME *Hannah Beaton*
(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. *7a Wilbur*
(Usual place of abode)

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

Length of stay: In hospital or Institution *Rest Home* years months *1* days. In this community yrs. mos. *14* days.
(Before death) (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6 Age of husband or wife if alive *83* years

7 IF STILLBORN, enter that fact here.

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

Usual Occupation: *Housewife*

Industry or Business: *at Home*

11 Social Security No. *none*

12 BIRTHPLACE (City)
(State or country) *P. E. Island*

13 NAME OF FATHER *Matthias Mac Donald*

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

15 MAIDEN NAME OF MOTHER *Matilda Flynn*

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

17 Informant *William Dyer* Relation, if any *Daughter*
(Address) *7a Wilbur Quincy Mass.*

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

Walker J. Bojars
(Signature of Agent of Board of Health or other)

Health Officer 6/16/46
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH *June 14, 1946*
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from
June 13, 1946 to *June 14, 1946*
last saw her alive on *June 13, 1946* death is said to
have occurred on the date stated above, at *7:15 A.M.*

Immediate cause of death

Cerebral Hemorrhage 2 days

Due to *Hypertension-essential* 2 years

Due to

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

Major findings:
Of operations *none*

Date of

Of autopsy *none*

What test confirmed diagnosis *Clinical + Laboratory*

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

If so, specify

(Signed) *Marvise Traubstein Jr.*, M. D.
(Address) *562 Chapel St. Quincy Mass.* Date *June 14, 1946*

21 Place of Burial, Cremation or Removal. *Holy Cross Cemetery Quincy Mass.*
(City or Town)

DATE OF BURIAL *June 17, 1946*

22 NAME OF FUNERAL DIRECTOR *John Edward*
ADDRESS *772 Broadway Quincy Mass.*

Received and filed *JUN 20 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).

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

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

RULES OF PRACTICE

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

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

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

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

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

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

SPACE FOR ADDITIONAL INFORMATION

See instructions and 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



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

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

Registered No.

112

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

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

PHYSICIAN-IMPORTANT

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

(a) Residence. No. 8 Thurston Street
(Usual place of abode)

st. East Boston, Mass.
(If nonresident, give city or town and State)

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

years months 11 hrs
10 hrs 42 min

In this community yrs. mos. 11 hrs

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 June 15, 1946 (Month) (Day) (Year)	
5a If married, widowed or divorced HUSBAND of: (Give maiden name of wife in full)			19 I HEREBY CERTIFY, That I attended deceased from June 15, 1946, to June 15, 1946	
(or) WIFE of (Husband's name in full)			I last saw him alive on June 15, 1946, death is said to have occurred on the date stated above, at 7 P. M.	
6 Age of husband or wife if alive years			Immediate cause of death	
7 IF STILLBORN, enter that fact here			Prematurity	
8 AGE Years Months XXX Days If less than 1 day 11 Hours 42 Minutes			Due to	
9 Occupation: None			Due to	
10 Industry or Business: None			Other conditions (Include pregnancy within 3 months of death)	
11 Social Security No. None			Major findings: Of operations	
12 BIRTHPLACE (City) Winthrop (State or Country) Mass.			Date of	
13 NAME OF FATHER John J. McGunigle			Of autopsy	
14 BIRTHPLACE OF FATHER (City) East Boston (State or Country) Mass			What test confirmed diagnosis?	
15 MAIDEN NAME OF MOTHER Anna M. O'Connor			20 Was disease or injury in any way related to occupation of deceased? If so, specify	
16 BIRTHPLACE OF MOTHER (City) East Boston (State or Country) Mass.			(Signed) G. N. Caplan M. D. (Address) 46 Princeton St. Boston Date 6-15-46	
17 Informant John J. McGunigle (Father) (Address) 8 Thurston St., East Boston			21 St. Michaels Cemetery, Boston Place of Burial, Cremation or Reinterment (City or Town) DATE OF BURIAL June 19 19 46	
I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial of transit permit was issued: Walter L. Gable (Signature of Agent of Board of Health or other) Health Officer (Official Designation) 6/19/46 (Date of Issue of Permit)			22 NAME OF FUNERAL DIRECTOR Richard C. Kirby ADDRESS Boston, Mass.	
Received and Filed			19 JUN 20 1946 (Registrar)	

Duration
IMPORTANT

IMPORTANT

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

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

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

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

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

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

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a 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. 91 Bartlett Road

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

2 FULL NAME Lester Ellwood Richardson

(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. 91 Bartlett 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 7 yrs. 6 mos. days.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

5a If married, widowed or divorced, HUSBAND of Lucy Leighton Morgrage

(Give maiden name of wife in full)

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

6 Age of husband or wife if alive years

7 IF STILLBORN, enter that fact here.

8 AGE 76 Years 6 Months 14 Days | If less than 1 day Hours Minutes

9 Usual Occupation: Plumber

10 Industry or Business: S.H. Woodbury Co. Brewer, Maine

11 Social Security No. none

12 BIRTHPLACE (City) (State or country) Orlington Maine.

13 NAME OF FATHER Howard Richardson

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

15 MAIDEN NAME OF MOTHER Deering

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

17 Informant Mrs. Edwin S. Lowell daughter (Address) 91 Bartlett Road, Winthrop

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

Walter G. Baker (Signature of Agent of Board of Health or other)

Health Officer (Official Designation) 6/17/46 (Date of Issue of Permit)

18 DATE OF DEATH June 15 1946 (Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from Feb 21 1946, to June 15 1946

I last saw him alive on June 14, 1946 death is said to have occurred on the date stated above, at 4 4 m.

Immediate cause of death..... Duration

myocarditis (chronic) 4 mos.

Due to

Due to

Other conditions Bronchitis 10 days

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 J. Salerno M. D. (Address) 135 Pleasant St Date Jun 15 1946

21 Oak Hill Cemetery Brewer, Maine

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

DATE OF BURIAL June 18 1946. 19

22 NAME OF FUNERAL DIRECTOR Alfred B. Marsh

ADDRESS 174 Winthrop St. Winthrop

Received and filed JUN 20 1946 19

(Registrar)

RETURN OF CERTIFICATES OF DEATH

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

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

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

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. **114**

PLACE OF DEATH

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

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

 (a) Residence. No. 47 Saratoga St. E.B. St. (If nonresident, give city or town and State)
 (Usual place of abode)

 Length of stay: In hospital or Institution Hosp. - years - months 5 days. In this community 38 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

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 Consiglia Esposito
 (Give maiden name of wife in full)
 (or) WIFE of _____
 (Husband's name in full)
6 Age of ~~deceased~~ or wife if alive 49 years

7 IF STILLBORN, enter that fact here.

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

 Usual
 9 Occupation: Foreman

 Industry
 10 or Business: Electrical Plant
11 Social Security No. 024-01-4070
 12 BIRTHPLACE (City)
 (State or country) Italy

 13 NAME OF
 FATHER Celestino Principe

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

 15 MAIDEN NAME
 OF MOTHER Maria Di Giacua

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

 17 Informant Consiglia Principe (Relationship, if any)
 (Address) 47 Saratoga St. E. Boston

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

 (Signature of Agent of Board of Health or other)
Health Officer
 (Official Designation) (Date of Issue of Permit) 6/12/46

 18 DATE OF
 DEATH June 16 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.)

Pulmonary embolus, following
 herniorrhaphy 6-12-46.

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 Sid. incurred at work (hernia)(Signed) James H. Howard M. D.(Address) 25 Shaftuck St. Date 6-16 1946
 22 St. Michael Boston
 Place of Burial, Cremation or Removal (City or Town)
DATE OF BURIAL June - 20 - 194623 NAME OF FUNERAL DIRECTOR John PapinoADDRESS 4 Chelsea Street East Boston.Received and filed JUN 20 1946 1946

(Registrar)

COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

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

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

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

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

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

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

See instructions and extracts from the laws on back of certificate and statement of certification for every important case.

pus hosp. 3/19/46

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

Registered No.

115

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) }

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

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

(a) Residence. No. 55 Payson
(Usual place of abode)

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

Length of stay: In hospital or institution (Before death) (Specify whether) - years - months 8 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

18 DATE OF DEATH June 17, 1946
(Month) (Day) (Year)

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

19 I HEREBY CERTIFY, That I attended deceased from May 20, 1946, to June 17, 1946
I last saw her alive on June 17, 1946, death is said to have occurred on the date stated above, at 6:30 P. m.

6 Age of husband or wife if alive 62 years

Immediate cause of death Cardiac insufficiency 6-17-46
Duration IMPORTANT

7 IF STILLBORN, enter that fact here.

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

9 Occupation: Usual Housewife

10 Industry or Business: at home

11 Social Security No. None

12 BIRTHPLACE (City) Revere
(State or Country) Mass.

Due to Cardiac insufficiency
Due to Bronchial asthma 20 yrs

Other conditions (Include pregnancy within 3 months of death)

13 NAME OF FATHER John V. Fitzgerald

Major findings: Of operations

14 BIRTHPLACE OF FATHER (City) Chelsea
(State or Country) Mass.

Date of

15 MAIDEN NAME OF MOTHER Alice M. Burke

Of autopsy

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

What test confirmed diagnosis?

17 Informant Edward J. Tighe (Relation, if any)
(Address) 55 Payson St., Revere

20 Was disease or injury in any way related to occupation of deceased? No
If so, specify (Signed) Arnold Morgan, M. D.
(Address) 670 Revere St. Date 6-17-1946

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

21 Puritan Lawn Memorial Park Pea body
Place of Burial, Cremation or Removal. (City or Town)
DATE OF BURIAL June 21, 1946.

Walter H. Baker
(Signature of Agent of Board of Health or other)
Health Officer (Official Designation) 6/19/46
(Date of Issue of Permit)

22 NAME OF FUNERAL DIRECTOR Michael J. Ponella
ADDRESS 10 No. Bennett St., Boston

Received and Filed

JUN 20 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).

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

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

(3) **Medical Examiners** will investigate and certify to all deaths 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 regulations from the laws on death certificates. 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)



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

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

116

Registered No.

No. Winthrop Community Hospital

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

2 FULL NAME Angelina Aldorisiso
(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. 75 Davis St.
(Usual place of abode)

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

Length of stay: In hospital or institution (Before death) 1 days. In this community 45 yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS			
3 SEX Female	4 COLOR OR RACE White	5 SINGLE (write the word) MARRIED WIDOWED or DIVORCED Married	
5a If married, widowed or divorced HUSBAND of: (Give maiden name of wife in full) (or) WIFE of: Vincenzo Aldorisiso (Husband's name in full)			
6 Age of husband or wife at death 87 years			
7 IF STILLBORN, enter that fact here.			
8 AGE 87 Years Months Days If less than 1 day Hours Minutes			
9 Usual Occupation: House work			
10 Industry or Business: at home			
11 Social Security No. none			
12 BIRTHPLACE (City) (State or Country) Italy			
PARENTS	13 NAME OF FATHER Generoso Pullo		
	14 BIRTHPLACE OF FATHER (City) (State or Country) Italy		
	15 MAIDEN NAME OF MOTHER Maria Indindio		
	16 BIRTHPLACE OF MOTHER (City) (State or Country) Italy		

MEDICAL CERTIFICATE OF DEATH	
18 DATE OF DEATH June 23 1946 (Month) (Day) (Year)	19 I HEREBY CERTIFY, That I attended deceased from June 22, 1946, to June 23, 1946. I last saw her alive on June 22, 1946 death is said to have occurred on the date stated above, at 1:25 A. M. Immediate cause of death: Right-side cardiac failure & anasarca. Due to Hypertension and Arteriosclerotic heart disease 2 years.
20 Was disease or injury in any way related to occupation of deceased? If so, specify (Signed) D. D. Potts (Address) 7 Central Sq. E.B. Date 6/23 1946	21 Place of Burial, Cremation or Removal Holy Cross Malden Date of BURIAL June 27 1946
22 NAME OF FUNERAL DIRECTOR Address 9 Chelsea Street East Boston.	

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

17 Informant (Address) Joseph Aldorisiso 75 Davis St. Revere (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:
Walter J. Gagne (Signature of Agent of Board of Health or other)
Health Officer (Official Designation) 6/26/46 (Date of Issue of Permit)

Received and Filed JUN 28 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

100M-(R)-1-45-15510
If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requiree physicians to insert a recital to that effect.
see Chap. 7/18/46

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



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

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

Registered No. 117

No. Winthrop Community Hosp 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) none

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

(e) Residence, No. 94 Fairview Ave St.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or institution 2 wks - years - 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

18 DATE OF DEATH June 24 1946
(Month) (Day) (Year)

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

19 I HEREBY CERTIFY, That I attended deceased from
Jan 18, 1945, to June 24, 1946.
last saw her alive on June 24, 1946, death is said to
have occurred on the date stated above, at 2 A. m.

6 Age of husband or wife if alive years

Immediate cause of death

7 IF STILLBORN, enter that fact here.

Duration

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

Due to Cardiac Decompensation 1 yr
Chronic Myocardial 2 yrs

Usual Occupation: Housework

Due to Uremia 6 wks
Chronic Nephritis 2 yrs

Industry or Business: Aun Home

Other conditions (Include pregnancy within 3 months of death)

11 Social Security No. none

Major findings: Of operations

12 BIRTHPLACE (City) (State or country) Ireland

Date of

13 NAME OF FATHER Michael Kane

Of autopsy

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

What test confirmed diagnosis?

15 MAIDEN NAME OF MOTHER Catherine Kennedy

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

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

(Signed) Dr. C. J. Caplan M. D.
Address 186 Melrose St Boston Date 6-25-1946

17 Informant Thomas E. Barry Relation, If any
(Address) 49 Baywater St E Boston

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

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

DATE OF BURIAL June 27 1946

Walter H. Baker
(Signature of Agent of Board of Health or other)

22 NAME OF FUNERAL DIRECTOR
ADDRESS East Boston

Health Officer 6/26/46
(Official Designation) (Date of Issue of Permit)

Received and filed JUN 28 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:

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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 _____

303-A
in that it may be properly classified under the International Classification of Causes of Death
causes from the laws relative to the return of certificates of death.
If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a notation to that effect.
30m (g)-1-41-4067

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. 118

PLACE OF DEATH

Suffolk
County
Winthrop
(City or Town)



No. 5 Hillside Ave Winthrop

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

2 FULL NAME

William J. Moylette

(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.

5 Hillside Ave Winthrop

(Usual place of abode)

(If nonresident, give city or town and State)

Length of stay: In hospital or institution

(Before death)

(Specify whether)

years

months

days

In this community

20 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

Bridie Jennings

(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

58

Months

Days

If less than 1 day

Hours

Minutes

Usual

9 Occupation:

Prison Officer

Industry

10 or Business:

Deer Island

11 Social Security No.

12 BIRTHPLACE (City)

Ireland

(State or country)

13 NAME OF

FATHER

William Moylette

14 BIRTHPLACE OF

FATHER (City)

Ireland

(State or country)

15 MAIDEN NAME

OF MOTHER

Catherine Higgins

16 BIRTHPLACE OF

MOTHER (City)

Ireland

(State or country)

17

Informant

Bridie Moylette

(Wife if any)

(Address)

45 Hillside Ave Winthrop

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

Walter J. Banks

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

18 DATE OF
DEATH

June - 24 - 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.)
asphyxiation due to cord around
neck

20 Accident, suicide, or homicide (specify)

Suicide
Suicide

Date of occurrence

June - 24 - 1946

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 & hanging in his
cellar

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)

Wm. J. Sniffley

M. D.

(Address)

Boston Date 12-5-1946

22 New Calvary

Boston

Place of Burial, Cremation or Removal.

(City or Town)

DATE OF BURIAL

June 28 1946

19

23 NAME OF

FUNERAL DIRECTOR

ADDRESS

John H. O'Grady
Winthrop

Received and filed

19

JUN 28 1946

(Registrar)

COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

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

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

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

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

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed 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 bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a 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 persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

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

(3) Medical Examiners will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and death following abortion, but also deaths from disease resulting from injury infection 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 known or presumable nature; and (2) under manner, indicate the circumstances leading to medico-legal inquiry. For example: "Hemorrhage spontaneous of the brain (basal ganglia) (found dead in bed)." "Heart disease presumably coronary sclerosis. (Sudden death)."

DESCRIPTION (for unknown person)

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

THIS CERTIFICATE CONSTITUTES SUCH PERMIT

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

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

Registered No. **119**

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 **Julia C. Boardman**
 (If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence No. **69 Johnson Ave Winthrop** St. (If nonresident, give city or town and State)

Length of stay: In hospital or Institution **Rest Home** years — months **10** 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 **Married**

18 DATE OF DEATH **June - 29 - 1946**
 (Month) (Day) (Year)

5a If married, widowed, or divorced
 HUSBAND of (Give maiden name, wife in full)
 (or) WIFE of **Wendell W. Boardman**
 (Husband's name in full)

19 I HEREBY CERTIFY that I have investigated the death
 of the person above-named and that the CAUSE AND MANNER thereof
 are as follows: (If an injury was involved, state fully.)

fractured left hip
Senility
arterio Sclerosis

6 Age of husband or wife if alive **79** years

7 IF STILLBORN, enter that fact here.

8 AGE **82** Years Months Days If less than 1 day
 Hours Minutes

20 Accident, suicide, or homicide (specify) **accidental**

Date of occurrence **June - 10 - 1946**

Where did
 Injury occur? **Winthrop**
 (City or town and State)

Did injury occur in or about home, on farm, in industrial place, or in public
 place?

(Specify type of place)

Manner of **fell accidentally at her**
 Injury

Nature of **home June - 10 - 1946**
 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 **no**

(Signed) **W. B. Buckley** M. D.

(Address) **100 State St. Boston June 29 - 1946**

22 **Winthrop Cemetery Winthrop**
 Place of Burial, Cremation or Removal. (City or Town)

DATE OF BURIAL **July 3 1946**

23 NAME OF FUNERAL DIRECTOR **Kidby Bros. M. Kidby**

ADDRESS **210 Winthrop St.**

Received and filed **19**

JUL 2 - 1946

(Registrar)

PARENTS
 13 NAME OF FATHER **Mathew Coleman**
 14 BIRTHPLACE OF FATHER (City) **Ireland**
 (State or country)
 15 MAIDEN NAME OF MOTHER **Ann M. Mason**
 16 BIRTHPLACE OF MOTHER (City) **Ireland**
 (State or country)

17 Informant **Wendell W. Boardman** Relation, if any
 (Address) **69 Johnson Ave Winthrop**

I HEREBY CERTIFY that a satisfactory standard certificate of death was
 filed with me BEFORE the burial or transit permit was issued:

Walter J. Baker
 (Signature of Agent of Board of Health or other)
Health Officer (Official Designation) **7/1/46** (Date of Issue of Permit)

COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, 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

of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.... Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same;...—General Laws, Chap. 38, Sec. 6.

...He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—General Laws, Chap. 38, Sec. 7.

...The medical examiner certifies the cause and manner of death to the best of his knowledge and belief.

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

STATEMENT OF CAUSE OF DEATH

Medical Examiners in certifying to a death will state the cause and manner thereof, and will specify: (1) Under *cause*, the nature of an injury and of its consequences; and (2) under *manner*, the mode of its production together with the circumstances when these are known. For example: "Compound fracture of the femur with ensuing septicemia (gas bacillus) caused by a steam railway accident." "Pistol shot wound of the chest with associated hemorrhage, homicidal." "Asphyxiation by suspension, suicidal." "Syncope while under the influence of ether administered as a surgical anaesthetic." "Fracture of the skull with associated internal injury sustained under circumstances unknown."

If disease or injury was related to occupation, specify. If investigation shows the death to have been due to disease, specify: (1) Under *cause* its known or presumable nature; and (2) under *manner*, indicate the circumstances leading to medico-legal inquiry. For example: "Hemorrhage spontaneous of the brain (basal ganglia) (found dead in bed)." "Heart disease, presumably coronary sclerosis. (Sudden death)."

DESCRIPTION (for unknown person)

.....
.....
.....
.....
.....

NOTICE TO UNDERTAKERS: No embalming fluid, or any substitute therefor, shall be injected into the body of any person supposed to have met his death by violence, until a permit, signed by the Medical Examiner, has first been obtained.—General Laws, Chap. 38, Sec. 14.

THIS CERTIFICATE CONSTITUTES SUCH PERMIT

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

To be filed for burial permit
with Board of Health
or its Agent

120

STANDARD
CERTIFICATE OF DEATH

Registered No.

1 PLACE OF DEATH *Wintthrop*
(County)
Wintthrop
(City or Town)
No. *Washington Ave*

St. (If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME *Charles F. Pendugast*
(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. *67 Tudor*
(Usual place of abode)

St. *Lynn Mass.*
(If nonresident, give city or town and State)

Length of stay: In hospital or institution (Before death) *Ref. Home* years *3* months *—* days. In this community *15* yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX *M* 4 COLOR OR RACE *White* 5 SINGLE (write the word)
MARRIED *Widowed*
WIDOWED
or DIVORCED

18 DATE OF DEATH *June 29 1946*
(Month) (Day) (Year)

5a If married, widowed, or divorced
HUSBAND of *Josephine A. Maher*
(Give maiden name of wife in full)
(or) WIFE of *Josephine A. Maher*
(Husband's name in full)

19 I HEREBY CERTIFY, That I attended deceased from
Sept. 12, 1945 to *June 29, 1946*

I last saw him alive on *June 28, 1946*, death is said to
have occurred on the date stated above, at *9:15 P.M.*

6 Age of husband or wife if alive years

Immediate cause of death *Myocardial degeneration* Duration *3 months*

7 IF STILLBORN, enter that fact here.

8 AGE *76* Years Months Days | If less than 1 day
Hours Minutes

Myocardial degeneration **IMPORTANT**

9 Occupation: *Shoe maker*

Due to *Carcinomatosis* *5 yrs.*

10 Industry *Shoe*

Due to

11 Social Security No. *055-03-0383*

Other conditions.....
(Include pregnancy within 8 months of death)

12 BIRTHPLACE (City) *Howe*
(State or country) *Maine*

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) *William A. Bunting* M. D.
(Address) *23 Broad St. Lynn* *June 29 1946*

21 *Pine Grove*
Place of Burial, Cremation or Removal. (City or Town)

DATE OF BURIAL *July 2 1946*

22 NAME OF FUNERAL DIRECTOR *William C. Parker*

ADDRESS *50 Franklin St. Lynn*

Received and filed *JUL 2 - 1946* 19

(Registrar)

PARENTS

13 NAME OF FATHER *Wm. W. Pendugast*

14 BIRTHPLACE OF FATHER (City) *Maine*
(State or country)

15 MAIDEN NAME OF MOTHER *Oliver Elwood*

16 BIRTHPLACE OF MOTHER (City) *Maine*
(State or country)

17 Informant *Charles F. Pendugast* Relation, if any
(Address) *82 Spring St. Boston*

I HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:

Walter J. Baker
(Signature of Agent of Board of Health or other)

Health Officer (Date of Issue of Permit) *7/1/46*

(Official Designation)

RETURN OF CERTIFICATES OF DEATH

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report that usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

PLACE OF DEATH

Suffolk
(County)
Winthrop
(City or Town)



The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

Registered No. 121

No. 19 Eggleton Park St. Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Annie Keir Wormhood
(If deceased is a married, widowed or divorced woman, give also maiden name.) { (If U. S. War Veteran specify WAR)

(a) Residence. No. 19 Eggleton Park St. Ward
(Usual place of abode) (If nonresident, give city or town and state)

Length of residence in city or town where death occurred 36 years months days. How long in U.S., if of foreign birth? years months days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE MARRIED WIDOWED or DIVORCED Married (write the word)

5a If married, widowed, or divorced HUSBAND of Herman Wormhood (Give maiden name of wife in full)
(or) WIFE of Herman Wormhood (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 74 Years 1 Months 14 Days If less than 1 day Hours Minutes

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10 Date deceased last worked at this occupation (month and year) 11 Total time (years) spent in this occupation

12 BIRTHPLACE (City) Rochester, (State or country) New Hampshire.

13 NAME OF FATHER John B. Keir,

14 BIRTHPLACE OF FATHER (City) Not known, (State or country) Scotland.

15 MAIDEN NAME OF MOTHER Jane King,

16 BIRTHPLACE OF MOTHER (City) Not known, (State or country) Scotland.

17 Informant Herman Wormhood (Address) 19 Eggleton Park, Winthrop, Mass. Relation, if any Husband.

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Walter H. Baker
(Signature of Agent in Charge of Health or other)
Health Officer (Official Designation) 6/30/46 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH June 29, 1946.
(Month) (Day) (Year)

19 I HEREBY CERTIFY. That I attended deceased from June 3, 1945, to June 27, 1946.
I last saw h. alive on June 29, 1946, death is said to have occurred on the date stated above, at 4.05 p.m.
The principal cause of death and related causes of importance in order of onset were as follows:

Coronary heart with metastases
Contributory causes of importance not related to principal cause:

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

20 Was disease or injury in any way related to occupation of deceased? If so, specify
(Signed) P. D. M. D.
(Address) Rochester, N. H. Date 6-30-19-46

21 Place of Burial, Cremation or Removal (City or Town) Rochester, N. H.
DATE OF BURIAL July 2, 1946

22 NAME OF UNDERTAKER J. H. C. Dyer, Jr.
ADDRESS Rochester, N. H.

Received and filed JUL 2 - 1946 (Registrar)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write HOUSEWORK in answer to Question 8 and OWN HOME in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as HOUSEKEEPER—PRIVATE FAMILY, COOK—HOTEL, etc. For a person who had no occupation whatever write NONE.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as SPINNER, WEAVER, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as GROCERY STORE, SOAP FACTORY, COTTON MILL, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as CIVIL ENGINEER, MECHANICAL ENGINEER, MINING ENGINEER, STATIONARY ENGINEER, etc. Avoid the term "laborer." When a more precise statement of the occupation can be secured, Do not use the word "mechanic," but give the exact occupation, as CARPENTER, PAINTER, MACHINIST, etc. Distinguish carefully between RETAIL MERCHANTS and WHOLESALE MERCHANTS. A person who sells goods should be called a SALESMAN and not a CLERK.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthma, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The principal cause of death and related causes of importance in order of onset were as follows:	Date of Onset
<i>Arteriosclerosis</i>	1915
<i>Current interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927
Contributory causes of importance not related to principal cause:	
.....	
.....	
.....	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section 96, here same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . GEN. LAWS, CHAP. 46, SEC. 9

No undertaker or other person shall bury or otherwise dispose of a human body in a town, remove therefrom a human body which has been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died, and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another, in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate, as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such a removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a retail, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such retail shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death which the clerk or registrar may require.—CHAP. 114, SEC. 45, G. L. (TERCENTENARY EDITION.)

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. . . GEN. LAWS, CHAP. 38, SEC. 6
...He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—GEN. LAWS, CHAP. 38, SEC. 7.

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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 diseases resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
COPY OF
CERTIFICATE OF DEATH

(City or town making return)

Registered No.

122

(County)

(City or Town)

No.

(If death occurred in a hospital or institution, give its NAME instead of street and number)

(If U. S.

2 FULL NAME

(a) Re
Length of stay

3 SEX

5a If married,
HUSBAND of

(or) WIFE of

6 Age of husb

7 IF STILLBOR

8 AGE.....Yr

Usual
9 OccupationIndustry
10 or Business

11 Social Secu

12 BIRTHPLAC
(State or cou13 NAME C
FATHER14 BIRTHPL
FATHER
(State or15 MAIDEN
OF MO16 BIRTHPL
MOTHER
(State or17 Informant.....
(Address)

A TRUE COPY

ATTEST:

DATE FILED



Certificate of Death

Certificate No. 8444

FILED

946 APR 8 PM 9 07

1. NAME OF DECEASED

(Print or Type)

First Name

Middle Name

Last Name

Social Security Number

PERSONAL PARTICULARS

(To be filled in by Funeral Director)

2 USUAL RESIDENCE:

(a) State: Mass.

(c) Post Office Winthrop and Zone

(d) No.

17 Ocean Avenue

Ave. St.

(e) Length of residence or stay in City of New York immediately prior to death

(If in rural area, give location) NEW RESIDENT 1 Week

3 SINGLE, MARRIED, WIDOWER, OR DIVORCED (circle the word)

married

4 WIFE HUSBAND } of

Bernard

5 DATE OF BIRTH OR DECEASED

(Month)

(Day)

(Year)

6 AGE

67 yrs.

mos.

days

hrs. or

min.

If LESS than 1 day,

7 Occupation

A Trade, profession, or particular kind of work done, as specialty, avocation, housekeeper, etc.

Housewife

B Industry or business in which work was done, as silk mill, sawmill, bank, own business, etc.

Own Home

8 BIRTHPLACE OF DECEASED:

(a) State: Russia

(b) County

(c) City, Town or Village

9 OF WHAT COUNTRY WAS DECEASED A CITIZEN AT TIME OF DEATH?

10 WAS DECEASED WAS VETERAN IF SO, NAME WAR

no

11 NAME OF FATHER OF DECEASED

JUDA BALTIMORE

12 BIRTHPLACE OF FATHER (State or country)

Russia

13 BIRTHPLACE OF MOTHER OF DECEASED

IDA Unknown

14 BIRTHPLACE OF MOTHER (State or country)

Russia

15 SIGNATURE OF INFORMANT

William Kopane

RELATIONSHIP TO DECEASED

son-in-law

ADDRESS

207 South St. Brooklyn, Mass.

16 PLACE OF BURIAL OR CREMATION

Jewish Cemetery, Boston, Mass.

DATE OF BURIAL OR CREMATION

April 10, 1946

17 FUNERAL DIRECTOR

Park West Memorial Ch., Inc.

ADDRESS

115 West 79th St.,

PERMIT NUMBER

2430

BUREAU OF RECORDS AND STATISTICS

DEPARTMENT OF HEALTH

CITY OF NEW YORK

Received and filed

JUL 19 1946

(Registrar of City or Town where deceased resided)

PHYSICIAN

Underline the cause to which death should be charged statistically.

M. D.

19

y or Town)

12

19



The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

(City or town making return)

123

COPY OF
CERTIFICATE OF DEATH

Registered No. 167

St. (If death occurred in a hospital or institution,
give its NAME instead of street and number)

1 PLACE OF DEATH

Middlesex

(County)

Tewksbury, Mass.

(City or Town)

Tewksbury State Hospital and Infirmary

No.

2 FULL NAME

William Davis

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence, No.

249 Pleasant

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 2 months 3 days.

In this community

yrs.

mos.

days.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX

4 COLOR OR RACE

5 SINGLE (write the word)

Male

White

MARRIED
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 68 Years 2 Months 24 Days

If less than 1 day

Hours Minutes

Usual

9 Occupation:

Laborer

Industry

10 or Business:

11 Social Security No. Not learned

12 BIRTHPLACE (City)

(State or country)

Cardiff

Wales

13 NAME OF

FATHER

George T. Davis

14 BIRTHPLACE OF

FATHER (City)

Not learned

(State or country)

Wales

15 MAIDEN NAME

OF MOTHER

Sarah Anthony

16 BIRTHPLACE OF

MOTHER (City)

Not learned

(State or country)

Wales

PARENTS

17 Informant

(Address)

Hospital Records

(Relation, if any)

A TRUE COPY.

ATTEST:

(Registrar of city or town where death occurred)

DATE FILED

June 6, 1946

18 DATE OF
DEATH

June

6

1946

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY, That I attended deceased from
April 3, 1946, to June 6, 1946

I last saw him alive on June 6, 1946 death is said to

have occurred on the date stated above, at 11:05A.m.

Duration

Immediate cause of death

Bronchogenic Carcinoma
of Right Lung

1 year

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Physician

Major findings:

Of operations

Date of

Of autopsy

X-ray

What test confirmed diagnosis Clinical

20 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) T. S. M. & L. S. V. S. M. D.

(Address) T. S. M. & L. S. V. S. M. D.

Date 6/6 1946

21 PLACE OF BURIAL,
CREMATION OR REMOVAL

Winthrop, Winthrop

(Cemetery)

(City or Town)

DATE OF BURIAL

June 10,

1946

22 NAME OF
FUNERAL DIRECTOR

Howard S. Reynolds

ADDRESS

Winthrop, Mass.

Received and filed

JUL 21 1946

19

(Registrar of City or Town where deceased resided)

resided in another city or town at the time of death, should be so indicated on Form A-302, to the clerk of the city or town in which the deceased resided. (See Chap. 46, Sec. 12, G. L.)

The Commonwealth of Massachusetts

Boston

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

(City or town making return)

COPY OF
CERTIFICATE OF DEATH

Registered No. 6021

124

Suffolk

(County)

Boston

(City or Town)

No.

Beth Israel Hospital

St.

(If death occurred in a hospital or institution, give its NAME instead of street and number)

1

PLACE OF DEATH

2 FULL NAME

Sarah London

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No.

47 Tewksbury

(Usual place of abode)

St.

Winthrop Mass.

(If nonresident, give city or town and State)

Length of stay: In hospital or institution

years

months 7 days

In this community

yrs.

mos. 7

days

(Before death)

(Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX

F

4 COLOR OR RACE

W

5 SINGLE (write the word)

MARRIED

WIDOWED

or DIVORCED

Widowed

5a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

Harry London

(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:

Housework

Industry

10 or Business:

At Home

11 Social Security No.

None

12 BIRTHPLACE (City)

Russia

(State or country)

13 NAME OF

FATHER

Israel Penan

14 BIRTHPLACE OF

FATHER (City)

Russia

(State or country)

15 MAIDEN NAME

OF MOTHER

Bessie ----

16 BIRTHPLACE OF

MOTHER (City)

Russia

(State or country)

17

Informant

(Address)

I London

Relation

Son

A TRUE COPY.

ATTEST:

(Registrar of city or town where death occurred)

DATE FILED

July 5/46

19

18 DATE OF
DEATH

July 3/46

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY,

That I attended deceased from

June 26

19 46

to

July 3

19 46

I last saw him/her alive on

July 3/46

19

death is said to

have occurred on the date stated above, at 5:20P

m.

Duration

Immediate cause of death

Pulmonary Embolus

3 Hrs

Due to

Due to

Other conditions Diabetes mell.

(Include pregnancy within 3 months of death)

Arterio sclerotic heart dis. peritonitis

Major findings: Diverticulitis, melanosis

Of operations

coli

Date of

Of autopsy Pulm. embolus peritonitis

autopsy

What test confirmed diagnosis?

20 Was disease or injury in any way related to occupation of deceased?

If so, specify

No

(Signed)

D B Hackel

(Address)

Beth Israel Hospt

Date 7-3

19 46

21 PLACE OF BURIAL,

CREMATION OR REMOVAL

Montifiore Cem-Woburn

(Cemetery)

(City or Town)

DATE OF BURIAL

July 4/46

19

22 NAME OF

FUNERAL DIRECTOR

B Birnbach

ADDRESS

Dorchester Mass.

Received and filed

JUL 24 1946

19

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.

125

St. { (If death occurred in a hospital or institution,
give its NAME instead of street and number.)

2 FULL NAME

Baby girl Boyle

(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.

143 Pleasant 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 2 days.

In this community

yrs.

mos.

2 days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX
Female4 COLOR OR RACE
White5 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 ... Years ... Months 2 Days ... If less than 1 day ... Hours ... Minutes

Usual

9 Occupation:

Industry

10 or Business:

11 Social Security No.

12 BIRTHPLACE (City)
(State or Country) Winthrop
Massachusetts13 NAME OF
FATHER Joseph E. Boyle14 BIRTHPLACE OF
FATHER (City) Chicago
(State or Country) Illinois15 MAIDEN NAME
OF MOTHER Catherine V. McAllister16 BIRTHPLACE OF
MOTHER (City) New York
(State or Country) New York17 Informant Joseph E Boyle (Father if any)
(Address) 143 Pleasant St WinthropI HEREBY CERTIFY that a satisfactory standard certificate of death was filed
with me BEFORE the burial or transit permit was issued:Walter J. Baker
(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit) 7/8/46

MEDICAL CERTIFICATE OF DEATH

18 DATE OF
DEATHJuly 7th 1946
(Month) 7th (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from

July 5, 1946, to July 7, 1946

I last saw her alive on July 7, 1946, death is said to

have occurred on the date stated above, at 5:30 A. M.

Immediate cause of death

Congenital Heart Disease
Cardiac failure

Due to

Due to

atelectasis
Other conditions atelectasis
(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)

H. Arthur Benson M. O.

(Address) 192 Shattuck St Date 7-7-1946

21 Place of Burial, Cremation or Removal. Winthrop
(City or Town)

DATE OF BURIAL July 8, 1946 19

22 NAME OF
FUNERAL DIRECTORJohn F. O'Malley
ADDRESS Winthrop Massachusetts

Received and Filed

JUL 8 1946 (Registrar)

IMPORTANT

Physician

Underline
the cause to
which death
should be
charged sta-
tistically.

Duration
IMPORTANT

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, 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

BOSTON

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

(City or town making return)

COPY OF
CERTIFICATE OF DEATH

Registered No. 6173

126

1

PLACE OF DEATH

SUFFOLK
(County)
BOSTON

(City or Town)

No. Beth Israel Hospital

St. (If death occurred in a hospital or institution,
give its NAME instead of street and number)2 FULL NAME Charles I Floyd
(If deceased is a married, widowed or divorced woman, give also maiden name.)(If U. S.
War Veteran,
specify WAR) No(a) Residence, No. 249 Winthrop Shore Drive
(Usual place of abode)St. Winthrop
(If nonresident, give city or town and State)Length of stay: In hospital or institution Hospital years months 10 days. In this community 20 yrs. mos. days.
(Before death) (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX Male 4 COLOR OR RACE White 5 SINGLE (write the word)
MARRIED Widowed
or DIVORCED18 DATE OF DEATH July 7th 1946
(Month) (Day) (Year)5a If married, widowed or divorced
HUSBAND of Melvina McConnell
(Give maiden name of wife in full)
(or) WIFE of
(Husband's name in full)19 I HEREBY CERTIFY, That I attended deceased from
June 26 1946, to July 8 1946
I last saw him alive on July 7 1946, death is said to
have occurred on the date stated above, at m.

6 Age of husband or wife if alive --- years

Immediate cause of death
Myocardial infarct 10 days

7 IF STILLBORN, enter that fact here.

8 AGE 78 Years Months Days If less than 1 day
Hours MinutesDue to Hypertension &
Arteriosclerosis 7 yrs

9 Usual Occupation: Clerk

Due to

Other conditions
(Include pregnancy within 3 months of death)Major findings:
Of operations Date of

Of autopsy Clinical

What test confirmed diagnosis? No

20 Was disease or injury in any way related to occupation of deceased?

If so, specify No

(Signed) Erwin O Flinch M.D.

(Address) B I H Date 7/8 1946

21 PLACE OF BURIAL, Woodlawn Everett
CREMATION OR REMOVAL (Cemetery) (City or Town)

DATE OF BURIAL July 11 1946

22 NAME OF FUNERAL DIRECTOR John F O'Maley
ADDRESS Winthrop

Received and filed JUL 23 1946 19

(Registrar of City or Town where deceased resided)

PARENTS

13 NAME OF FATHER Charles Floyd

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 Robert S Floyd (Son if any)
(Address) 249 Winthrop Shore Drive

A TRUE COPY.

ATTEST: Michael S. Manning
(Registrar of city or town where death occurred)

DATE FILED July 12 1946

resided in another city or town in which the deceased resided. (See Chap. 16, Sec. 12, G. L.)

per hosp. 7/23/46

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

Registered No. 127

1 PLACE OF DEATH
Suffolk
(County)
Wentworth
(City or Town)
No. Wentworth Corn. Hosp.
SL (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Baby Boy Shivey
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(a) Residence, No. 22 Seal St.
(Usual place of abode)
SL (If nonresident, give city or town and State)
Length of stay: In hospital or institution (Before death) 8 hrs 29 mins. years months days. In this community yrs. mos. days.

PHYSICIAN - IMPORTANT

(Was deceased a
U. S. War Veteran,
if so specify WAR)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male
4 COLOR OR RACE White
5 SINGLE (write the word)
MARRIED
WIDOWED
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
8 Hours 38 Minutes
9 Usual Occupation:
10 Industry or Business:
11 Social Security No.
12 BIRTHPLACE (City) (State or country) Wentworth

PARENTS

13 NAME OF FATHER William Shivey
14 BIRTHPLACE OF FATHER (City) (State or country) Boston
15 MAIDEN NAME OF MOTHER Estelle G. Kirby
16 BIRTHPLACE OF MOTHER (City) (State or country) Wentworth
17 Informant (Address) Mrs. Shivey 22 Seal St. (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)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH July 7 1946
(Month) (Day) (Year)
19 I HEREBY CERTIFY, That I attended deceased from July 7, 1946, to July 7, 1946
I last saw him alive on July 7, 1946 death is said to have occurred on the date stated above at 1:55 p.m.
Duration
Immediate cause of death Prematurity
Due to Placental Separation
Due to
Other conditions (Include pregnancy within 8 months of death)
Major findings: Of operations
Of autopsy
What test confirmed diagnosis Clinical condition
20 Was disease or injury in any way related to occupation of deceased? No
If so, specify John Williams
(Signed) (Address) 22 Seal St. Date July 7 1946 M. D.
21 Place of Burial, Cremation or Removal (City or Town) Wentworth
DATE OF BURIAL July 10 1946
22 NAME OF FUNERAL DIRECTOR Baby Bros
ADDRESS 240 Wentworth St.
Received and filed July 15 1946

IMPORTANT

ID

ID

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 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

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.

128

No. Winthrop Community Hospital

St. { (If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME Arthur C. Cotter

(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. 40 Madison 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) 16 hrs 35 min years months days. In this community yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX Male 4 COLOR OR RACE White 5 SINGLE (write the word) MARRIED WIDOWED or DIVORCED Single

5a If married, widowed or divorced HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

6 Age of husband or wife if alive years

7 IF STILLBORN, enter that fact here.

8 AGE 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) Massachusetts

13 NAME OF FATHER Arthur C. Cotter

14 BIRTHPLACE OF FATHER (City) Amherst (State or Country) Nova Scotia

15 MAIDEN NAME OF MOTHER Gladys M. Egan

16 BIRTHPLACE OF MOTHER (City) Chelsea (State or Country) Massachusetts

17 Informant Arthur C. Cotter (Father) (Address) 40 Madison 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)

18 DATE OF DEATH July 10 1946 (Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from July 10, 1946 to July 12, 1946 I last saw him alive on July 10, 1946 death is said to have occurred on the date stated above, at 10:15 p.m.

Immediate cause of death

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings: Or 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)

21 Place of Burial, Cremation or Removal. Winthrop Winthrop DATE OF BURIAL July 12, 1946

22 NAME OF FUNERAL DIRECTOR John H. O'Malley Winthrop Massachusetts ADDRESS

Received and Filed

JUL 16 1946

(Registrar)

Duration IMPORTANT

IMPORTANT

Physician

Underline the cause to which death should be charged statistically.

per Reg. 7/23/46

per Reg. 7/23/46

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, 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 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. 129

1 PLACE OF DEATH
 Suffolk
 (County)
 Winthrop
 (City or Town)
 No. Winthrop Community Hospital

St. (If death occurred in a hospital or institution,
 give its NAME instead of street and number)

2 FULL NAME Baby Boy Bowley
 (If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 17 Center 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 yrs. mos. days.

PHYSICIAN - IMPORTANT
 (Was deceased a
 U. S. War Veteran,
 if so specify WAR)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male
 4 COLOR OR RACE White
 5 SINGLE (write the word) MARRIED WIDOWED 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 Occupation:
 Industry
 10 or Business:
 11 Social Security No.
 12 BIRTHPLACE (City) Winthrop (State or country) Mass.
 13 NAME OF FATHER Alfred J Bowley
 14 BIRTHPLACE OF FATHER (City) Winchester (State or country) Mass.
 15 MAIDEN NAME OF MOTHER Mildred Alden
 16 BIRTHPLACE OF MOTHER (City) Milton (State or country) Mass.

17 Informant Hospital 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) Walter G Baker
 (Official Designation) H.O. (Date of Issue of Permit) 7/12/46

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH July 11 (Month) 11 (Day) 1946 (Year)

19 I HEREBY CERTIFY, That I attended deceased from July 11, 1946, to July 11, 1946. Last saw him alive on July 11, 1946, death is said to have occurred on the date stated above, at 5:45 p.m. Immediate cause of death Cerebral hemorrhage. Duration

Due to delivery

Due to

Other conditions (Include pregnancy within 8 months of death)

Major findings: Of operations

Date of

Of autopsy July 11 - 1946

What test confirmed diagnosis?

20 Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Jennie S Portman M. D.

(Address) 47 Washington Ave Date 7-11-1946

21 Winthrop Winthrop Winthrop (City or Town)

DATE OF BURIAL July 12 1946

22 NAME OF FUNERAL DIRECTOR Howard S. Reynolds

ADDRESS Winthrop Mass

Received and filed JUL 16 1946

(Registrar)

per hosp. 7/20/46

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.

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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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Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by 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. 56 Moore 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.

130

Registered No.

St. { (If death occurred in a hospital or institution,
give its NAME instead of street and number) }

2 FULL NAME John P. Shea
(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. 56 Moore 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 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

5a If married, widowed or divorced
HUSBAND of Elsa R. Gartz

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

6 Age of husband or wife if alive 48 years

7 IF STILLBORN, enter that fact here.

8 AGE 54 Years Months Days If less than 1 day
Hours Minutes

9 Occupation: Bank Messenger

10 Industry or Business: Banking

11 Social Security No. 023-09-9355

12 BIRTHPLACE (City) Waterbury
(State or Country) Connecticut

PARENTS

13 NAME OF FATHER

Humphrey Shea

14 BIRTHPLACE OF FATHER (City)
(State or Country)

Ireland

15 MAIDEN NAME OF MOTHER

Mary Coffey

16 BIRTHPLACE OF MOTHER (City)
(State or Country)

Ireland

17 Informant Elsa R. Shea (Wife of any)
(Address) 56 Moore 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)

18 DATE OF DEATH

July 11 1946
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from

July 8 1946, to July 11 1946
I last saw him alive on July 10 1946, death is said to
have occurred on the date stated above, at 1:30 A. M.

Immediate cause of death

Acute Coronary Thrombosis

Duration

IMPORTANT

7 hours

Due to

Angina Pectoris

3 weeks

Due to

Other conditions none
(Include pregnancy within 3 months of death)

Major findings:
Of operations

none

Date of

Of autopsy

none

What test confirmed diagnosis? clinical & lab.

IMPORTANT

Physician

Underline
the cause to
which death
should be
charged sta-
tistically.

20 Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) Jacob Abrams M.D., M. D.
(Address) 362 Shirley St Date July 11 1946

21 Winthrop Winthrop
Place of Burial, Cremation or Removal. (City or Town)
DATE OF BURIAL July 13 1946

22 NAME OF FUNERAL DIRECTOR
ADDRESS

John F. O'Malley
Winthrop Mass.

Received and Filed

JUL 16 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 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

per hosp 7/20/46

PLACE OF DEATH

Suffolk
(County)
Winthrop
(City or Town)

No.

Winthrop Hospital

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD

CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent

Registered No.

131

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 James J. Nesloe
(If deceased is a married, widowed or divorced woman, give also maiden name.)(a) Residence. No. 51 Bowdoin
(Usual place of abode)

St. (If nonresident, give city or town and State)

Length of stay: In hospital or institution (Before death) (Specify whether) - years - months 8 days. In this community 45 yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX Male 4 COLOR OR RACE White 5 SINGLE (write the word) MARRIED WIDOWED or DIVORCED Widowed

6a If married, widowed or divorced HUSBAND of Sarah Connolly
(Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

6 Age of husband or wife if alive years

7 IF STILLBORN, enter that fact here.

8 AGE 80 Years Months Days If less than 1 day Hours Minutes

9 Occupation: Retired

10 Industry or Business: Town of Winthrop

11 Social Security No. None

12 BIRTHPLACE (City). Ireland
(State or Country)

13 NAME OF FATHER Michael Nestor

14 BIRTHPLACE OF FATHER (City). Ireland
(State or Country)

15 MAIDEN NAME OF MOTHER Julia Duffy

16 BIRTHPLACE OF MOTHER (City). Ireland
(State or Country)17 Informant (Address) Agnes J. Nestor (Relation, if any) Daughter
51 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:

Walter H. Baker
(Signature of Agent of Board of Health or other)
Health Officer (Official Designation) 7/20/46
(Date of Issue of Permit)18 DATE OF DEATH July 19, 1946
(Month) (Day) (Year)19 I HEREBY CERTIFY, That I attended deceased from September 15, 1945, to July 19, 1946
I last saw him alive on July 19, 1946, death is said to have occurred on the date stated above, at 7:05 P. M.

Immediate cause of death

Chronic Glomerulonephritis 1 year
Due to Arteriosclerosis + Arterio-
Sclerotic Heart Disease 2 yearsOther conditions Secondary Anemia
(Include pregnancy within 3 months of death)Major findings: None
Of operationsDate of Of autopsy None
What test confirmed diagnosis? Clinical & Laboratory20 Was disease or injury in any way related to occupation of deceased? No
If so, specify (Signed) Maurice Traustein, M. D.
(Address) 562 Skirley St. Winthrop Date July 19, 194621 Place of Burial, Cremation or Removal. Winthrop
(City or Town)
DATE OF BURIAL July 22, 194622 NAME OF FUNERAL DIRECTOR William J. Gormley
ADDRESS 2865 Washington St. Boston

Received and Filed 19

JUL 24 1946

(Registrar)

Duration
IMPORTANT

IMPORTANT

Physician

Underline the cause to which death should be charged statistically.

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

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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 thirty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or 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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(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance 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

per hosp. 7/25/46

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. 132

No. Winthrop Community Hospital St. { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Marquente M. Rainville (nee Boverbeau) { (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. 49 Rockwell St. Malden
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or institution (Before death) Hosp. - years 4 months 24 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		18 DATE OF DEATH July 19, 1946 (Month) (Day) (Year)	
5a If married, widowed or divorced HUSBAND of... (Give maiden name of wife in full) (or) WIFE of... George Rainville (Husband's name in full)				19 I HEREBY CERTIFY, That I attended deceased from Feb. 25, 1946, to July 19, 1946 I last saw her alive on July 19, 1946 death is said to have occurred on the date stated above. at 3:50 p. m. Immediate cause of death	
6 Age of husband or wife if alive 51 years				Duration IMPORTANT 6 mo. 2 mo 3 weeks	
7 IF STILLBORN, enter that fact here.				T. B. of Kidney T. B. Pericarditis Perforation of Bowel Pericoronitis	
8 AGE 51 Years Months Days If less than 1 day Hours Minutes				Due to	
9 Usual Occupation: housewife				Due to	
10 Industry or Business: at home				Other conditions (Include pregnancy within 3 months of death)	
11 Social Security No. none				Major findings: T. B. Kidney removed Of operations Date of Feb. 27, 1946	
12 BIRTHPLACE (City) Norton Mills (State or Country) Vermont				Of autopsy	
PARENTS	13 NAME OF FATHER Philip Boverbeau			What test confirmed diagnosis?	
	14 BIRTHPLACE OF FATHER (City) Canada (State or Country)			20 Was disease or injury in any way related to occupation of deceased? If so, specify (Signed) Louis Sargent 4/20, M. D. 1946 (Address) 72 Shirley Ave. Malden Date	
	15 MAIDEN NAME OF MOTHER Julia Fellon			21 Place of Burial, Cremation or Removal. Holy Cross Malden (City or Town)	
	16 BIRTHPLACE OF MOTHER (City) Canada (State or Country)			DATE OF BURIAL July 22 1946	
17 Informant George Rainville (Relationship) (Address) 49 Rockwell St. Malden				22 NAME OF FUNERAL DIRECTOR Gerard E. Carroll ADDRESS 721 Salem St. Malden	
I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued: Walter G. Baker (Signature of Agent or Board of Health or other) Health Officer (Official Designation) 7/31/46 (Date of Issue of Permit)				Received and Filed JUL 24 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.

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SPACE FOR ADDITIONAL INFORMATION

1 PLACE OF DEATH

Suffolk
(County)
Wintthrop
(City or Town)

No.

39 Bay View Ave

St. (If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME

Alice Gertrude Lynch (MURDER)
(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)

64 Highland Ave - Cambridge 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)

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

Days

If less than 1 day

Hours

Minutes

Usual

9 Occupation:

Retired

Industry

10 or Business:

Housewife

11 Social Security No.

12 BIRTHPLACE (City)
(State or country)

Cambridge Mass.

13 NAME OF
FATHER

Philip Munnoc

14 BIRTHPLACE OF
FATHER (City)
(State or country)

Ireland

15 MAIDEN NAME
OF MOTHER

Florence Haley

16 BIRTHPLACE OF
MOTHER (City)
(State or country)

Ireland

PARENTS

17 Informant
(Address)

Home Crowley

Relation, if any

(Widow)

I HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

18 DATE OF
DEATH

July

22

1946

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY, That I attended deceased from

July 15, 1946 to July 22, 1946

last saw him alive on July 21, 1946 death is said to

have occurred on the date stated above, at 11:40 P.M.

Immediate cause of death

Bronchopneumonia
Cystitis (chronic)

Duration

3 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 sta-
tistically.20 Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed)

(Address)

G. J. Munnoc, M. D.
7-25-1946

21

Place of Burial, Cremation or Removal

DATE OF BURIAL

7-25-1946 Boston
(City or Town)22 NAME OF
FUNERAL DIRECTOR

ADDRESS

Received and filed

JUL 24 1946

19

(Registrar)

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.

133

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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).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a 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

The Commonwealth of Massachusetts
OFFICE OF THE 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**

1 PLACE OF DEATH

Suffolk
(County)

Winthrop
(City or Town)

No. **9 Wilshire St., Winthrop**

St. (If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME **Mary Taylor Pepper**
(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. **9 Wilshire 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 **18** yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX **Female** 4 COLOR OR RACE **White** 5 SINGLE (write the word)
MARRIED
WIDOWED
or DIVORCED **Widowed**

5a If married, widowed, or divorced
HUSBAND of (Give maiden name of wife in full)
(or) WIFE of **Thomas Pepper**
(Husband's name in full)

6 Age of husband or wife if alive years

7 IF STILLBORN, enter that fact here.

8 AGE **86** Years — Months **10** Days | If less than 1 day
Hours Minutes

Usual
9 Occupation: **Housewife**

Industry
10 or Business: **At Home**

11 Social Security No. **none**

12 BIRTHPLACE (City)
(State or country) **England**

13 NAME OF
FATHER **not known Taylor**

14 BIRTHPLACE OF
FATHER (City)
(State or country) **England**

15 MAIDEN NAME
OF MOTHER **not known**

16 BIRTHPLACE OF
MOTHER (City)
(State or country) **not known**

17 Informant **Ernest Pepper** (Relation, if any)
(Address) **9 Wilshire St., Winthrop** **Son**

I HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:

Walter H. Baker
(Signature of Agent of Board of Health or other)

(Official Date of Issue) **7/24/46** (Date of Issue of Permit)

18 DATE OF
DEATH **July 22 1946**
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from
July 20 19**46** to **July 22** 19**46**
Last saw him alive on **July 22** 19**46** Death is said to
have occurred on the date stated above, at **3 P** m.

Immediate cause of death..... Duration
myocarditis **IMPORTANT**

hypertension
Due to..... **3 day**

Due to **myocarditis, hypostatic**
pneumonia

Other conditions.....
(Include pregnancy within 3 months of death)

Major findings:
Of operations..... Physician

Date of..... Underline
Of autopsy..... the cause to
What test confirmed diagnosis?..... which death
should be
charged sta-
tistically.

20 Was disease or injury in any way related to occupation of deceased?.....
If so, specify.....

(Signed) **Richard B. White** M. D.
(Address) **147 Winthrop St., Winthrop** Date **7/24** 19**46**

21 **Winthrop** **Winthrop**
Place of Burial, Cremation or Removal (City or Town)
DATE OF BURIAL **July 25, 1946** 19**46**

22 NAME OF
FUNERAL DIRECTOR **Richard B. White**
ADDRESS **147 Winthrop St., Winthrop**

Received and filed..... **JUL 24 1946** 19**46**

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

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by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith counter-sign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed 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

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

BOSTON

(City or town making return)

135

COPY OF
CERTIFICATE OF DEATH

Registered No. 6656

1 PLACE OF DEATH

SUFFOLK
COUNTY
BOSTON

(City or Town)

No. Peter Bent Brigham Hospital

St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Mary Lina Woods
(If deceased is a married, widowed or divorced woman, give also maiden name.)(If U. S.
War Veteran,
specify WAR)(a) Residence, No. 23 Atlantic 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 10 days. In this community 60 yrs. mos. days.
(Before death) (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX F 4 COLOR OR RACE W 5 SINGLE (write the word)
MARRIED WIDOWED WID
or DIVORCED18 DATE OF DEATH July 25/46
(Month) (Day) (Year)5a If married, widowed, or divorced
HUSBAND of (Give maiden name of wife in full)
(or) WIFE of Phares Lurten Woods
(Husband's name in full)19 I HEREBY CERTIFY, That I attended deceased from
19....., to....., 19.....
I last saw h..... alive on....., 19....., death is said to
have occurred on the date stated above, at..... m. Duration

6 Age of husband or wife if alive..... years

Immediate cause of death.....

7 IF STILLBORN, enter that fact here.

Toxic cirrhosis of liver
Pulmonary edemaTer
dys8 AGE 68 Years 1 Months 17 Days | If less than 1 day
Hours Minutes

Due to.....

Usual
9 Occupation: At Home

Due to.....

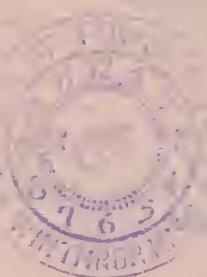
10 Industry
or Business:Other conditions.....
(Include pregnancy within 3 months of death)

11 Social Security No. None

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 R Duden M. D.
(Address) Boston Date 7/25 19 4612 BIRTHPLACE (City)
(State or country) Boston, Mass.

Physician

Underline
the cause to
which death
should be
charged sta-
tistically.13 NAME OF
FATHER James McDougall14 BIRTHPLACE OF
FATHER (City)
(State or country) Scotland15 MAIDEN NAME
OF MOTHER Lucetta Celia Phillips16 BIRTHPLACE OF
MOTHER (City)
(State or country) New York17 Informant Ardelle Woods (Relation, if any)
(Address) DaughterA TRUE COPY
ATTEST: Michael J. Manning
(Registrar of city or town where death occurred)
DATE FILED 7/30/46 1921 PLACE OF BURIAL, Winthrop Cemetery, Winthrop
CREMATION OR REMOVAL (City or Town)
DATE OF BURIAL July 29/46 1922 NAME OF DIRECTOR A B Marsh
ADDRESS Winthrop Mass.Received and filed AUG 7 1946 Jul 29/46 19
(Registrar of city or town where deceased resided)



ASG-11046 IN

PLACE OF DEATH
1Suffolk
(County)Winthrop
(City or Town)

No. 65 Brewster Ave.,

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATHTo be filed for burial permit
with Board of Health
or its Agent.

Registered No. ...

136

St. { (If death occurred in a hospital or institution,
give its NAME instead of street and number) }2 FULL NAME Susan G. Wood, (Peirce)
(If deceased is a married, widowed or divorced woman, give also maiden name.)(a) Residence. No. 28 Gilmore St.,
(Usual place of abode)St. Everett
(If nonresident, give city or town and State){ PHYSICIAN - IMPORTANT
(Was deceased a
U. S. War Veteran, No
if so specify WAR)

Length of stay: In hospital or institution (Before death) (Specify whether) years 2 months days. In this community 73 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 Widow

18 DATE OF DEATH 7 (Month) 27 (Day) 46 (Year)

5a If married, widowed or divorced
HUSBAND of... (Give maiden name of wife in full)
(or) WIFE of George W. Wood
(Husband's name in full)19 I HEREBY CERTIFY, That I attended deceased from
7/11/46, 19 to 7/27/46, 19
I last saw her alive on 7/26/46, 19, death is said to
have occurred on the date stated above, at 9 a. m.
Immediate cause of death

6 Age of husband or wife if alive years

7 IF STILLBORN, enter that fact here.

8 AGE 73 Years 3 Months 21 Days If less than 1 day Hours Minutes

9 Occupation: Usual Housework

10 Industry or Business: Own Home

11 Social Security No. None

12 BIRTHPLACE (City)
(State or Country) Everett
Massachusetts

13 NAME OF FATHER George W. Pierce Peirce

14 BIRTHPLACE OF FATHER (City)
(State or Country) Everett
Massachusetts

15 MAIDEN NAME OF MOTHER Esther Wiley

16 BIRTHPLACE OF MOTHER (City)
(State or Country) Conway
New Hampshire17 Informant Miss Helen G. Wood (Daughter)
(Address) 28 Gilmore St., Everett, Mass.I HEREBY CERTIFY that a satisfactory standard certificate of death was filed
with me BEFORE the burial or transfer permit was issued:
Walter H. Baker
(Signature of Agent of Board of Health or other)
Health Officer
(Official Designation) 7/29/46
(Date of Issue of Permit)Due to Myocarditis
Due to Chronic nephritis 5 yrOther conditions
(Include pregnancy within 3 months of death)Major findings:
Of operations NoOf autopsy No
What test confirmed diagnosis? Clinical Signs20 Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) James F. Burns
(Address) Everett
Date 7/27 194621 Woodlawn - Everett, Massachusetts
Place of Burial, Cremation or Removal. (City or Town)
DATE OF BURIAL July 29, 1946 1922 NAME OF FUNERAL DIRECTOR J.E. Henderson Company
ADDRESS 517 Broadway Everett, Mass.

Received and Filed JUL 31 1946 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.

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SPACE FOR ADDITIONAL INFORMATION

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICSCOPY OF
CERTIFICATE OF DEATHEVERETT
(City or town making return)

Registered No. 137

1 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 Shuman
(If deceased is a married, widowed or divorced woman, give also maiden name.)
17 Hutchinson Winthrop
(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 hospital years months days. In this community yrs. mos. days.
(Before death) (Specify whether)

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. Stillborn

8 AGE Years Months Days If less than 1 day Hours Minutes

9 Usual Occupation: -

10 Industry or Business: -

11 Social Security No.

12 BIRTHPLACE (City) Everett Mass.
(State or country)

13 NAME OF FATHER Bernard

14 BIRTHPLACE OF FATHER (City) Mass.
(State or country)

15 MAIDEN NAME Marcia Alperin
OF MOTHER

16 BIRTHPLACE OF MOTHER (City) Mass.
(State or country)

17 Informant Pauline Shuman grand other
(Address) Winthrop (Relation, if any)

A TRUE COPY.

ATTEST: John M. Carro
(Registrar of city or town where death occurred)

DATE FILED 7-9-19 46

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH July 5, 1946
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from 7-5, 1946 to 1946.

I last saw him alive on 1946, death is said to have occurred on the date stated above, at m. Duration

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 so, specify.

(Signed) J. C. Henken M. D.

(Address) Everett Date 7-5 19 46

21 PLACE OF BURIAL, CREMATION OR REMOVAL Beth Israel, Everett
(Cemetery) 7-5 (City or Town) 19 46

DATE OF BURIAL

22 NAME OF FUNERAL DIRECTOR H. J. Torf
ADDRESS Chelsea

Received and filed AUG 12 1946

(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 which have shaped the development of the United States, including the influence of the British, the Spanish, and the French.

The second part of the paper is devoted to a discussion of the role of the individual in the development of the United States. It is argued that the actions of individuals, particularly those of the founding fathers, have played a crucial role in shaping the course of the nation's history. The author then goes on to discuss the role of the individual in the present, and the importance of the study of the history of the United States for a full understanding of the present.

The third part of the paper is devoted to a discussion of the role of the government in the development of the United States. It is argued that the actions of the government, particularly those of the federal government, have played a crucial role in shaping the course of the nation's history. The author then goes on to discuss the role of the government in the present, and the importance of the study of the history of the United States for a full understanding of the present.

The fourth part of the paper is devoted to a discussion of the role of the people in the development of the United States. It is argued that the actions of the people, particularly those of the common people, have played a crucial role in shaping the course of the nation's history. The author then goes on to discuss the role of the people in the present, and the importance of the study of the history of the United States for a full understanding of the present.

The fifth part of the paper is devoted to a discussion of the role of the future in the development of the United States. It is argued that the actions of the future, particularly those of the future generations, will play a crucial role in shaping the course of the nation's history. The author then goes on to discuss the role of the future in the present, and the importance of the study of the history of the United States for a full understanding of the present.

COPY

The Commonwealth of Massachusetts

To be filed for burial permit
with Board of Health
or its Agent.OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICSMEDICAL EXAMINER'S
CERTIFICATE OF DEATHRegistered No. **109 138**

PLACE OF DEATH

Essex

(County)

Saugus

(City or Town)

No. **Breakheart Reservation-Lower Pond**St. { (If death occurred in a hospital or institution,
give its NAME instead of street and number)**Donald Sobey**

2 FULL NAME

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence, No. **9 Atlantic St**

(Usual place of abode)

St. **Winthrop**

(If nonresident, give city or town and State)

Length of stay: In hospital or institution

(Before death)

(Specify whether)

years

months

days

In this community

yrs.

mos.

1

days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

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 **15**

Years

Months

Days

If less than 1 day

Hours

Minutes

Usual

9 Occupation:

student

Industry

10 or Business:

school

11 Social Security No.

12 BIRTHPLACE (City)

(State or country)

Boston**Mass**

13 NAME OF

FATHER

William E Sobey

14 BIRTHPLACE OF

FATHER (City)

(State or country)

P. E. Island

15 MAIDEN NAME

OF MOTHER

May MacDonald

16 BIRTHPLACE OF

MOTHER (City)

(State or country)

Nova Scotia

PARENTS

17 Informant

(Address)

May Sobey

Relation, if any

9 Atlantic St. WinthropI HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:

A true copy. Attest:

(Signature of Agent of Board of Health or other)

(Official Designation)

Town Clerk

(Signature of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF

DEATH

July 14, 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.)

asphyxiation by drowning
abrasions 6 contusions of chest

20 Accident, suicide, or homicide (specify)

accident

Date of occurrence

7/14**19****46**

Where did

injury occur?

waters of lower pond

(City or town and State)

Did injury occur in or about home, on farm, in industrial place, or in public

place? **dove in pond & did not come up**

(Specify type of place)

Manner of

injury

Nature of

injury

asphyxiation by drowning

While at work

no

Was there an autopsy?

no21 Was disease or injury in any way related to occupation of deceased? **no**

If so, specify

(Signed) **Laurence F. Cusick**(Address) **Nahant, Mass.**

Date

7/14**19****46**

22

Winthrop, Withrop

Place of Burial, Cremation or Removal.

(City or Town)

DATE OF BURIAL

July 17**19****46**

23 NAME OF

FUNERAL DIRECTOR

J. F. O. Maley

ADDRESS

Winthrop

Received and filed

19**AUG 30 1946**

(Registrar)

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

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death... Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen, G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which

it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.... Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same;...—General Laws, Chap. 35, 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. 35, 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. (Suicide death.)"

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE _____

DATE OF DISCHARGE _____

RANK, RATING _____

ORGANIZATION AND OUTFIT _____

SERVICENUMBER _____

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 Salem (County)				Registered No. 139	
1 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 Agnes Toomey (If deceased is a married, widowed or divorced woman, give also maiden name.)					
(a) Residence. No. 911 Broadway (Usual place of abode)		St. South Boston (If nonresident, give city or town and State)			
Length of stay: In hospital or institution 4 days (Before death) (Specify whether)		years	months	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 or DIVORCED single	18 DATE OF DEATH August 1, 1946 (Month) (Day) (Year)		
5a If married, widowed or divorced HUSBAND of... (Give maiden name of wife in full)			19 I HEREBY CERTIFY, That I attended deceased from August 1, 1946 , to August 1, 1946 . I last saw her alive on August 1, 1946 , death is said to have occurred on the date stated above, at 2:15 p.m.		
(or) WIFE of (Husband's name in full)			Immediate cause of death Congenital malformation - anencephalic monster.		
6 Age of husband or wife if alive 7 IF STILLBORN, enter that fact here.			Due to		
8 AGE Years Months Days If less than 1 day Hours Minutes 11			Due to		
9 Usual Occupation:			Other conditions (Include pregnancy within 3 months of death)		
10 Industry or Business:			Major findings: Of operations		
11 Social Security No.			Of autopsy		
12 BIRTHPLACE (City) Winthrop (State or Country)			What test confirmed diagnosis? Clinical findings		
PARENTS	13 NAME OF FATHER John F. Toomey		20 Was disease or injury in any way related to occupation of deceased? If so, specify		
	14 BIRTHPLACE OF FATHER (City) Boston (State or Country) Mass.		(Signed) Sydney Ellis M. D. (Address) 311 Commonwealth St. Date 8/1 19 46		
	15 MAIDEN NAME OF MOTHER Agnes Harrington		21 Holy Cross Walden Place of Burial, Cremation or Removal. (City or Town)		
	16 BIRTHPLACE OF MOTHER (City) Boston (State or Country) Mass.		DATE OF BURIAL Aug. 2 19 46		
17 Informant John F. Toomey (Relationship if any) (Address) 911 Broadway Boston			22 NAME OF FUNERAL DIRECTOR Murray T. Murray ADDRESS 262 Beach St. Boston		
I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued: Walter H. Baker (Signature of Agent, if Board of Health or other)			Received and Filed 19		
Health Officer (Official Designation)			AUG 7 1946 (Registrar)		
8/3/46 (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 supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by 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 Hosp.
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
Registered No. 140
To be filed for burial permit with Board of Health or its Agent.

2 FULL NAME Mary E Finn
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(a) Residence, No. 24 Seaside Ave
(Usual place of abode)
St. Winthrop
(If nonresident, give city or town and State)
Length of stay: In hospital or institution (Before death) (Specify whether) — years — months 2 days. In this community 86 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
18 DATE OF DEATH August 3 1946
(Month) (Day) (Year)

5a If married, widowed or divorced HUSBAND of... (Give maiden name, if in full)
(or) WIFE of John J. Finn (Husband's name in full)
6 Age of husband or wife if alive — years
7 IF STILLBORN, enter that fact here.
8 AGE 86 Years Months Days If less than 1 day Hours Minutes
9 Usual Occupation: At home
10 Industry or Business:
11 Social Security No. none
12 BIRTHPLACE (City) Boston (State or County) Mass.

19 I HEREBY CERTIFY, That I attended deceased from December 20, 1945, to August 3, 1946
I last saw her alive on August 2, 1946 death is said to have occurred on the date stated above, at 4:30 A. M.
Immediate cause of death Coronary thrombosis
Due to Atherosclerotic Heart Disease 3 years
Due to Chronic Glomerulonephritis with uremia 2 months
Other conditions none
(Include pregnancy within 3 months of death)

13 NAME OF FATHER James Jandy
14 BIRTHPLACE OF FATHER (City) Liverpool (State or Country) England
15 MAIDEN NAME OF MOTHER Mary Davis
16 BIRTHPLACE OF MOTHER (City) Liverpool (State or Country) England

17 Informant J. Paul Finn (Son)
(Address) 27 Waldemar Ave. Winthrop
I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Walter H. Bakke
(Signature of Agent of Board of Health or other)
Health Officer (Date of Issue of Permit) 8/3/46

20 Was disease or injury in any way related to occupation of deceased? If so, specify Maurice Traustein Jr., M. D.
(Signed) 562 Shirley St. Winthrop, Date August 3 1946
(Address)
21 Place of Burial, Cremation or Removal. Holy Cross Cem. Malden (City or Town)
DATE OF BURIAL Aug 5 1946

22 NAME OF FUNERAL DIRECTOR Ed. A. Kane
ADDRESS 201 Bowdoin St. Rochester
Received and Filed AUG 7 1946 19
(Registrar)

PHYSICIAN-IMPORTANT
(Was deceased a U. S. War Veteran, if so specify WAR) no
IMPORTANT
10 minutes
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

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. 141

St. { (If death occurred in a hospital or institution,
give its NAME instead of street and number) }

2 FULL NAME **Cora Battefeld**
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. **29 Ingleside Ave., Winthrop**
(Usual place of abode)

St. (If nonresident, give city or town and State)

Length of stay: In hospital or institution (Before death) **2** years months **2** days. In this community **35** 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** **Widowed**
or **DIVORCED**

5a It married, widowed or divorced
HUSBAND of... (Give maiden name of wife in full)
(or) WIFE of **John Battefeld**
(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 **7** Months **13** Days If less than 1 day
Hours Minutes

9 Usual Occupation: **Housewife**

10 Industry or Business: **At Home**

11 Social Security No.

12 BIRTHPLACE (City) **Washington**
(State or Country) **Maine**

13 NAME OF FATHER **Alfred Rockwell**

14 BIRTHPLACE OF FATHER (City)
(State or Country) **Maine**

15 MAIDEN NAME OF MOTHER **Frances Rockwell**

16 BIRTHPLACE OF MOTHER (City)
(State or Country) **Nova Scotia**

17 Informant **Charles L Sherman** (Relation, if any)
(Address) **4 Montrey St. Worcester, Mass.**

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed
with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)
Walter S. Baker
Health Officer (Date of Issue of Permit) **8/9/46**

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH **August 7, 1946**
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from
August 3, 1946, to August 7, 1946
I last saw her alive on **August 7, 1946**, death is said to
have occurred on the date stated above, at **5:25 P. M.**

Immediate cause of death **Chronic glomerulonephritis with uremia**
Due to **Arteriosclerotic Heart Disease**
Due to

Other conditions **Chronic cholecystitis and cholelithiasis**
(Include pregnancy within 3 months of death) **chronic**

Major findings:
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?
It so, specify **No**
(Signed) **Heavie T. Truett** M. D.
(Address) **562 Chilly St. Winthrop** Date **August 7, 1946**

21 **Winthrop**
Place of Burial, Cremation or Removal (City or Town)
DATE OF BURIAL **Aug. 10, 1946** 19

22 NAME OF FUNERAL DIRECTOR **Richard B. White**
ADDRESS **147 Winthrop St., Winthrop**

Received and Filed **AUG 9 1946** 19

(Registrar)

copy per Mr. White

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).

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SPACE FOR ADDITIONAL INFORMATION

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY

COPY OF
MEDICAL EXAMINER'S
CERTIFICATE OF DEATH

BOSTON

(City or town making return)

Registered No. 704312

PLACE OF DEATH
1(County)
SUFFOLK
(City or Town)
BOSTON

No. 60 CONGRESS ST. St. { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

HALSEY W KELLEY

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No.

51 BIRCH 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 20 yrs. mos. days.
(Before death) (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

MALE

4 COLOR OR RACE

WHITE

5 SINGLE (write the word)

MARRIED

WIDOWED

or DIVORCED WIDOWED

5a If married, widowed, or divorced
HUSBAND of

MYRA JOHNSON

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

6 Age of husband or wife if alive. years

7 IF STILLBORN, enter that fact here.

8 AGE 78 Years. Months. Days | If less than 1 day
Hours. Minutes

Usual

9 Occupation:

SALESMAN

Industry

10 or Business:

A L A AUTOMOBILE INS CO

11 Social Security No.

12 BIRTHPLACE (City)

(State or country)

NEW HAVEN CT.

13 NAME OF

FATHER

FREDERICK H KELLEY

14 BIRTHPLACE OF

FATHER (City)

(State or country)

GOSHEN CONN

15 MAIDEN NAME

OF MOTHER

MARY THOMPSON

16 BIRTHPLACE OF

MOTHER (City)

(State or country)

NEW HAVEN CONN

17 Informant

(Address)

SON

(Relation, if any)

A TRUE COPY.

ATTEST:

(Registrar of city or town where death occurred)

DATE FILED

19

MEDICAL CERTIFICATE OF DEATH

18 DATE OF
DEATHAUGUST 7/46
(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.)COMPOUND FRAC OF SKULL WITH LACERATION
OF BRAIN

20 Accident, suicide, or homicide (specify) ACCIDENT

Date of occurrence 8/9/46 19

Where did

injury occur?

BOSTON

(City or town and State)

Did injury occur in or about the home, on farm, in industrial place, or in
public place? OFFICE BUILDING
(Specify type of place)

Manner of INJURY CRUSHED IN ELEVATOR HEAD 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)

A K MORITZ

M. D.

(Address) BOSTON Date 8/9/46

22 FRANKLIN CEM FRANKLIN CONN

Place of Burial, Cremation or Removal (City or Town)

DATE OF BURIAL AUG 12/46 19

23 NAME OF
FUNERAL DIRECTOR A A MARSH

ADDRESS WINTHROP MASS

Received and filed AUG 19 1946 19

(Registrar of City or Town where deceased resided)



1857

[The following text is extremely faint and largely illegible due to the quality of the scan. It appears to be a formal document, possibly a letter or a report, with several paragraphs of text and a signature block at the bottom.]

[Faint signature]

[Faint text at the bottom, possibly a date or location.]

A

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. **143**

1 PLACE OF DEATH
Suffolk
(County)
Winthrop
(City or Town)
No. **44 Prospect Avenue.** St. (If death occurred in a hospital or institution, give its NAME instead of street and number)
2 FULL NAME **Wilhelmine (Lauritzen) Anderson.**
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(a) Residence. No. **44 Prospect Avenue.** St. (If nonresident, give city or town and State)
(Usual place of abode)
Length of stay: In hospital or institution (Before death) (Specify whether) years months days. In this community **15** yrs. mos. 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) **widowed**
MARRIED WIDOWED or DIVORCED
5a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full) (or) WIFE of **Carl A. Anderson** (Husband's name in full)
6 Age of husband or wife if alive years
7 IF STILLBORN, enter that fact here.
8 AGE **63** Years **4** Months **13** Days | If less than 1 day Hours Minutes
Usual Occupation: **At Home**
Industry or Business:
11 Social Security No. **none**
12 BIRTHPLACE (City) **Viborg** (State or country) **Denmark.**
13 NAME OF FATHER **Wilhelm Lauritzen.**
14 BIRTHPLACE OF FATHER (City) **Viborg** (State or country) **Denmark.**
15 MAIDEN NAME OF MOTHER **Johanne Malmgren.**
16 BIRTHPLACE OF MOTHER (City) **Sweden.** (State or country)

PARENTS

17 Informant **Mrs. Nelson Clark.** (Address) **44 Prospect Ave. Winthrop, Mass.** (Signature of Agent of Board of Health or other) **Walter H. Parker** (Official Designation) **Health Officer** (Date of issue of permit) **8/9/46**

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH **August 8, 1946.**
(Month) (Day) (Year)
19 I HEREBY CERTIFY, That I attended deceased from **May 15, 1946** to **Aug 7, 1946**
I last saw him alive on **Aug 7, 1946** death is said to have occurred on the date stated above, at **10:09** m. Duration
Immediate cause of death **Coronary Thrombosis** **IMPORTANT**
Due to **Chronic hypertension** **4 years**
Due to
Other conditions **none** (Include pregnancy within 8 months of death) **IMPORTANT**
Major findings: **none** Physician
Of operations **none** Underline the cause to which death should be charged statistically.
Of autopsy **none**
What test confirmed diagnosis? **Clinical Signs**

20 Was disease or injury in any way related to occupation of deceased? **No**
If so, specify: (Signed) **Samuel J. O'Brien** M. D. (Address) **Winthrop, Mass.** Date **Aug 9, 1946**

21 **Winthrop Cemetery Winthrop Mass**
Place of Burial, Cremation or Removal. (City or Town)
DATE OF BURIAL **August 10, 1946.**

22 NAME OF FUNERAL DIRECTOR **Alfred B. Marsh**
ADDRESS **174 Winthrop St. Winthrop Mass**

Received and filed **AUG 9 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.

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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

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICSMEDICAL EXAMINER'S
CERTIFICATE OF DEATHTo be filed for burial permit
with Board of Health
or its Agent.Registered No. **144**

1 PLACE OF DEATH
 Suffolk
 (County)
 Winthrop
 (City or Town)
 No. Winthrop Community Hospital St.



2 FULL NAME **Mary Byrne Winthrop**
 (If deceased is a married, widowed or divorced woman, give also maiden name.)
 (a) Residence, No. **18 Chester St. Winthrop**
 (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 **Female**
 4 COLOR OR RACE **White**
 5 SINGLE (write the word)
 MARRIED **Single**
 WIDOWED
 or DIVORCED
 6 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 **34** Years **3** Months **21** Days | If less than 1 day
 Hours Minutes
 9 Usual Occupation: **School Teacher**
 Industry **Gown of Winthrop**
 10 or Business:
 11 Social Security No.
 12 BIRTHPLACE (City) **Sligo**
 (State or country) **Ireland**
 13 NAME OF FATHER **Martin's Byrne**
 14 BIRTHPLACE OF FATHER (City) **Sligo**
 (State or country) **Ireland**
 15 MAIDEN NAME OF MOTHER **Margaret Draine**
 16 BIRTHPLACE OF MOTHER (City) **Sligo**
 (State or country) **Ireland**
 17 Informant **Mrs. James H. Hely** Relation, if any
 (Address) **13 Pleasant St. Winthrop**

I HEREBY CERTIFY that a satisfactory standard certificate of death was
 filed with me BEFORE the burial or transit permit was issued:

Walter H. Parker
 (Signature of Agent of Board of Health or other)
Health Officer (Official Designation)
8/12/46 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH **August 10 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.)
Septic abortion
under investigation
 20 Accident, suicide, or homicide (specify)
 Date of occurrence **19**
 Where did Injury occur? (City or town and State)
 Did Injury occur in or about home, on farm, in industrial place, or in public
 place? (Specify type of place)
 Manner of Injury
 Nature of Injury
 While at work? Was there an autopsy? **Yes**
 21 Was disease or injury in any way related to occupation of deceased?
 If so, specify **Richard Ford** M. D.
 (Signed) (Address) **255 W. Thacker St.** Date **8-10-1946**
 22 **Forest Glade Wakefield**
 Place of Burial, Cremation or Removal. (City or Town) **Mar**
 DATE OF BURIAL **Aug 13 1946**
 23 NAME OF FUNERAL DIRECTOR **H. Wilson Purvis**
 ADDRESS **65 H. Garden St. Reading Mass**
 Received and filed **AUG 12 1946** 19

(Registrar)

X

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death... Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which

it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.... Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same;...—General Laws, Chap. 38, Sec. 6.

... He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—General Laws, Chap. 38, Sec. 7.

... The medical examiner certifies the cause and manner of death to the best of his knowledge and belief.

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

STATEMENT OF CAUSE OF DEATH

Medical Examiners in certifying to a death will state the cause and manner thereof, and will specify: (1) Under cause, the nature of an injury and of its consequences; and (2) under manner, the mode of its production together with the circumstances when these are known. For example: "Compound fracture of the femur with ensuing septicemia (gas bacillus) caused by a steam railway accident." "Pistol shot wound of the chest with associated hemorrhage, homicidal." "Asphyxiation by suspension, suicidal." "Syncope while under the influence of ether administered as a surgical anaesthetic." "Fracture of the skull with associated internal injury sustained under circumstances unknown."

If disease or injury was related to occupation, specify. If investigation shows the death to have been due to disease, specify: (1) Under cause its known or presumable nature; and (2) under manner, indicate the circumstances leading to medico-legal inquiry. For example: "Hemorrhage spontaneous of the brain (basal ganglia) (found dead in bed)." "Heart disease, presumably coronary sclerosis. (Sudden death)."

DESCRIPTION (for unknown person)

NOTICE TO UNDERTAKERS: No embalming fluid, or any substitute therefor, shall be injected into the body of any person supposed to have met his death by violence, until a permit, signed by the Medical Examiner, has first been obtained.—General Laws, Chap. 38, Sec. 14.

THIS CERTIFICATE CONSTITUTES SUCH PERMIT

PLACE OF DEATH

Suffolk
(County)Winthrop
(City or Town)

No. Winthrop Community Hospital



The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

Registered No.

145

St. { (If death occurred in a hospital or institution,
give its NAME instead of street and number) }

2 FULL NAME Julia A. Sweeney (Sullivan)
(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. 200 Pleasant
(Usual place of abode)

St. Winthrop
(If nonresident, give city or town and State)

Length of stay: In hospital or institution Hosp. years months 7 days. In this community 40 yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX female 4 COLOR OR RACE white 5 SINGLE (write the word)
MARRIED widowed
WIDOWED or DIVORCED

5a If married, widowed or divorced
HUSBAND of. (Give maiden name of wife in full)
(or) WIFE of Frank Sweeney
(Husband's name in full)

6 Age of husband or wife if alive years

7 IF STILLBORN, enter that fact here.

8 AGE 84 Years 7 Months 9 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) Winthrop
(State or Country) Massachusetts

13 NAME OF FATHER Daniel Sullivan

14 BIRTHPLACE OF FATHER (City) Ireland
(State or Country)

15 MAIDEN NAME OF MOTHER Ellen McCarthy

16 BIRTHPLACE OF MOTHER (City) East Boston
(State or Country) Massachusetts

17 Informant Mrs. Harvey A. Kelly (Relation, if any) daugh.
(Address) 200 Pleasant St. Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed
with me BEFORE the burial or transit permit was issued.

Walter J. Baker
(Signature of Agent or Board of Health or other
Health Officer) 8/12/46
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH August 10 1946
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from
June 10, 1944, to Aug 10, 1946
I last saw her alive on 10 Aug 1946, death is said to
have occurred on the date stated above, at 9:30 A.M.

Immediate cause of death

Chronic Myocarditis

Due to

Due to

Other conditions Semblity
(Include pregnancy within 3 months of death)

Major findings: None
Of operations

Date of

Of autopsy None

What test confirmed diagnosis? None

20 Was disease or injury in any way related to occupation of deceased? No
If so, specify John F. Collins, M. D.
(Signed) 23 Bennington St. Date 10 Aug 1946
(Address) Cambridge Mass

21 Mt. Auburn, Cambridge
Place of Burial, Cremation or Removal. (City or Town)
DATE OF BURIAL Aug. 13 1946

22 NAME OF FUNERAL DIRECTOR Richard C. Kirby
ADDRESS 17 Bennington St. Mass.

Received and Filed AUG 12 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 of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or 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

(City or town making return)

Registered No. 7072

PLACE OF DEATH
1

(County)

(City or Town)

No. PETER BENI BRIGHAM HOSP

St. { (If death occurred in a hospital or institution,
give its NAME instead of street and number)2 FULL NAME HELEN GEORGOUNIZOS
(If deceased is a married, widowed or divorced woman, give also maiden name.)(If U. S.
War Veteran,
specify WAR)(a) Residence. No. 23 SHIRLEY ST.
(Usual place of abode)St. WINTHROP MASS.
(If nonresident, give city or town and State)Length of stay: In hospital or institution years 2 months 2 days
(Before death) (Specify whether) In this community 1 yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX FEMALE 4 COLOR OR RACE WHITE 5 SINGLE (write the word)
MARRIED
WIDOWED
or DIVORCED SINGLE5a If married, widowed, or divorced
HUSBAND of (Give maiden name of wife in full)
(or) WIFE of (Husband's name in full)

6 Age of husband or wife if alive years

7 IF STILLBORN, enter that fact here.

8 AGE 13 Years Months Days If less than 1 day
Hours MinutesUsual
9 Occupation: STUDENTIndustry
10 or Business: SCHOOL

11 Social Security No.

12 BIRTHPLACE (City)
(State or country) LOWELL MASS.13 NAME OF
FATHER GEORGE GEORGOUNIZOS14 BIRTHPLACE OF
FATHER (City) GREECE
(State or country)15 MAIDEN NAME
OF MOTHER KALIROE MANOLOPOPODOS16 BIRTHPLACE OF
MOTHER (City) GREECE
(State or country)17 Informant SISTER (Relation, if any)
(Address)

A TRUE COPY.

ATTEST Michael J. Manning
(Registrar of city or town where death occurred)

DATE FILED AUG 14/46 19

MEDICAL CERTIFICATE OF DEATH

18 DATE OF
DEATH AUG 11/46
(Month) (Day) (Year)19 I HEREBY CERTIFY, That I attended deceased from
MAY 5/46, to AUG 11/46, 19I last saw h. ER. alive on AUG 11/46, death is said to
have occurred on the date stated above, at 4 A.M.

Immediate cause of death

CEREBRAL EDEMA TERM

Due to

TUBERCULOSIS Mos

Due to

Other conditions.
(Include pregnancy within 3 months of death)Major findings:
Of operations

Date of

Of autopsy AS ABOVE

What test confirmed diagnosis? AUTOPSY AND CLIN.

20 Was disease or injury in any way related to occupation of deceased?

If so, specify NO

(Signed) W R DUDEN M. D.

(Address) BOSTON Date 8/11/46

21 PLACE OF BURIAL,
CREMATION OR REMOVAL WINTHROP WINTHROP
(Cemetery) (City or Town)

DATE OF BURIAL AUG 14/46 19

22 NAME OF
FUNERAL DIRECTOR A C HASIOTIS
ADDRESS BOSTON MASS.

Received and filed AUG 25 1946 19

(Registrar of City or Town where deceased resided)

or 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

2-305

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY

COPY OF
MEDICAL EXAMINER'S
CERTIFICATE OF DEATH

Provincetown

(City or town making return)

Registered No.

147

PLACE OF DEATH

Barnstable

(County)

Provincetown

(City or Town)

No. Railroad Wharf

St. { (If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME Jessie Costa Grainger

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S.
War Veteran,
specify WAR)

(a) Residence. No.

20 Coral

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
(Before death) (Specify whether)

In this community yrs. 1 mos. 14 days.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX

F

4 COLOR OR RACE

W

5 SINGLE (write the word)

MARRIED
WIDOWED Widowed
or DIVORCED

18 DATE OF
DEATH

August 11 1946

(Month)

(Day)

(Year)

5a If married, widowed, or divorced
HUSBAND of

(or) WIFE of William Grainger
(Give maiden name of wife in full)
(Husband's name in full)

19 I HEREBY CERTIFY that I have investigated the death
of the person above-named and that the CAUSE AND MANNER thereof
are as follows: (If an injury was involved, state fully.)

Natural causes-

Probably pulmonary thrombosis

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: own home

Industry
10 or Business: Housework

11 Social Security No. none

12 BIRTHPLACE (City) Provincetown
(State or country) Mass

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? no Was there an autopsy? no

21 Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) Frank O. Cass M. D.
(Address) Provincetown, Mass Date 8/11 1946

22 Holy Cross Cemetery Malden
Place of Burial, Cremation or Removal. (City or Town)

DATE OF BURIAL August 14 1946

23 NAME OF FUNERAL DIRECTOR Henry W. Carlson
ADDRESS Provincetown, Mass

Received and filed..... 19

AUG 19 1946

(Registrar of City or Town where deceased resided)

PARENTS

13 NAME OF
FATHER

Manuel Costa

14 BIRTHPLACE OF
FATHER (City)
(State or country)

Azores

15 MAIDEN NAME
OF MOTHER

Jessie Cabral

16 BIRTHPLACE OF
MOTHER (City)
(State or country)

Azores

17 Informant Mary Janopolis (Relations if any)
(Address) 17 Conant St, Provincetown (cousin)

A TRUE COPY.

ATTEST: (Registrar of city or town where death occurred)

DATE FILED August 12 1946

Suffolk

(County)



The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICSTo be filed for burial permit
with Board of Health
or its Agent.STANDARD
CERTIFICATE OF DEATH

Registrar's No.

148

PLACE OF DEATH

Winthrop
(City or Town)

No. 795 Shirley St.

St. { (If death occurred in a hospital or institution,
give its NAME instead of street and number)

PHYSICIAN-IMPORTANT

2 FULL NAME Anthony R. Muriaty

(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. 795 Shirley 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 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 Married5a If married, widowed, or divorced
HUSBAND of Anna C. Nobis
(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 69 Years Months Days If less than 1 day
Hours Minutes

9 Occupation: Usual Retired

10 Industry or Business: Bowling Alleys

11 Social Security No. 025-03-1103

12 BIRTHPLACE (City) Austria
(State or country)

13 NAME OF FATHER Anthony Muriaty

14 BIRTHPLACE OF FATHER (City) Austria
(State or country)

15 MAIDEN NAME OF MOTHER Cannot be learned

16 BIRTHPLACE OF MOTHER (City) Austria
(State or country)

17 Informant Anna C Nobis (Address) 795 Shirley St. Relation, if any (Wife)

was filed with me BEFORE the burial or transit permit was issued:
I HEREBY CERTIFY that a satisfactory standard certificate of death(Signature of Agent of Board of Health or other)
Health Officer 8/17/46
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

13 DATE OF DEATH August 12 1946
(Month) (Day) (Year)19 I HEREBY CERTIFY, That I attended deceased from
Feb. 10, 44 19 to Aug 12, 1946I last saw him alive on Aug 12, 1946 death is said to
have occurred on the date stated above, at 12.30 PM.

Immediate cause of death

Tuberculosis of
Kidneys

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

Duration
IMPORTANT

3 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

If so, specify

(Signed) J. J. O'Brien, M. D.
(Address) Winthrop Mass. Date Aug 13 194621 Winthrop Winthrop
Place of Burial, Cremation or Removal. (City or Town)
DATE OF BURIAL Aug 16 194622 NAME OF FUNERAL DIRECTOR John F. O'Malley
ADDRESS Winthrop

Received and filed

AUG 21 1946

(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 supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)

No. 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.

149

St. { (If death occurred in a hospital or institution,
give its NAME instead of street and number) }

2 FULL NAME Bay (Boy) Picardi

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 72 St. Andrew Road
(Usual place of abode)

St. East Boston
(If nonresident, give city or town and State)

PHYSICIAN-IMPORTANT

(Was deceased a
U. S. War Veteran,
if so specify WAR)

Length of stay: In hospital or institution (Before death) (Specify whether) years months days. In this community yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX Male 4 COLDR DR RACE white 5 SINGLE (write the word) MARRIED WIDDED or DIVORCED Single

18 DATE OF DEATH August 13, 1946.
(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
Aug 13, 1946, to Aug 13, 1946

I last saw him 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. Duration

7 IF STILLBORN, enter that fact here. Stillborn

Immediate cause of death

8 AGE Years Months Days If less than 1 day Hours Minutes

• Stillborn

9 Usual Occupation:

Due to Prematurity - 5 months.

10 Industry or Business:

Due to

11 Social Security No.

Other conditions
(Include pregnancy within 3 months of death)

12 BIRTHPLACE (City) Winthrop
(State or Country) Mass.

Major findings:
Of operations

13 NAME OF FATHER Louis Picardi

14 BIRTHPLACE OF FATHER (City) Boston
(State or Country) Mass.

Date of

15 MAIDEN NAME OF MOTHER Rose De Fronzo

Of autopsy

What test confirmed diagnosis?

16 BIRTHPLACE OF MOTHER (City) Boston
(State or Country) Mass.

20 Was disease or injury in any way related to occupation of deceased? No

If so, specify (Signed) Date 8/13/1946
(Address) 311 Comm. Ave

17 Informant Louis Picardi (Father)
(Address) 72 St. Andrew Rd. E. Boston

21 St. Michael Boston
Place of Burial, Cremation or Removal. (City or Town)

DATE OF BURIAL Aug. 14, 1946

22 NAME OF FUNERAL DIRECTOR Albert Scaramella

ADDRESS 39 Orleans St., E. Boston

Received and Filed AUG 21 1946 19

(Registrar)

See instructions and extracts from the laws of the Commonwealth of Massachusetts, Chapter 46, Section 10, requires physicians to insert a recital to that effect if deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect

EXTRACTS FROM THE LAWS OF THE
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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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(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by 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 Hosp



The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

Registered No.

150

2 FULL NAME

(If deceased is a married, widowed or divorced woman, give also maiden name.)

Israel David Savitz

PHYSICIAN-IMPORTANT

(Was deceased a
U. S. War Veteran,
if so specify WAR)

No

(a) Residence. No.
(Usual place of abode)

28 Neptune Ave

St.

Winthrop, Mass

(If nonresident, give city or town and State)

Length of stay: In hospital or institution
(Before death)

Hosp. (Specify whether)

- years -

months / days.

In this community / yrs. 6 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

August 13 1946

(Month)

(Day)

(Year)

Male

White

MARRIED
WIDOWED
or DIVORCED

Widow

5a If married, widowed or divorced
HUSBAND of:

(Give maiden name of wife in full)

Evelyn Ebeles

(or) WIFE of

(Husband's name in full),

6 Age of husband or wife if alive

years

7 IF STILLBORN, enter that fact here.

8 AGE

70 Years

Months

Days

If less than 1 day

Hours

Minutes

Usual
9 Occupation:

Grocery Dealer

10 Industry
or Business:

For Himself

11 Social Security No.

none

12 BIRTHPLACE (City)
(State or Country)

Lithuania

13 NAME OF
FATHER

Abraham Savitz

14 BIRTHPLACE OF
FATHER (City)
(State or Country)

Lithuania

15 MAIDEN NAME
OF MOTHER

Hannah (Cousin for)

16 BIRTHPLACE OF
MOTHER (City)
(State or Country)

Lithuania

17 Informant
(Address)

Leon Masovetky, 28 Neptune Ave Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed
with the BEFORE the burial of transit permit was issued:

Walker S. Baker

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

Relation if any

19 I HEREBY CERTIFY, That I attended deceased from
January 3, 1946, to August 13, 1946
last saw him alive on August 13, 1946, death is said to
have occurred on the date stated above, at 1:50 p.m.

Immediate cause of death

Broncho-pneumonia

Duration

IMPORTANT
4 days

Due to

Arteriosclerosis
Congestive Failure2 years
6 mos.

Due to

Senility

1 year

Other conditions

Multiple Decubitus
Ulcers

(Include pregnancy within 3 months of death)

3 mos
IMPORTANTMajor findings:
Of operations

none

Date of

Of autopsy

none

What test confirmed diagnosis?

clinical + lab

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

Jacob D. Abrams M.D.

(Signed)

(Address)

302 Shirley St. Date 8/13/46

21

Burial or Disposition

DATE OF BURIAL

Aug 14

19 46

22 NAME OF

FUNERAL DIRECTOR

Benjamin Birnbach

ADDRESS

10 Washington St. Boston

Received and Filed

AUG 21 1946

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

per hosp.



The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD
CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

Registered No. **151**

1 PLACE OF DEATH

Suffolk
(County)
Winthrop
(City or Town)

No. *Winthrop Com. Hospital*

St. { (If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME

Baby Girl MacDonald
(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.

(Usual place of abode)

92 Woodside Ave

St.

(If nonresident, give city or town and State)

Length of stay: In hospital or institution

(Before death)

Hospital

years

months

days

In this community

ys.

mos.

days

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX

Female

4 COLOR OR RACE

White

5 SINGLE (write the word)

MARRIED
WIDOWED
or DIVORCED

Single

5a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

6 Age of husband or wife if alive

years

7 IF STILLBORN, enter that fact here.

Stillborn

8

AGE

Years

Months

Days

If less than 1 day

Hours

Minutes

Usual

Occupation:

None

Industry

10 or Business:

None

11 Social Security No.

None

12 BIRTHPLACE (City)
(State or country)

Winthrop Mass

13 NAME OF
FATHER

Manning L. MacDonald

14 BIRTHPLACE OF
FATHER (City)
(State or country)

*Lafayette
Mississippi*

15 MAIDEN NAME
OF MOTHER

Mary A. Gillette

16 BIRTHPLACE OF
MOTHER (City)
(State or country)

*East Boston
Mass*

17 Informant
(Address)

*Leo Gillette
92 Woodside Ave
Winthrop*

I HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:

Walter H. Baskin
(Signature of Agent of Board of Health or other)

Health Officer
(Official Designation)

8/19/46
(Date of Issue of Permit)

18 DATE OF
DEATH

Aug

16

1946

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY, That I attended deceased from

Aug 16, 19*46*, to *Aug 16*, 19*46*

I last saw him *alive* on *Aug 16*, 19*46*, death is said to

have occurred on the date stated above, at *12:06 pm* m.

Immediate cause of death

Stillborn

IMPORTANT

Due to

cord around neck

Due to

asphyxiation

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) *A. M. Caplan* M. D.

(Address) *156 Prince St. B.* Date *8-17-1946*

21

Place of Burial, Cremation or Removal.

(City or Town)

Winthrop

DATE OF BURIAL

Aug 19

1946

22 NAME OF

FUNERAL DIRECTOR

ADDRESS

*Charles F. Treanor
East Boston Mass*

Received and filed

AUG 21 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 hurry or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been hurried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is hurried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required

by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

No undertaker or other person shall hurry a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be hurried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by 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

To be filed for burial permit
with Board of Health
or its Agent.

STANDARD
CERTIFICATE OF DEATH

Registrar's No. **152**



PLACE OF DEATH

Suffolk (County)
Waltham (City or Town)

No. *Waltham Community Hosp.*

St. { (If death occurred in a hospital or institution,
give its NAME instead of street and number)

PHYSICIAN-IMPORTANT

2 FULL NAME

Viola (Chloe girl)

(If deceased is a married, widowed or divorced woman, give also maiden name)

(Was deceased a
U. S. War Veteran,
if so specify WAR) *no*

(a) Residence. No. *109 Triniton St. E. B.*

(Usual place of abode)

St. *East Boston, Mass.*

(If nonresident, give city or town and State)

Length of stay: In hospital or Institution
(Before death)

3 days (Specify whether)

years

months

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
or DIVORCED *Single*

5a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

6 Age of husband or wife if alive

years

7 IF STILLBORN, enter that fact here.

Still born

8

AGE Years Months Days

If less than 1 day

Hours Minutes

Usual

9 Occupation:

Industry

or Business:

18 DATE OF

DEATH

Aug.

17

1946

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY, That I attended deceased from

Still born

to

19

I last saw h alive on

19

have occurred on the date stated above, at M.

Duration

Immediate cause of death

Fatal heart

IMPORTANT

*Still born - Fatal heart
heart about
went about Aug 1st*

Due to

Erythroblastosis Fetalis

Due to

Erythroblastosis

Other conditions

(Include pregnancy within 3 months of death)

IMPORTANT

Major findings:

Of operations

Physician

Date of

Underline
the cause to
which death
should be
charged sta-
tistically.

Of autopsy

What test confirmed diagnosis?

20 Was disease or injury in any way related to occupation of deceased?

If so, specify

S. Thomas Stoffe

M. D.

(Signed)

(Address)

Date

Aug 18

1946

21 Place of Burial, Cremation or Removal

East Boston, Mass.

(City or Town)

DATE OF BURIAL

Aug 20

1946

22 NAME OF

FUNERAL DIRECTOR

ADDRESS

7 Chandler St. East Boston

Received and filed

19

SEP 8 1946

(Registrar)

17 Informant

(Address)

Anthony Viola

109 Triniton St. E. B.

Relation, if any

Father

was filed with me BEFORE the burial or transp. permit was issued:
I HEREBY CERTIFY that a satisfactory standard certificate of death

Walter E. Baker

(Signature of Agent of Board of Health or other)

Health Officer

(Date of Issue of Permit)

8/26/46

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required

by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

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(3) **Medical Examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative helpfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)

No. 8 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.

Registered No. 153

St. { (If death occurred in a hospital or institution,
give its NAME instead of street and number) }

2 FULL NAME ALEXANDER J. DOYLE
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(e) Residence. No. 8 Atlantic 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 yrs. 4 mos. days.

PERSONAL AND STATISTICAL PARTICULARS			
3 SEX Male	4 COLOR OR RACE White	5 SINGLE (write the word) MARRIED Widowed WIDOWED or DIVORCED	
5a If married, widowed or divorced HUSBAND of... Henriette Flynn (Give maiden name of wife in full) (or) WIFE of... (Husband's name in full)			
6 Age of husband or wife if alive years			
7 IF STILLBORN, enter that fact here.			
8 AGE 82 Years Months Days		If less than 1 day Hours Minutes	
9 Usual Occupation: Retired			
10 Industry or Business: Paper Ruler			
11 Social Security No. -----			
12 BIRTHPLACE (City) (State or Country) Boston Massachusetts			
PARENTS	13 NAME OF FATHER Alexander J. Doyle		
	14 BIRTHPLACE OF FATHER (City) (State or Country) Donegal Ireland		
	15 MAIDEN NAME OF MOTHER Jane Merritt		
	16 BIRTHPLACE OF MOTHER (City) (State or Country) Donegal Ireland		

17 Informant Hazel E. Kirley (Niece of any)
(Address) 8 Atlantic St Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Walter J. Baker
(Signature of Agent of Board of Health or other)
Health Officer (Date of Issue of Permit) 8/20/46

MEDICAL CERTIFICATE OF DEATH	
18 DATE OF DEATH August 19 1946 (Month) (Day) (Year)	19 I HEREBY CERTIFY, That I attended deceased from June 12 1946, to Aug 19 1946 I last saw him alive on Aug 18 1946 death is said to have occurred on the date stated above, at 4 P. m. Immediate cause of death Cancer of spine Duration IMPORTANT 1946
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	IMPORTANT Physician Underline the cause to which death should be charged statistically.
Date of	
Of autopsy	
When test confirmed diagnosis? X-Ray	
20 Was disease or injury in any way related to occupation of deceased? No If so, specify (Signed) G. Lynde Gately (Address) 622 Elm St Malden Mass M. D. Date 1946	21 Holy Cross Place of Burial, Cremation or Removal. (City or Town) DATE OF BURIAL August 21 1946
22 NAME OF FUNERAL DIRECTOR John F. O'Donoghue ADDRESS Winthrop Mass	
Received and Filed AUG 21 1946 (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

1 PLACE OF DEATH
Suffolk
 (County)
Winthrop
 (City or Town)



The Commonwealth of Massachusetts
 OFFICE OF THE SECRETARY
 DIVISION OF VITAL STATISTICS
 STANDARD
 CERTIFICATE OF DEATH

To be filed for burial permit
 with Board of Health
 or its Agent.

Registered No. **154**

No. **Winthrop Community Hospital** (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME **Lillian A. (Wray) Smith**
 (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. **15 Buchanan**
 (Usual place of abode)

St. (If nonresident, give city or town and State)

Length of stay: In hospital or institution **Wash** - years **10** months **4** days. In this community **48** yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS			
3 SEX Female	4 COLOR OR RACE White	5 SINGLE (write the word) MARRIED WIDOWED or DIVORCED Widowed	
5a If married, widowed or divorced HUSBAND of Albert S. Smith (Give maiden name of wife in full) (or) WIFE of Albert S. Smith (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 9 Months 2 Days		If less than 1 day Hours Minutes	
9 Occupation: Housewife			
10 Industry or Business: At Home			
11 Social Security No. none			
12 BIRTHPLACE (City) (State or Country) Sackville New Brunswick			
13 NAME OF FATHER Valentine Wray			
14 BIRTHPLACE OF FATHER (City) (State or Country) Sackville New Brunswick			
15 MAIDEN NAME OF MOTHER FRANCES WEATHERHEAD			
16 BIRTHPLACE OF MOTHER (City) (State or Country) Sackville New Brunswick			

MEDICAL CERTIFICATE OF DEATH			
18 DATE OF DEATH August (Month)	19 (Day)	1946 (Year)	
19 I HEREBY CERTIFY, That I attended deceased from October 15, 1945 to August 19, 1946 I last saw her alive on August 18, 1946 death is said to have occurred on the date stated above, at 5:35 A.M. Immediate cause of death Chronic Glomerulonephritis Cerebral Hemorrhage Due to Arteriosclerosis + Arterio-sclerotic heart disease Other conditions none (Include pregnancy within 3 months of death) Major findings: Of operations none Date of none Of autopsy none What test confirmed diagnosis? Clinical + Laboratory 20 Was disease or injury in any way related to occupation of deceased? If so, specify no (Signed) Malvica Transstein Jr. M. D. (Address) 562 Shirley St. Winthrop Date Aug 19 1946 21 Winthrop Place of Burial, Cremation or Removal. (City or Town) Aug. 21st DATE OF BURIAL 1946 22 NAME OF FUNERAL DIRECTOR Howard S. Reynolds - (VR) ADDRESS 180 Commercial St. Winthrop Mass Received and Filed 19 AUG 21 1946 (Registrar)			

17 Informant **Virginia Wray** (Relation, if any)
15 Buchanan St Winthrop
 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed
 with me BEFORE the burial or transit permit was issued:
Walter A. Baker
 (Signature of Agent or Board of Health or other)
Health Officer (Official Designation) **8/20/46** (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 supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by 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

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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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SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

COPY OF
MEDICAL EXAMINER'S
CERTIFICATE OF DEATH

Quincy

(City or town making return)

156

Registered No. 572

1 PLACE OF DEATH
Norfolk
(County)
Quincy
(City or Town)No. 40 Harriet Ave., St. { (If death occurred in a hospital or institution,
give its NAME instead of street and number)2 FULL NAME John A. Gates
(If deceased is a married, widowed or divorced woman, give also maiden name.)(If U. S.
War Veteran,
specify WAR) --(a) Residence, No. 208 Cliff Ave., xxx Winthrop, Mass.
(Usual place of abode) (If nonresident, give city or town and state)Length of stay: In hospital or institution -- years months days. In this community yrs. mos. days.
(Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE white 5 SINGLE MARRIED (write the word)
WIDOWED or DIVORCED widowed
5a If married, widowed, or divorced Roseanna Egan
HUSBAND of (Give maiden name of wife in full)
(or) WIFE of (Husband's name in full)

6 Age of husband or wife if alive. years

7 IF STILLBORN, enter that fact here.

8 AGE 57 Years - Months - Days If less than 1 day
Hours MinutesUsual
9 Occupation: UpholstererIndustry
10 or Business: Furniture

11 Social Security No. has lost card

12 BIRTHPLACE (City) Boston
(State or country) Mass

13 NAME OF FATHER James Gates

14 BIRTHPLACE OF FATHER (City) Durham
(State or country) England

15 MAIDEN NAME OF MOTHER Elizabeth Matthews

16 BIRTHPLACE OF MOTHER Lancashire,
(State or country) England17 Informant Alice B. McCavan (Relation, if any)
(Address) 73 Moseley St., Dorchester

A TRUE COPY.

ATTEST: Hattiemay Thomas
(Registrar of city or town where death occurred)

DATE FILED Aug. 22, 1946 19

MEDICAL CERTIFICATE OF DEATH

13 DATE OF DEATH August 21 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.)
Heart disease, presumably
Coronary Sclerosis (found dead
in bed.)

20 Accident, suicide, or homicide (specify) 19

Date of occurrence. 19
Where did
injury occur? (City or town and State)Did injury occur in or about the home, on farm, in industrial place, or in
public place? (Specify type of place)Manner of
injuryNature of
injury

While at work? No Was there an autopsy? No

21 Was disease or injury in any way related to occupation of deceased? No

If so, specify Geo. D. Dalton M. D.
(Signed) Quincy Date 8/21/46
(Address)22 Mt. Hope Cem., Boston, Mass.
Place of Burial, Cremation or Removal. (City or Town)
DATE OF BURIAL Aug. 23, 1946 1923 NAME OF FUNERAL DIRECTOR John W. Baldyza
ADDRESS So. Boston

Received and filed SEP - 5 1946 19

(Registrar of City or Town where deceased resided)



[The following text is extremely faint and illegible due to the quality of the scan. It appears to be a list or a series of entries, possibly related to a botanical or geographical study. The text is organized into columns and rows, with some headings that are difficult to decipher. The overall structure suggests a formal record or a scientific report.]

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. 157

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 TUSHMAN
(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)

8 Kensington Rd & Worcester
(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 F 4 COLOR OR RACE White 5 SINGLE (write the word) MARKED SINGLE
WIDOWED
or DIVORCED

18 DATE OF DEATH Aug 21, 1946
(Month) (Day) (Year)

5a If married, widowed or divorced
HUSBAND of... (Give maiden name of wife in full)

(or) WIFE of... (Husband's name in full)

6 Age of husband or wife if alive years

7 IF STILLBORN, enter that fact here. ~~Stillborn~~ ☒ ☐

8 AGE Years Months Days If less than 1 day Hours 30 Minutes

9 Occupation: Usual

10 Industry or Business:

11 Social Security No.

12 BIRTHPLACE (City) Winthrop, Mass.
(State or Country)

13 NAME OF FATHER Harry Tushman

14 BIRTHPLACE OF FATHER (City) Worcester, Mass.
(State or Country)

15 MAIDEN NAME OF MOTHER Doris Kreutzman

16 BIRTHPLACE OF MOTHER (City) Chelsea, Mass.
(State or Country)

17 Informant Samuel Kreutzman Grandfather
(Address) 86 Sagamore Ave. Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Waiter H. Baker
(Signature of Agent of Board of Health or other)

Health Officer (Official Designation) 8/21/46 (Date of Issue of Permit)

19 I HEREBY CERTIFY, That I attended deceased from Aug 21, 1946, to Aug 21, 1946
I last saw her alive on Aug 21, 1946 death is said to have occurred on the date stated above, at 7 m.

Immediate cause of death Prematurity - 6 wks

Due to Born at 4:30 AM 8/21/46

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Date of

Of autopsy

What test confirmed diagnosis? Chorioepithelioma

20 Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) M. G. Wilson (Address) 511 Comm. Ave. Boston Date 8/21, 1946

21 Workingmen Circle West Roxbury
Place of Burial/Cremation or Removal (City or Town)

DATE OF BURIAL 8-22 1946

22 NAME OF FUNERAL DIRECTOR Benjamin Bensbach

ADDRESS 10 Washington St. Dorchester

Received and Filed 19

AUG 21 1946 (Registrar)

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

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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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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.

158

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

yrs.

mos.

days

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX

4 COLOR OR RACE

5 SINGLE (write the word)
MARRIED
WIDOWED
or DIVORCED

18 DATE OF DEATH

(Month)

(Day)

(Year)

5a If married, widowed or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

6 Age of husband or wife if alive

years

7 IF STILLBORN, enter that fact here

8 AGE

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)

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

IMPORTANT

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Date of

Of autopsy

What test confirmed diagnosis?

IMPORTANT

Physician

Underline
the cause to
which death
should be
charged statistically.

20 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

M. D.

21

Place of Burial, Cremation or Removal.

(City or Town)

DATE OF BURIAL

22 NAME OF FUNERAL DIRECTOR

ADDRESS

Received and Filed

19

SEP 3 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 house-work. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

PLACE OF DEATH

Suffolk
(County)
Winthrop
(City or Town)The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICSSTANDARD
CERTIFICATE OF DEATHTo be filed for burial permit
with Board of Health
or its Agent.

Registered No. 159

No. Winthrop Community Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Kirby
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 4 Woodside Park 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.

PHYSICIAN-IMPORTANT

(Was deceased a
U. S. War Veteran,
if so specify WAR)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX Female 4 COLOR OR RACE White 5 SINGLE (write the word) MARRIED WIDOWED or DIVORCED

5a If married, widowed or divorced HUSBAND of (Give maiden name of wife in full) (or) WIFE of (Husband's name in full)

6 Age of husband or wife if alive years

7 IF STILLBORN, enter that fact here. Stillborn

8 AGE Years Months Days If less than 1 day Hours Minutes

9 Occupation: Usual

10 Industry or Business:

11 Social Security No.

12 BIRTHPLACE (City) Winthrop (State or Country) Mass

13 NAME OF FATHER John T. Kirby

14 BIRTHPLACE OF FATHER (City) East Boston (State or Country) Mass

15 MAIDEN NAME OF MOTHER Mary McMullen

16 BIRTHPLACE OF MOTHER (City) East Boston (State or Country) Mass

17 Informant John T. Kirby (Address) 4 Woodside Park Winthrop (Relation, if any) Father

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other) Health Officer 8/26/46 (Official Designation) (Date of Issue of Permit)

18 DATE OF DEATH Aug 23 1946 (Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw him alive on 19, death is said to

have occurred on the date stated above, at m.

Immediate cause of death

Still Born

Due to Hypertension

Due to Prematurity

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

(Address) 6705 Airport St Date 8/28/46 M. D.

21 St Michaels Boston (City or Town)

Place of Burial, Cremation or Removal.

DATE OF BURIAL Aug 26 1946

22 NAME OF FUNERAL DIRECTOR Frederick J. Magrath

ADDRESS East Boston

Received and Filed SEP 3 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 said section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen 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
MEDICAL EXAMINER'S
CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

Registered No. **160**



Supplek
(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 Smith
(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. 60 Bates Ave Winthrop St.
(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

MEDICAL CERTIFICATE OF DEATH

3 SEX Female
4 COLOR OR RACE White
5 SINGLE (write the word) MARRIED WIDOWED or DIVORCED —

5a If married, widowed, or divorced
HUSBAND of (Give maiden name of wife in full)
(or) WIFE of (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 Occupation: Usual

10 Industry or Business:

11 Social Security No.

12 BIRTHPLACE (City) Winthrop Mass
(State or country)

13 NAME OF FATHER Cannot be learned

14 BIRTHPLACE OF FATHER (City) Cannot be learned
(State or country)

15 MAIDEN NAME OF MOTHER Grace M Smith

16 BIRTHPLACE OF MOTHER (City) Winthrop Mass
(State or country)

17 Informant Joseph Smith, Jr. Relation, Son
(Address) 60 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:

Walter H. Barrett
(Signature of Agent of Board of Health or other)
Health Officer (Official Designation) 5/26/46
(Date of Issue of Permit)

18 DATE OF DEATH August 23 - 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.)

Premature birth
Stillborn

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 Miscarriage due to maternal

Nature of Injury Splenic anaemia

While at work? Was there an autopsy? yes

21 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W. H. Barrett M. D.

(Address) Boston Aug 24 1946

22 Winthrop Cemetery Winthrop Mass
Place of Burial, Cremation or Removal (City or Town)

DATE OF BURIAL Aug 27 1946 19

23 NAME OF FUNERAL DIRECTOR J. J. Conolly

ADDRESS 1409 Washington St Boston

Received and filed AUG 27 1946 19

(Registrar)

COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death... Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and four, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which

he was engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made... Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same;...—General Laws, Chap. 38, Sec. 6.

...He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—General Laws, Chap. 38, Sec. 7.

...The medical examiner certifies the cause and manner of death to the best of his knowledge and belief.

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

STATEMENT OF CAUSE OF DEATH

Medical Examiners in certifying to a death will state the cause and manner thereof, and will specify: (1) Under *cause*, the nature of an injury and of its consequences; and (2) under *manner*, the mode of its production together with the circumstances when these are known. For example: "Compound fracture of the femur with ensuing septicemia (gas bacillus) caused by a steam railway accident." "Pistol shot wound of the chest with associated hemorrhage, homicidal." "Asphyxiation by suspension, suicidal." "Syncope while under the influence of ether administered as a surgical anesthetic." "Fracture of the skull with associated internal injury sustained under circumstances unknown."

If disease or injury was related to occupation, specify. If investigation shows the death to have been due to *disease*, specify: (1) Under *cause* its known or presumable nature; and (2) under *manner*, indicate the circumstances leading to medico-legal inquiry. For example: "Hemorrhage spontaneous of the brain (basal ganglia) (found dead in bed)." "Heart disease, presumably coronary sclerosis. (Sudden death)."

DESCRIPTION (for unknown person)

NOTICE TO UNDERTAKERS: No embalming fluid, or any substitute therefor, shall be injected into the body of any person supposed to have met his death by violence, until a permit, signed by the Medical Examiner, has first been obtained.—General Laws, Chap. 38, Sec. 14.

THIS CERTIFICATE CONSTITUTES SUCH PERMIT

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. **161**

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 **Grace M. Smith**
(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. **60 Bates Ave Winthrop**
(Usual place of abode)

St. (If nonresident, give city or town and State)

Length of stay: In hospital or Institution **Hospital**
(Before death) (Specify whether)

years months **1** days. In this community **22** yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX **Female** 4 COLOR OR RACE **White** 5 SINGLE (with the word)
MARRIED WIDOWED **Single** or DIVORCED

18 DATE OF DEATH **August 24 1946**
(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.)

**Post Partum Hemorrhage;
Splanic anaemia
Surgical Shock**

6 Age of husband or wife if alive years

7 IF STILLBORN, enter that fact here.

8 AGE **22** Years Months Days If less than 1 day
Hours Minutes

20 Accident, suicide, or homicide (specify)

9 Usual Occupation: **At Home**

Date of occurrence **19**

10 Industry or Business:

Where did Injury occur? (City or town and State)

11 Social Security No. **none**

Did injury occur in or about home, on farm, in industrial place, or in public place? (Specify type of place)

12 BIRTHPLACE (City) **Winthrop Mass**
(State or country)

Manner of Injury **Died quickly following a**

13 NAME OF FATHER **Lewis Smith**

Nature of Injury **precipitate delivery**

14 BIRTHPLACE OF FATHER (City) **Westmouth, N.Y.**
(State or country)

While at work? Was there an autopsy? **yes**

15 MAIDEN NAME OF MOTHER **Irish Mac Fadden**

21 Was disease or injury in any way related to occupation of deceased?

16 BIRTHPLACE OF MOTHER (City) **Ireland**
(State or country)

If so, specify

17 Informant **Irish Smith** Relationship any
(Address) **60 Bates Ave Winthrop Mass** **Mother**

(Signed) **Mr. V. Brickley** M. D.
(Address) **314 W. 29th St. New York 29** 1946

22 **Winthrop Cemetery Winthrop Mass**
Place of Burial, Cremation or Removal (City or Town)

DATE OF BURIAL **Aug 27 1946**

23 NAME OF FUNERAL DIRECTOR **John J. Connelley**
ADDRESS **1404 Washington St. Boston**

Received and filed **AUG 27 1946** 19

I HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:

Walter G. Baker
(Signature of Agent of Board of Health or other)

Health Officer (Official Designation) **8/26/46** (Date of Issue of Permit)

(Registrar)

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death... Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which

it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained 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.

...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)

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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

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. 162

PLACE OF DEATH

St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

PHYSICIAN - IMPORTANT

2 FULL NAME Gretta Laura Swett.

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(Was deceased a U. S. War Veteran, No. if so specify WAR)

(a) Residence. No. 19 Court Road.

(Usual place of abode)

St.

(If nonresident, give city or town and State)

Length of stay: In hospital or institution Hospital years months days 10 hrs 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 married

5a If married, widowed, or divorced HUSBAND of Frank E. Swett

(Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

6 Age of husband or wife if alive 66 years

7 IF STILLBORN, enter that fact here.

8 AGE 68 Years 1 Months 21 Days | If less than 1 day Hours Minutes

Usual Occupation: At Home

Industry or Business: none

11 Social Security No. none

12 BIRTHPLACE (City) Dorchester (State or country) New Brunswick

13 NAME OF FATHER William Kinnear

14 BIRTHPLACE OF FATHER (City) Canada (State or country)

15 MAIDEN NAME OF MOTHER Lavina Tate

16 BIRTHPLACE OF MOTHER (City) Canada (State or country)

17 Informant Frank E. Swett (husband) (Address) 19 Court Rd. Winthrop Mass

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transfer permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation) (Date of Issue of Permit)

18 DATE OF DEATH August 25 1946 (Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from June 4, 1935 to August 25, 1946

last saw her alive on August 24, 1946 death is said to have occurred on the date stated above, at 6:40 A.M.

Immediate cause of death

Cerebral Hemorrhage

Duration

26 hours

Due to Arteriosclerosis

5 years

Due to Hypertension

10 years

Other conditions none (Include pregnancy within 3 months of death)

IMPORTANT

Major findings:

Of operations none

Physician

Underline the cause to which death should be charged statistically.

Of autopsy none

What test confirmed diagnosis? clinical & lab

20 Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) Jacob A. Abrams M.D. (Address) 502 Dudley St. Winthrop, Mass. 01946

21 Winthrop Cemetery Winthrop Mass (City or Town)

DATE OF BURIAL August 28, 1946. 19

22 NAME OF FUNERAL DIRECTOR Alfred B. Marsh ADDRESS 174 Winthrop St. Winthrop, Mass

Received and filed SEP 3 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 of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or 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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(3) **Medical Examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by 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-(g)-1-45-15510
if deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a record to that effect.

A

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. 163

1 PLACE OF DEATH

Suffolk County
Wentworth
(City or Town)
No. 48 Shore Ave
St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Barothy Reinstein

PHYSICIAN - IMPORTANT

(Was deceased a
U. S. War Veteran,
specify WAR)

(a) Residence, No.

141 Engelwood Ave Brighton, Mass

Length of stay: In hospital or institution (Before death)

years months days In this community 3 yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX Female 4 COLOR OR RACE white 5 SINGLE (write the word) MARRIED Married WIDDED or DIVORCED

18 DATE OF DEATH Aug 30 1946 (Month) (Day) (Year)

5a If married, widowed or divorced HUSBAND of Samuel Reinstein (or) WIFE of (Husband's name in full)

19 I HEREBY CERTIFY, That I attended deceased from 19 to 19

6 Age of husband or wife if alive 51 years

I last saw him alive on 19 death is said to have occurred on the date stated above, at 4:17 m.

7 IF STILLBORN, enter that fact here.

Immediate cause of death

8 AGE 49 Years Months Days If less than 1 day Hours Minutes

Central pneumonia

9 Occupation: Housewife

Due to

Industry or Business: at home

Due to Hypertension

11 Social Security No.

Other conditions: pneumonia (include pregnancy within 3 months of death)

12 BIRTHPLACE (City) (State or country) Russia

Major findings: Of operations

13 NAME OF FATHER Samuel Friedman

Date of

14 BIRTHPLACE OF FATHER (City) (State or country) Russia

Of autopsy

15 MAIDEN NAME OF MOTHER Sarah Cunkuoran

What test confirmed diagnosis?

16 BIRTHPLACE OF MOTHER (City) (State or country) Russia

17 Informant Samuel Reinstein Relation, if any (Address) 141 Engelwood Ave. (Signature)

20 Was disease or injury in any way related to occupation of deceased? If so, specify (Signed) (Address) (Date)

21 Place of Burial, Cremation or Removal (City or Town)

DATE OF BURIAL Sept 1 1946

22 NAME OF FUNERAL DIRECTOR Henry Levine

ADDRESS 470 Norwalk St. Brookline

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:

Walter H. Baker (Signature of Agent of Board of Health or other)

Health Officer (Official Designation) 8/30/46 (Date of Issue of Permit)

SEP 3 1946

(Registrar)

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
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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Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by 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 _____

IF deceased was a U. S. War Veteran, U. S. Chap. No., Section 10, requires physicians to insert a record to that effect.

100m (g)-1-45-15510

1 PLACE OF DEATH
1 { Suffolk (County)
Winthrop (City or Town)
No. 5 Lowin St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Charles Melvin Shannon (If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residences, No. 5 Lowin 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 35 yrs. mos. days.
(Before death) (Specify whether)

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
**STANDARD
CERTIFICATE OF DEATH**

To be filed for burial permit
with Board of Health
or its Agent.
Registered No. **164**

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 Margaret Gimes (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 54 Years Months Days If less than 1 day Hours Minutes

9 Occupation: Diesel Engineer

10 Industry or Business: Bethlehem Steel

11 Social Security No. _____

12 BIRTHPLACE (City) Boston (State or country) Maine

13 NAME OF FATHER Thomas Shannon

14 BIRTHPLACE OF FATHER (City) Maine (State or country)

15 MAIDEN NAME OF MOTHER Ada Loujoy

16 BIRTHPLACE OF MOTHER (City) Maine (State or country)

17 Informant Margaret Gimes (Address) 5 Lowin St. Relation, if any wife

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Walter H. Baker
(Signature of Agent of Board of Health or other)
W. H. O. (Official Designation) 9/6/46 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Sept 4 1946
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from Aug 19, 1946, to Sept 4, 1946
I last saw him alive on Sept 4, 1946 death is said to have occurred on the date stated above, at 8:25 P. m.

Immediate cause of death Coronary thrombosis **IMPORTANT**
3 days
Due to Coronary sclerosis 36 months

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) W. H. O. M. D.
(Address) 147 Shirley St. Winthrop 9-5 1946

21 Winthrop Cemetery Winthrop
Place of Burial, Cremation or Removal (City or Town)
DATE OF BURIAL Sept 4 1946

22 NAME OF FUNERAL DIRECTOR Kirby Bros.
ADDRESS 310 Winthrop St.

Received and filed SEP 9 1946 19_____
(Registrar)

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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).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a 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

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. 7793 165

1
PLACE OF DEATH

(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 NATHAN FERAR
(If deceased is a married, widowed or divorced woman, give also maiden name.)(If U. S.
War Veteran,
specify WAR) NO(a) Residence, No. 10 WAVEWAY AVE
(Usual place of abode)St. WINTHROP
(If nonresident, give city or town and State)Length of stay: In hospital or institution years months | days
(Before death) (Specify whether) In this community yrs. mos. | days.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX MALE 4 COLOR OR RACE WHITE 5 SINGLE (write the word)
MARRIED MARRIED
WIDOWED WIDOWED
or DIVORCED or DIVORCED18 DATE OF DEATH SEPT 7/46
(Month) (Day) (Year)5a If married, widowed, or divorced
HUSBAND of GUSSE L. LUFTMAN
(Give maiden name of wife in full)
(or) WIFE of
(Husband's name in full)19 I HEREBY CERTIFY, That I attended deceased from
SEPT 7/46, 19, to SEPT 7/46, 19
I last saw h. i. m. alive on SEPT 7/46, 19, death is said to
have occurred on the date stated above, at 4:45 m. Duration

6 Age of husband or wife if alive 63 years

Immediate cause of death
CARDIAC FAILURE L.D.Y.

7 IF STILLBORN, enter that fact here.

8 AGE 62 Years Months Days | If less than 1 day
Hours Minutes

Due to CORONARY SCLEROSIS WITH OCCASIONAL

9 Usual Occupation: LEATHER WORKER

Due to

10 Industry or Business: WINSHIP CO

Other conditions MITRAL STENOSIS
(Include pregnancy within 3 months of death)

Physician

11 Social Security No. 029-07-3213

Major findings:
Of operationsUnderline
the cause to
which death
should be
charged sta-
tistically.12 BIRTHPLACE (City) RUSSIA
(State or country)

Date of

13 NAME OF FATHER JACOB R FERAR

Of autopsy ABOVE

14 BIRTHPLACE OF FATHER (City) RUSSIA
(State or country)

What test confirmed diagnosis?

15 MAIDEN NAME OF MOTHER

20 Was disease or injury in any way related to occupation of deceased?

16 BIRTHPLACE OF MOTHER (City) RUSSIA
(State or country)If so, specify R. OSGOOD, M. D.
(Signed) BOSTON Date 9/8/49
(Address)17 Informant SON (Relation, if any)
(Address)21 PLACE OF BURIAL, CREMATION OR REMOVAL WINTHROP EVERETT
(Cemetery) (City or Town)

DATE OF BURIAL SEPT 8/46 19

A TRUE COPY Michael J. Ganning
ATTEST: (Registrar of city or town where death occurred)
SEPT 10/4622 NAME OF FUNERAL DIRECTOR B. BIRNBACH
ADDRESS BOSTON

Resolved and filed SEP 28 1946 19

(Registrar of City or Town where deceased resided)

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.

166

1
PLACE OF DEATH

2 FULL NAME Josephine Markell
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence, No. 173 Shirley
(Usual place of abode)

St. Winthrop

(If nonresident, give city or town and State)

Length of stay: in hospital or institution 5 years 9 months 3 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 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 78 years

7 IF STILLBORN, enter that fact here.

8 AGE 75 Years Months Days If less than 1 day Hours Minutes

9 Usual Occupation: Housewife

10 Industry or Business:

11 Social Security No. none

12 BIRTHPLACE (City) Lynn (State or country)

13 NAME OF FATHER Timothy Looney

14 BIRTHPLACE OF FATHER (City) Ireland (State or country)

15 MAIDEN NAME OF MOTHER Mary Donahue

16 BIRTHPLACE OF MOTHER (City) Ireland (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 September 16 1946

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH September 9, 1946
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from October 29, 1945, to September 9, 1946

I last saw her alive on September 9, 1946, death is said to have occurred on the date stated above, at 4:05 a.m.

Immediate cause of death

Arteriosclerotic heart disease

Due to 7 yrs

Due to

Other conditions. (Include pregnancy within 3 months of death)

Major findings:

Of operations

Date of

Of autopsy

What test confirmed diagnosis? Clinical

20 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Peter B. Nagopian M.D.

(Address) DSH Date 9/13/46

21 PLACE OF BURIAL, Winthrop, Winthrop
CREMATION OR REMOVAL (Cemetery) (City or Town)

DATE OF BURIAL September 11 1946

22 NAME OF FUNERAL DIRECTOR Howard S. Reynolds
ADDRESS Winthrop

Received and filed OCT 5 1946 19

(Registrar of City or Town where deceased resided)

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.

167

1 PLACE OF DEATH

Essex

(County)

Danvers

(City or Town)

No. Danvers State Hospital

St. { (If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME Agnes Edith Harvie

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence, No. 135 Highland

(Usual place of abode)

St.

Winthrop

(If nonresident, give city or town and State)

Length of stay: In hospital or institution.....
(Before death) (Specify whether)

years

months

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 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 67 Years.....Months.....Days If less than 1 day
Hours.....MinutesUsual
9 Occupation: SecretaryIndustry
10 or Business:

11 Social Security No. Unknown

12 BIRTHPLACE (City)
(State or country)

13 NAME OF FATHER William Harvie

14 BIRTHPLACE OF FATHER (City)
(State or country) Scotland

15 MAIDEN NAME OF MOTHER (Crawford)

16 BIRTHPLACE OF MOTHER (City)
(State or country) Scotland17 Informant M.K. McPhillips (Relation, if any)
(Address)

A TRUE COPY.

ATTEST:

(Registrar of city or town where death occurred)

DATE FILED September 16, 1946

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH September 13, 1946
(Month) (Day) (Year)19 I HEREBY CERTIFY, That I attended deceased from
August 17, 1946 to September 13, 1946I last saw her alive on September 13, 1946, death is said to
have occurred on the date stated above, at 1:45 a.m.

Immediate cause of death.....

Arteriosclerotic heart disease

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) Peter B. Lagopian M.D.
(Address) DSH Date 9/13/194621 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn Everett
(Cemetery) (City or Town)

DATE OF BURIAL September 16, 1946

22 NAME OF FUNERAL DIRECTOR Howard S. Reynolds
ADDRESS Winthrop

Received and filed OCT 5 1946 19

(Registrar of City or Town where deceased resided)



PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)

No. 48 Belcher 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

168

Registered No.

St. { (If death occurred in a hospital or institution,
give its NAME instead of street and number) }

2 FULL NAME Maria F. Kanairy Flanagan
(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. 48 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 yrs. 1 mos. days.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX Male
4 COLOR OR RACE White
5 SINGLE (write the word)
MARRIED
WIDOWED
or DIVORCED Widowed

18 DATE OF DEATH September 14 1946
(Month) (Day) (Year)

5a If married, widowed or divorced
HUSBAND of (Give maiden name of wife in full)
Mark A. Flanagan
(or) WIFE of (Husband's name in full)

19 I HEREBY CERTIFY, That I attended deceased from
, 19 , to , 19
I last saw h alive on , 19 , death is said to
have occurred on the date stated above, at 8.50 A m.

6 Age of husband or wife if alive years

Immediate cause of death

Duration

IMPORTANT

7 IF STILLBORN, enter that fact here.

8 AGE 75 Years Months Days If less than 1 day Hours Minutes

Coronary Embolism

Usual Occupation: Housewife

Due to ME
in E. raised jurisdiction

Industry or Business: Own Home

Due to

11 Social Security No.

12 BIRTHPLACE (City) Boston
(State or Country) Massachusetts

Other conditions
(Include pregnancy within 3 months of death)

IMPORTANT

13 NAME OF FATHER Thomas Kanairy

14 BIRTHPLACE OF FATHER (City) Ireland
(State or Country)

15 MAIDEN NAME OF MOTHER Margaret Handrahan

16 BIRTHPLACE OF MOTHER (City) Ireland
(State or Country)

Major findings:
Of operations

Date of

Of autopsy

What test confirmed diagnosis?

Physician

Underline
the cause to
which death
should be
charged sta-
tistically.

17 Informant Mrs. Grafton Wood (daughter)
(Address) 48 Belcher 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 or Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

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. WINTHROP Winthrop Mass
DATE OF BURIAL September 16 1946

22 NAME OF FUNERAL DIRECTOR John F. O'Malley
ADDRESS Winthrop Mass.

Received and Filed

SEP 19 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 of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or 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

10/19/46
per tel. conversation with Mr. Kelly
EW. B. 1946

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

Registered No. **169**

PLACE OF DEATH

Suffolk
(County)
Winthrop
(City or Town)

No. **72 Crystal Cove Ave.**

St. { (If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME

Joseph F. Curran
(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 Crystal Cove Ave.

St.

Winthrop
(If nonresident, give city or town and State)

Length of stay: In hospital or institution

No

years

months

days

In this community **20** yrs.

mos.

days

(Before death)

(Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Male

4 COLOR OR RACE

White

5 SINGLE (write the word)

MARRIED

WIDOWED

or DIVORCED

Married

5a If married, widowed or divorced

Birthname O'Donnell

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

6 Age of husband or wife if alive

60

years

7 IF STILLBORN, enter that fact here.

8

AGE **65** Years

Months

Days

If less than 1 day

Hours

Minutes

Usual

9 Occupation:

Meat Cutter

Industry

10 or Business:

Meat Market

11 Social Security No.

012-01-1311

12 BIRTHPLACE (City)

Boston

(State or country)

Mass.

13 NAME OF

FATHER

Nicholas Curran

14 BIRTHPLACE OF

FATHER (City)

Galway

(State or country)

Ireland

15 MAIDEN NAME

OF MOTHER

Elizabeth Wilshire

16 BIRTHPLACE OF

MOTHER (City)

North Shields

(State or country)

England

17

Informant

William Curran

Relation, if any

(son)

(Address)

40 Seaboard St., Win.

I HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued.

(Signature of Agent of Board of Health or other)

Walter H. Baker

NO. 1-1946

(Official Designation)

(Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH

Sept. 16

1946

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY, That I attended deceased from

July, 1946, to **Sept 16**, 1946

I last saw him alive on **Sept. 18**, 1946 death is said to

have occurred on the date stated above, at **7:30 P.** m.

Immediate cause of death

Carcinoma of

Duration

IMPORTANT

months

Due to

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) **Joseph H. Hargrave**

(Address)

336 Seaboard St.

Date

9/18

1946

21

Place of Burial, Cremation or Removal

Walden

(City or Town)

DATE OF BURIAL

September 19

1946

22 NAME OF

FUNERAL DIRECTOR

John B. Kelly

ADDRESS

11 Meridian St., E. B.

Received and filed

SEP 19 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 of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or 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 _____

if deceased was a U. S. War Veteran, U. L. Chap. 46, Section 10 requiree physicians to insert a recital to that effect.

1 A



The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

Registered No. 170

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 Louis Herbert
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN - IMPORTANT
(Was deceased a N
U. S. War Veteran,
if so specify WAR)

(a) Residence. No. 18 Irwin Street
(Usual place of abode)

St. (If nonresident, give city or town and State)

Length of stay: in hospital or institution hospital years months 10 days. In this community 27 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 September 18, 1946.
(Month) (Day) (Year)

5a If married, widowed, or divorced HUSBAND of Nellie Vean Arnsby
(Give maiden name of wife in full)
(or) WIFE of (Husband's name in full)

19 I HEREBY CERTIFY, That I attended deceased from Sept. 1, 1946, to Sept. 18, 1946
I last saw him alive on Sept. 17, 1946. Death is said to have occurred on the date stated above, at m.

6 Age of husband or wife if alive 65 years

Immediate cause of death Chronic Embolism

7 IF STILLBORN, enter that fact here.

8 AGE 73 Years 8 Months 17 Days | If less than 1 day Hours Minutes

Due to myocarditis 9/19/46

9 Occupation: retired cigar maker

Industry or Business: Odenze Cigar Mfg Co, Boston

Due to

11 Social Security No. 023-05-0575

Other conditions (Include pregnancy within 8 months of death)

12 BIRTHPLACE (City) Boston (State or country) Mass.

Major findings: Of operations

13 NAME OF FATHER Norman Herbert.

Date of Of autopsy What test confirmed diagnosis?

14 BIRTHPLACE OF FATHER (City) Germany. (State or country)

15 MAIDEN NAME OF MOTHER Celia Albin.

16 BIRTHPLACE OF MOTHER (City) Germany. (State or country)

17 Informant Mrs. Nellie Herbert (Wife) (Address) 18 Irwin St. Winthrop Mass.

20 Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Winthrop M. D. (Address) Winthrop Sept 19 1946

21 Place of Burial, Cremation or Removal Winthrop cemetery, Winthrop (City or Town)
DATE OF BURIAL Sept. 20, 1946. 19

22 NAME OF FUNERAL DIRECTOR Alfred B. March ADDRESS 174 Winthrop St. Winthrop

Received and filed SEP 19 1946 (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) Walter G. Baker
(Official Designation) H.O. (Date of Issue of Permit) Sept 19 1946

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

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A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

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by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . General Laws, Chap. 38, Sec. 6.

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- (2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance 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

A

4

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH

1946
To be filed for burial permit
with Board of Health
or its Agent.

Registered No. 171

PLACE OF DEATH

Suffolk
(County)
Wintthrop
(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 Georgia Evelyn Mahony
(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. 37 Wadsworth

St. Roscoe

(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 22 yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE white 5 SINGLE (write the word)
MARRIED WIDOWED or DIVORCED Single

5a If married, widowed, or divorced
HUSBAND of (Give maiden name of wife in full)
(or) WIFE of (Husband's name in full)

6 Age of husband or wife if alive years

7 IF STILLBORN, enter that fact here.

8 AGE 73 Years Months Days | If less than 1 day
Hours Minutes

Usual
9 Occupation: Bookkeeper

Industry
10 or Business: Edward H. Marchant & Co.

11 Social Security No. 022-03-8997

12 BIRTHPLACE (City) Somerville
(State or country) Mass.

13 NAME OF FATHER William H. Mahony

14 BIRTHPLACE OF FATHER (City) Ireland
(State or country)

15 MAIDEN NAME OF MOTHER Georgianna Parker

16 BIRTHPLACE OF MOTHER (City) Maine
(State or country)

17 Informant Mrs. Grace B. Du Cote (Address) 37 Wadsworth St. Wadsworth 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) H. O. (Date of Issue of Permit) 9/19/46

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Sept. 18 1946
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from
March 4, 1946, to Sept. 18, 1946

I last saw her alive on Sept 15, 1946, death is said to
have occurred on the date stated above, at 3:45 A.M.

Immediate cause of death

Heart failure

Due to arteriosclerotic heart disease

with congestive failure - Banti's

Due to syndrome with cirrhosis

esophageal varices + splenomegaly

chronic nephritis -

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

What test confirmed diagnosis?

20 Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) Andrew C. Catano M. D.

(Address) 94 Beach St. Wadsworth, Mass. Sept 18, 1946

21 Woodlawn Cemetery Wadsworth, Mass.
Place of Burial, Cremation or Removal (City or Town)

DATE OF BURIAL Sep. 20 1946

22 NAME OF FUNERAL DIRECTOR Edith M. Merisori

ADDRESS 305 Beach St. Wadsworth, Mass.

Received and filed SEP 19 1946 19 (Registrar)

IMPORTANT

6 mos

IMPORTANT

Physician

Underline
the cause to
which death
should be
charged sta-
tistically.

ROOM 1-2-42-8855

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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The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

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Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

for hospital conversation 10/10/46

PLACE OF DEATH
1Suffolk
(County)Winthrop
(City or Town)

No. Winthrop Community Hospital

St. { (If death occurred in a hospital or institution, give its NAME instead of street and number) }

2 FULL NAME Baby Boy Masella
(If deceased is a married, widowed or divorced woman, give also maiden name.)(a) Residence. No. 628 Boulevard St. Mass.
(Usual place of abode)

Length of stay: In hospital or institution (Before death) Hosp. 50 mos. 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. ~~XXXXXXXXXX~~ ☒ **Active**

8 AGE Years Months Days If less than 1 day Hours 50 Minutes

9 Usual Occupation: None

10 Industry or Business: None

11 Social Security No. None

12 BIRTHPLACE (City) Winthrop, Mass
(State or Country)

13 NAME OF FATHER Daniel R Masella

14 BIRTHPLACE OF FATHER (City) Boston
(State or Country) Mass

15 MAIDEN NAME OF MOTHER Anna A. Tworjan

16 BIRTHPLACE OF MOTHER (City) Winthrop
(State or Country) Mass17 Informant Daniel R Masella (Relation if any) father
(Address) 628 Boulevard

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Walter H. Capley
(Signature of Agent of Board of Health or other)

Health Officer (Official Designation) 9/23/46 (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. 172

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 Sept. 19 1946
(Month) 19 (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from Sept 19, 1946, to Sept 19, 1946

I last saw him alive on Sept 19, 1946, death is said to have occurred on the date stated above, at 9:30 P.m.

Immediate cause of death

5 mo 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) [Signature] M. D.
(Address) 22 Shirley St. Date 9/20 194621 Place of Burial, Cremation or Removal Boston
(City or Town)

DATE OF BURIAL 23 Sept 1946

22 NAME OF FUNERAL DIRECTOR [Signature]
ADDRESS 57 So. Virginia St. Boston

Received and Filed OCT 2 1946 19

(Registrar)

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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).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION



The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

Registered No. **173**

1 PLACE OF DEATH **SUFFOLK**
(County)

2 FULL NAME **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)

3 (a) Residence, No. **628 BOULEVARD** St. **REVERE MASS.**
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: in hospital or institution **1 hr 17 mins** years months days. In this community yrs. mos. days.
(Before death) (Specify whether)

PHYSICIAN - IMPORTANT

(Was deceased a
U. S. War Veteran,
if so specify WAR)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX **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. **Stillborn** ☒

8 AGE Years Months Days If less than 1 day
1 Hours **17** Minutes

9 Occupation: **None**

10 Industry or Business:

11 Social Security No.

12 BIRTHPLACE (City) **WINTHROP**
(State or country) **MASS**

13 NAME OF FATHER **DANIEL R. MASELLA**

14 BIRTHPLACE OF FATHER (City) **BOSTON**
(State or country) **MASS**

15 MAIDEN NAME OF MOTHER **ANNA A. TWARJAN**

16 BIRTHPLACE OF MOTHER (City) **MANCHESTER**
(State or country) **N. H.**

17 Informant **DANIEL R. MASSELLA** Relationship, if any
(Address) **628 Boulevard** **Father**

18 DATE OF DEATH **Sept. 19, 1946**
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from
Sept. 19, 1946, to **Sept. 19, 1946**
I last saw her alive on **Sept. 15, 1946**, death is said to
have occurred on the date stated above, at **10:00 P.** m.
Immediate cause of death **5 month Prematurity**

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) **James P. Reilly** M. D.
(Address) **125 St. Michael's St.** Date **9/20/46**

21 Place of Burial, Cremation or Removal. (City or Town)
St. Michael's Burying Ground
DATE OF BURIAL **23 Sept.** 1946

22 NAME OF FUNERAL DIRECTOR **Anna Maria & Son**
ADDRESS **57 So. Margin St. Boston**

IMPORTANT

IMPORTANT

Physician

Underline
the cause to
which death
should be
charged sta-
tistically.

Received and filed **Oct 2 1946** (Registrar)

I HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:

Walter A. Baker
(Signature of Agent of Board of Health or other)
(Official Designation) **Health Officer** (Date of Issue of Permit) **9/23/46**

per hospital conversation 10/10/46

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall hurry or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been hurried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is hurried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required

by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

No undertaker or other person shall hurry a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be hurried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

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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

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
COPY OF
CERTIFICATE OF DEATH

Essex

(County)

Rockport

(City or Town)

No. Tarr Lane

(City or town making return)

Registered No.

174

PLACE OF DEATH

1

2 FULL NAME

Thomas Cusiter

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S.
War Veteran,
specify WAR)

(a) Residence. No.

77 Bartlett Road

St.

Winthrop

(Usual place of abode)

(If nonresident, give city or town and state)

Length of stay: In hospital or institution.....

years

months

days

In this community yrs. mos. days.

(Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Male

4 COLOR OR RACE

White

5 SINGLE (write the word)

MARRIED
WIDOWED
OR DIVORCED

Married

5a If married, widowed, or divorced
HUSBAND of

Emily J. Henry

(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 69 Years - Months 1 Days | If less than 1 day Hours.....Minutes

9 Usual Occupation: Chauffeur

10 Industry or Business:

11 Social Security No. 033-18-5135

12 BIRTHPLACE (City) South Ronaldshay
(State or country) Orkney Islands, Scotland

PARENTS

13 NAME OF FATHER Thomas Cusiter

14 BIRTHPLACE OF FATHER (City) unable to learn
(State or country) Scotland

15 MAIDEN NAME OF MOTHER Margaret Brown

16 BIRTHPLACE OF MOTHER (City) unable to learn
(State or country) Scotland17 Informant. Mrs. Emily Cusiter, Wife
(Address) Tarr Lane, Rockport, Mass.

Relation, if any

A TRUE COPY.

ATTEST: Esther E. Johnson
(Registrar of city or town where death occurred)

DATE FILED September 19, 1946

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH September 23, 1946
(Month) (Day) (Year)19 I HEREBY CERTIFY. That I attended deceased from
Sept. 1, 1946, to Sept. 19, 1946I last saw him alive on Sept. 19, 1946, death is said
to have occurred on the date stated above, at 5 P.M.

Duration

Immediate cause of death: Myocarditis 2 months plus

Due to Bronchial Asthma 5 Years " "
Arterio-Sclerosis 5 " "

Due to

Other conditions (Include pregnancy within 3 months of death)

PHYSICIAN

Major findings:

Of operations Date of

Of autopsy

What test confirmed diagnosis?

Underline
the cause to
which death
should be
charged sta-
tistically.

20 Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) E. E. Cleaves M. D.
(Address) Rockport, Mass. Date 9/24, 194621 PLACE OF BURIAL, Beech Grove Rockport
CREMATION OR REMOVAL (City or Town) 46
Sept. 26, 1946

DATE OF BURIAL

22 NAME OF FUNERAL DIRECTOR Elmer F. Burgess Inc.
ADDRESS Rockport, Mass.

Received and filed.....19.....

OCT 10 1946

(Registrar of City or Town where deceased resided)

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. 175

St. { (If death occurred in a hospital or institution,
give its NAME instead of street and number) }

2 FULL NAME Margaret A. Murphy Williams
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 356 Pleasant st
(Usual place of abode)

St. (If nonresident, give city or town and State)

Length of stay: In hospital or institution (Before death) (Specify whether) years months 7 days. In this community 20 yrs. mos. days.

PHYSICIAN - IMPORTANT

{ (Was deceased a
U. S. War Veteran,
if so specify WAR) }

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female	4 COLOR OR RACE White	5 SINGLE (write the word) MARRIED WIDOWED DIVORCED
5a If married, widowed or divorced HUSBAND of: (Name of wife in full) (or) WIFE of: Andrew B. Williams (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) East Boston (State or Country) Mass		

PARENTS

13 NAME OF FATHER Cornelius Murphy
14 BIRTHPLACE OF FATHER (City) (State or Country) Ireland
15 MAIDEN NAME OF MOTHER Cannot be learned
16 BIRTHPLACE OF MOTHER (City) (State or Country) Ireland

17 Informant Alice Williams Daughter
(Address) 356 Pleasant St

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued.

Walter S. Baker
(Signature of Agent or Board of Health or other)

Health Officer (Official Designation) 9/25/46 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Sept 23 1946 (Month) (Day) (Year)	19 I HEREBY CERTIFY, That I attended deceased from Sept 16 1946 to Sept 23 1946 I last saw him alive on Sept 23 1946 death is said to have occurred on the date stated above, at 8 P. m. Immediate cause of death Hypostatic pneumonia Due to Septicemia Due to Myocarditis Other conditions (Include pregnancy within 3 months of death) Major findings: Of operations Date of Of autopsy What test confirmed diagnosis?
Duration IMPORTANT	
Physician Underline the cause to which death should be charged statistically.	
IMPORTANT	

20 Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) P. H. O'Connell M. D.
(Address) Washington D.C. 7/27/46

21 Holy Cross Malden
Place of Burial, Cremation or Removal. (City or Town)
DATE OF BURIAL Sept 26 1946 19

22 NAME OF FUNERAL DIRECTOR John F. O'Malley
ADDRESS Winthrop

Received and Filed OCT 1 1946 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.

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SPACE FOR ADDITIONAL INFORMATION

PLACE OF DEATH
1SUFFOLK
(County)
BOSTON
(City or Town)The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
COPY OF
MEDICAL EXAMINER'S
CERTIFICATE OF DEATH

BOSTON

(City or town making return)

Registered No. 8316 126

No. Peter Bent Brigham Hospital

St. { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Hugh F A Moran
(If deceased is a married, widowed or divorced woman, give also maiden name.)

{ (If U. S. War Veteran, specify WAR)

(a) Residence. No. 36 Prospect 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 57 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
WIDOWED or DIVORCED5a If married, widowed, or divorced Elizabeth L Hewitt
HUSBAND of (Give maiden name of wife in full)
(or) WIFE of (Husband's name in full)

6 Age of husband or wife if alive years

7 IF STILLBORN, enter that fact here.

8 AGE 57 Years 3 Months 21 Days | If less than 1 day Hours Minutes

Usual Occupation: Salesman

Industry or Business: Dyestuff

11 Social Security No. 012-01-6790

12 BIRTHPLACE (City) East Boston Mass.
(State or country)

PARENTS 13 NAME OF FATHER Hugh Moran

14 BIRTHPLACE OF FATHER (City) Ireland
(State or country)

15 MAIDEN NAME OF MOTHER Margaret Connelly

16 BIRTHPLACE OF MOTHER (City) Ireland
(State or country)17 Informant Mrs W Holland Daughter
(Address)A TRUE COPY. Michael J. Fanning
ATTEST: (Registrar of city or town where death occurred)

DATE FILED 19

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Sept. 25/46
(Month) (Day) (Year)

19 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows: (If an injury was involved, state fully.)

Cirrhosis of the liver alcoholism

20 Accident, suicide, or homicide (specify) _____
Date of occurrence 19Where 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) Richard Ford M. D.
(Address) Boston Mass Date 9-25/4622 Winthrop Cem-Winthrop Mass.
Place of Burial, Cremation or Removal (City or Town)
DATE OF BURIAL Sept. 27/46 1923 NAME OF FUNERAL DIRECTOR Richard C Kirby
ADDRESS Boston Mass.Received and filed Sept. 30/46 19
OCT 3 1946
(Registrar of City or Town where deceased resided)

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS



STANDARD
CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

Registered No. **177**

PLACE OF DEATH
1 **Suffolk**
County
Winthrop
(City or Town)
No. **Winthrop Community Hosp** St. (If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME **Belle Schroeder**
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(a) Residence. No. **1497 North Shore Road** St. **Revere**
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or institution (Specify whether) years months **14** 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 **Carl J. Schroeder**
(or) WIFE of **Belle Schroeder**
(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

Usual
9 Occupation: **Homemaker**

Industry
10 or Business: **Own Home**

11 Social Security No. **None**

12 BIRTHPLACE (City)
(State or country) **Orange Mass**

PARENTS

13 NAME OF
FATHER **Not Known Ballou**

14 BIRTHPLACE OF
FATHER (City)
(State or country) **Not Known**

15 MAIDEN NAME
OF MOTHER **Not Known**

16 BIRTHPLACE OF
MOTHER (City)
(State or country) **Not Known**

17 Informant **Carl J. Schroeder** Relation, if any
(Address) **1497 North Shore Road Revere**

I HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:

Walter A. Baker
(Signature of Agent of Board of Health or other)
(Official Designation) **Health Officer** (Date of Issue of Permit) **9/27/46**

18 DATE OF
DEATH **September 27, 1946**
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from
Sept 13, 1946, to Sept 26, 1946
I last saw him alive on **Sept 26, 1946** death is said to
have occurred on the date stated above, at **5:00 p.m.**

Immediate cause of death **Coronary thrombosis** Duration **2.5 hours**

Due to **Arterio-sclerosis** **6 yrs**

Due to **Acute Myocardial Infarct** **9-13-46**

Other conditions **Arterio-sclerosis** **8 years**

(Include pregnancy within 3 months of death) **IMPORTANT**

Major findings: **Arterio-sclerosis** **Physician**

Of operations **Underline the cause to which death should be charged statistically.**

Of autopsy **Clinical findings**

What test confirmed diagnosis? **Clinical findings**

20 Was disease or injury in any way related to occupation of deceased? **No**

If so, specify **None**

(Signed) **Harold Magrath** M. D.

(Address) **674 Beach St. Revere** Date **7-27-46**

21 **Revere** **Orange**
Place of Burial, Cremation or Removal (City or Town)

DATE OF BURIAL **Sept 29, 1946**

22 NAME OF
FUNERAL DIRECTOR **Fredrick J. Magrath**

ADDRESS **East Boston**

Received and filed **Oct 2 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 of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or 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
1

Suffolk

(County)

Winthrop

(City or Town)

No. 59 Beal St.

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. 178

St. { (If death occurred in a hospital or institution,
give its NAME instead of street and number)2 FULL NAME Anders Emil Anderson
(If deceased is a married, widowed or divorced woman, give also maiden name.)(a) Residence, No. 59 Beal 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 38 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 Widowed5a If married, widowed, or divorced HANNA OLSON
HUSBAND 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 85 Years 5 Months 2 Days If less than 1 day
Hours Minutes

9 Usual Occupation: Engineer (Retired)

Industry Stationary Engines
10 or Business:

11 Social Security No. None

12 BIRTHPLACE (City) Sweeden
(State or country)

PARENTS 13 NAME OF FATHER Andrew Anderson

14 BIRTHPLACE OF FATHER (City) Sweeden
(State or country)

15 MAIDEN NAME OF MOTHER Anna Anderson

16 BIRTHPLACE OF MOTHER (City) Sweeden
(State or country)17 Informant Edward Anderson (Son, if any)
(Address) 54 Beal St. WinthropI HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:(Signature of Agent of Board of Health or other)
Health Officer 10/2/46
(Official Designation) (Date of Issue of Permit)18 DATE OF DEATH September 29 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.)Asphyxia (hanging)
Suicide during fit of insanity20 Accident, suicide, or homicide (specify) Suicide -
Date of occurrence Probably 9-28 1946Where 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? home (Specify type of place)

Manner of Injury noose of clothesline

Nature of Injury self-inflicted

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) Richard J. Fort M. D.
(Address) 25 State St. Date 9-29 194622 Winthrop Winthrop
Place of Burial, Cremation or Removal (City or Town)
DATE OF BURIAL October 2 194623 NAME OF FUNERAL DIRECTOR Edward S. Reynolds
ADDRESS Winthrop Mass

Received and filed 10/2/46 1946

(Registrar)

ACTS AND RESOLUTIONS PASSED BY THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, 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)

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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

General carcinomatosis
Carcinoma epidermoid
Grade I palate



100m (d)-1-41-4607 If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

1 A

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

Registered No. **179**

1 PLACE OF DEATH
Suffolk
(County)
Wintthrop
(City or Town)
No. **146** **Lincoln St**



2 FULL NAME **Elmer Harold Bassett**
(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) **No**

(a) Residence, No. **146 Lincoln St** St. (If nonresident, give city or town and State)

Length of stay: In hospital or institution (Before death) (Specify whether) years months days. In this community **3** yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX **Male** 4 COLOR OR RACE **White** 5 SINGLE (write the word)
MARRIED **Married**
WIDOWED
or DIVORCED

5a If married, widowed, or divorced
HUSBAND of **Ann M. Wilder**
(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 **72** Years **11** Months Days If less than 1 day
Hours Minutes

Usual
9 Occupation: **Retired Supt.**

Industry
or Business: **Soap Mfg.**

11 Social Security No. **010-10-7392**

12 BIRTHPLACE (City)
(State or country) **Chelsea**
Mass

13 NAME OF
FATHER **Samuel B Bassett**

14 BIRTHPLACE OF
FATHER (City)
(State or country) **Chelsea**
Mass

15 MAIDEN NAME
OF MOTHER **Mary E. Clark**

16 BIRTHPLACE OF
MOTHER (City)
(State or country) **Chelsea**
Mass

17 Informant **Annie M. Bassett** Relation, if any
(Address) **146 Lincoln St. Wintthrop**

I HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:

Walter L. Baker
(Signature of Agent of Board of Health or other)

(Official Designation) (Date of Issue of Permit) **10/2/46**

MEDICAL CERTIFICATE OF DEATH

18 DATE OF
DEATH **Sept 29, 1946**
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from
Mon, 19 **46**, to **Sept 29**, 19 **46**

I last saw him alive on **Sept 29**, 19 **46** death is said to
have occurred on the date stated above, at **7:30 A.M.**

Immediate cause of death **Terminal broncho-pneumonia** **IMPORTANT**

General excruciating

Due to **Carcinoma, epidermoid**

arteries of palate

Due to

Other conditions
(Include pregnancy within 3 months of death) **IMPORTANT**

Major findings:
Of operations **Physician**

Of autopsy 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) **Myron P. King** M. D.

(Address) **562 Wintthrop St. Wintthrop** Date **30 Sept 1946**

21 **Was interment** **Emmett**
Place of Burial, Cremation or Removal (City or Town)

DATE OF BURIAL **Oct 2** 19 **46**

22 NAME OF
FUNERAL DIRECTOR **Richard H. White**

ADDRESS **147 Wintthrop St. Wintthrop**

Received and filed **OCT 3 - 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. C. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhumate a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required

by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made... Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same;...—General Laws, Chap. 38, Sec. 6.

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION



The Commonwealth of Massachusetts
OFFICE OF THE 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**

1 PLACE OF DEATH

Suffolk
(County)
Winthrop
(City or Town)

No. *65 Sargent*

8t. (If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME

Samuel Estelle Phillips
(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.

65 Sargent

St.

(If nonresident, give city or town and State)

Length of stay: In hospital or institution

(Before death)

years

months

days.

In this community *65* 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 *67* Years *6* Months *27* Days

If less than 1 day

Hours Minutes

Usual

9 Occupation:

Retired engraver

Industry

10 or Business:

Commercial printing

11 Social Security No.

None

12 BIRTHPLACE (City)

(State or country)

*East Boston
Mass*

13 NAME OF
FATHER

George D. Phillips

14 BIRTHPLACE OF
FATHER (City)
(State or country)

*Ardenella Springs
Maryland*

15 MAIDEN NAME
OF MOTHER

Esther Agnes Delany

16 BIRTHPLACE OF
MOTHER (City)
(State or country)

New York

17 Informant
(Address)

*Mrs. Willis E. Cagley
65 Sargent 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:

Walter H. Bapery
(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit) *9/29/46*

MEDICAL CERTIFICATE OF DEATH

18 DATE OF
DEATH

(Month)

(Day)

(Year)

Sept 29 1946

19 I HEREBY CERTIFY,

That I attended deceased from

19

19

I last saw him alive on

Sept 29 1946

have occurred on the date stated above, at

10. 15 A.M.

Duration

Immediate cause of death

Cerebral embolism **IMPORTANT**

Due to

Due to

Other conditions

(Include pregnancy within 8 months of death)

IMPORTANT

Major findings:

Of operations

Physician

Underline
the cause to
which death
should be
charged sta-
tistically.

Date of

Of autopsy

What test confirmed diagnosis?

20 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

M. D.

Oct 14 1946

21

Place of Burial, Cremation or Removal

(City or Town)

DATE OF BURIAL

1946

22 NAME OF

FUNERAL DIRECTOR

ADDRESS

*Alfred B. Marsh
174 Winthrop St. Winthrop*

Received and filed

Oct 2 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 said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen 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 to another within of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required

by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or 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

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
COPY OF
CERTIFICATE OF DEATH

(County)

(City or town making return)

Registered No. **181**

Dist. No. **4955**
To be inserted by registrar

New York State Department of Health
DIVISION OF VITAL STATISTICS
CERTIFICATE OF DEATH

Registered No. **37686**
88

1 PLACE OF DEATH: STATE OF NEW YORK
County Seneca
Town Romulus
Village Romulus
City Romulus Ward
No. USNH Sampson New York St.
(If a hospital or institution give its NAME instead of street and number)
Length of stay:
In hospital or institution 0 yrs. 7 mos. 27 days
In town, village or city 0 yrs. 7 mos. 27 days

2 USUAL RESIDENCE OF DECEASED: (If an institution, give place of residence prior to admission.)
State Massachusetts
County
Town Winthrop
Village or City
No. St.
Is residence within limits of city or incorporated village? Yes
2a Citizen of foreign country (alien)? No (Yes or no)
If yes, name country

3 Full Name Edward Louis INGHAM
4 (a) Social Security No. Unknown **4 (b) If Veteran, Name War** WW #11

5 Sex Male **6 COLOR OR RACE** White **7 Single, Married, Widowed, or Divorced (Write the word)** Single
8 IF MARRIED, WIDOWED OR DIVORCED, Name of NONE **Age if alive** years
Husband (or) Wife NONE
9 DATE OF BIRTH (month, day, year) June 8, 1927
10 AGE Years 18 Months 9 Days 16 IF LESS than 1 day, 5 hrs. or 50 min.

11 Usual occupation Unknown
12 Industry or business U.S. Navy
13 BIRTHPLACE (City or Town) (State or Country) Rhode Island

FATHER
14 NAME Louis Ingham
15 BIRTHPLACE (City or Town) (State or Country) Unknown
MOTHER
16 MAIDEN NAME Unknown
17 BIRTHPLACE (City or Town) (State or Country) Unknown

18 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
Informant's signature [Signature] (H) h32
Address USNH SAMPSON NEW YORK

19 PLACE OF BURIAL, CREMATION OR REMOVAL Winstor, R.I. **DATE OF BURIAL** June 27 46

20 UNDERTAKER OR PERSON IN CHARGE (Signature) [Signature]
ADDRESS Quid, N.Y. John Boat
UNDERTAKER'S License No. 3313

21 Date received 6/25/46 Anna Mc Hough
Signature of Registrar or Sub-registrar

Burial or Transit Permit issued by Anna Mc Hough

MEDICAL CERTIFICATION

22 DATE OF DEATH (Month, Day and Year) June 24 1946
23 I HEREBY CERTIFY, That I attended deceased from June 12, 1946 **to** June 24, 1946
I last saw h/a. alive on June 23, 1946
To the best of my knowledge, death occurred on the date stated above, at 5:10 A.M.
Immediate cause of death Tuberculosis

Other conditions (Include pregnancy within 3 months of death) 13.2
Major findings: Of operations
Of autopsy
What laboratory test was made? Ray, Barton
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? (Specify type of place) While at work?
(e) Means of injury motor vehicle

DURATION OF CONDITION		
Vrs.	Mos.	Dys.

PHYSICIAN
Underline the cause to which death should be charged.

Form VS No. 40b, 2-10-44-10M Books (10-608)

THIS CERTIFICATE MUST BE FILED WITH THE LOCAL REGISTRAR WITHIN 72 HOURS AFTER DEATH
N.B.—WRITE OR TYPEWRITE 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.

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M. D.
19.....

NOV 4 1946

19.....

19.....

Date of issue June 26-46



OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

REVERE
(City or town making return)

COPY OF
CERTIFICATE OF DEATH

Registered No. **182**

1 PLACE OF DEATH

Suffolk
(County)

Revere
(City or Town)

No. **237** Endicott Avenue

St. { (If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME **Freda Bass (Stern)**
(If deceased is a married, widowed or divorced woman, give also maiden name.)

{ (If U. S.
War Veteran,
specify WAR) No

(a) Residence. No. **47 Highland Avenue**
(Usual place of abode)

St. **Winthrop, Mass.**
(If nonresident, give city or town and State)

Length of stay: In hospital or institution. **None** - years - months - days. In this community **1** 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 **Married**

5a If married, widowed, or divorced
HUSBAND of **William Bass**
(or) WIFE of **William Bass**
(Give maiden name of wife in full)
(Husband's name in full)

6 Age of husband or wife if alive **71** years

7 IF STILLBORN, enter that fact here.

8 AGE **71** Years. - Months. - Days | If less than 1 day
Hours. Minutes

Usual
9 Occupation: **Housewife**

Industry
10 or Business: **None**

11 Social Security No. **None**

12 BIRTHPLACE (City)
(State or country) **Russia**

13 NAME OF
FATHER **(c.b.l.) Stern**

14 BIRTHPLACE OF
FATHER (City)
(State or country) **Russia**

15 MAIDEN NAME
OF MOTHER **c.b.l.**

16 BIRTHPLACE OF
MOTHER (City)
(State or country) **Russia**

17 Informant **Samuel Bass** (Relation, if any)
(Address) **47 Highland Ave., Winthrop** (**son**)

A TRUE COPY.

ATTEST: **[Signature]**
(Registrar of city or town where death occurred)

DATE FILED **September 6, 1946**

18 DATE OF
DEATH **August 29, 1946**
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from
July 43, to **Aug. 29, 1946**
I last saw her alive on **Aug. 28, 1946**, death is said to
have occurred on the date stated above, at **2** P.m.

Immediate cause of death
Congestive heart failure Duration **10 days**

Due to

Due to

Other conditions **Arteriosclerotic**
(Include pregnancy within 3 months of death) **Heart** **Several yrs.**
Underline

Major findings:
Of operations **None** Date of
Of autopsy **None**

What test confirmed diagnosis? **Ex., xrays etc.**
20 Was disease or injury in any way related to occupation of deceased? **No**
If so, specify

(Signed) **Samuel H. Feldman** M. D.
(Address) **170 Chestnut St., Chelsea** Date **8/29/46**

21 PLACE OF BURIAL **Bnai Israel of Beachmont-**
CREMATION OR REMOVAL **Everett**
(Cemetery) (City or town)

DATE OF BURIAL **Aug. 30, 1946**

22 NAME OF
FUNERAL DIRECTOR **H. J. Torf**
ADDRESS **151 Washington Ave., Chelsea**

Received and filed **SEP 16 1946** 19
(Registrar of City or Town where deceased resided)



OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

(City or town making return)

COPY OF
CERTIFICATE OF DEATH

Registered No. 7562 183

PLACE OF DEATH
1Suffolk
(County)Boston
(City or Town)

No. Strong Hospital

St. { (If death occurred in a hospital or institution,
give its NAME instead of street and number)2 FULL NAME Catherine A DeFreitas
(If deceased is a married, widowed or divorced woman, give also maiden name.){ (If U. S.
War Veteran,
specify WAR)(a) Residence, No. 78 Marshall
(Usual place of abode)St. Winthrop Mass.
(If nonresident, give city or town and State)Length of stay: in hospital or institution years 4 months days. In this community yrs. 8 mos. days.
(Before death) (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F 4 COLOR OR RACE W 5 SINGLE (write the word)
MARRIED Widowed
WIDOWED
or DIVORCED

5a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife, in full)
(or) WIFE of Matthew J DeFreitas
(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 5 Months 12 Days | If less than 1 day
Hours Minutes

Usual Occupation: At Home

Industry or Business: Housewife

11 Social Security No. None

12 BIRTHPLACE (City) Boston Mass.
(State or country)

13 NAME OF FATHER ----- Driscoll

14 BIRTHPLACE OF FATHER (City) Boston Mass.
(State or country)

15 MAIDEN NAME OF MOTHER Unknown

16 BIRTHPLACE OF MOTHER (City) Unknown
(State or country)17 Informant K M DeFreitas any
(Address) (Son)A TRUE COPY. Michael J. DeFreitas
ATTEST: Sept 3/46
(Registrar of city or town where death occurred)

DATE FILED 19

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH August 29/46
(Month) (Day) (Year)19 I HEREBY CERTIFY, That I attended deceased from
April 29, 19 46, to August 29, 19 46
I last saw her alive on August 19 46, death is said to
have occurred on the date stated above, at m. Duration

Immediate cause of death

Carcinoma

Cancer of rectum

Due to

Due to

Other conditions.
(Include pregnancy within 3 months of death)Major findings:
Of operations

Date of

Of autopsy

What test confirmed diagnosis?

20 Was disease or injury in any way related to occupation of deceased? No.

If so, specify

(Signed) J H Strong, M. D.
(Address) Boston Mass. Date 8-29-19 4621 PLACE OF BURIAL Holy Cross-Malden Mass
CREMATION OR REMOVAL (Cemetery) (City or Town)

DATE OF BURIAL August 31/46 19

22 NAME OF FUNERAL DIRECTOR Richard C Kirby
ADDRESS Boston Mass.

Received and filed SEP 12 1946 19

(Registrar of City or Town where deceased resided)

The Commonwealth of Massachusetts

Boston

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

(City or town making return)

COPY OF
CERTIFICATE OF DEATHRegistered No. 76399 **181**

PLACE OF DEATH

Suffolk

(County)

Boston

(City or Town)

No. Floating Hospt 20 Ash

St. { (If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME Dianne Evelynne Burke

(If deceased is a married, widowed or divorced woman, give also maiden name.)

{ (If U. S.
War Veteran,
specify WAR)(a) Residence. No. 38 Locust
(Usual place of abode)

St. Winthrop Mass.

(If nonresident, give city or town and State)

Length of stay: In hospital or institution..... years months 21 days. In this community yrs. mos. 21 days.
(Before death) (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F 4 COLOR OR RACE W 5 SINGLE (write the word)
MARRIED
WIDOWED Single
or DIVORCED

5a If married, widowed, or divorced

HUSBAND of (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

6 Age of husband or wife if alive..... years

7 IF STILLBORN, enter that fact here.

8 AGE..... Years..... Months 25 Days | If less than 1 day
Hours..... Minutes

9 Occupation: Usual -----

10 Industry or Business:

11 Social Security No.

12 BIRTHPLACE (City) Winthrop Mass.
(State or country)

13 NAME OF FATHER Lawrence Burke

14 BIRTHPLACE OF FATHER (City) Providence R.I.
(State or country)

15 MAIDEN NAME OF MOTHER Evelyn Aulis

16 BIRTHPLACE OF MOTHER (City) Sherbrook Quebec Can.
(State or country)17 Informant Father (Relation, if any)
(Address)

A TRUE COPY.

ATTEST: (Registrar of city or town where death occurred)

DATE FILED Sept/5 1946

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Sept/2/46
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from August 8, 1946, to Sept. 2, 1946

I last saw her alive on Sept. 2/46, 1946, death is said to have occurred on the date stated above, at 9:10AM m.

Immediate cause of death.....
Cardio respiratory failure due

Due to Prematurity and parental diarrhea

Due to.....

Other conditions.....
(Include pregnancy within 3 months of death)Major findings:
Of operations.....
Date of.....
Of autopsy.....
Underline the cause to which death should be charged statistically.What test confirmed diagnosis?.....
20 Was disease or injury in any way related to occupation of deceased?.....If so, specify M J Foley M. D.
(Signed) Boston Mass Date 9-2 19 46
(Address)21 PLACE OF BURIAL, Winthrop Cem-Winthrop Mass.
CREMATION OR REMOVAL (Cemetery) (City or Town)

DATE OF BURIAL Sept. 4/46 19

22 NAME OF FUNERAL DIRECTOR H S Reynolds
ADDRESS Winthrop Mass.

Received and filed SEP 12 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. 76185

1 PLACE OF DEATH

(County)

(City or Town)

No. MASS. MEMORIAL HOSP. St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME MICHAEL GANNON
(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 LEWIS AVE St. WINTHROP
(Usual place of abode) (If nonresident, give city or town and State)Length of stay: In hospital or institution..... years months 6 days. In this community yrs. moa. 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 HUSBAND of AMY DUFFY
(Give maiden name of wife in full)
(or) WIFE 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 8 Months 8 Days | If less than 1 day
Hours..... Minutes

9 Usual Occupation: STEREOTYPE OPER

10 Industry or Business: NEWSPAPER

11 Social Security No. 023-03-5059

12 BIRTHPLACE (City)
(State or country) CANADA

13 NAME OF FATHER ---- GANNON

14 BIRTHPLACE OF FATHER (City)
(State or country) ----

15 MAIDEN NAME OF MOTHER ----

16 BIRTHPLACE OF MOTHER (City)
(State or country) ----

17 Informant (Address) SON (Relation, if any)

A TRUE COPY.

ATTEST: (Registrar of city or town where death occurred)

DATE FILED SEPT 4/46 19

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH SEPT 2/46
(Month) (Day) (Year)19 I HEREBY CERTIFY, That I attended deceased from 8/27/46, 19, to SEPT 2/46, 19.
I last saw him alive on SEPT 2/46, death is said to have occurred on the date stated above, at 1:15A m.

Immediate cause of death

HEMOPERICARDIUM WITH CARDIAC

TAMPONADE

Due to ACUTE MYOCARDIAL INFARCTION 10 DYS.

WITH RUPTURE OF LEFT VENTRICLE

Due to ANTERIOR

Other conditions.....
(Include pregnancy within 3 months of death)Major findings:
Of operations.....Physician
Underline the cause to which death should be charged statistically.

Of autopsy ABOVE

What test confirmed diagnosis? AUTOPSY

20 Was disease or injury in any way related to occupation of deceased?.....

If so, specify.....

(Signed) C A POWELL M. D.

(Address) BOSTON Date 9/2/46

21 PLACE OF BURIAL, ST PATRICK PROV R I
CREMATION OR REMOVAL (Cemetery) (City or Town)

DATE OF BURIAL SEPT 5/46 19

22 NAME OF FUNERAL DIRECTOR T. J. SKEFFINGTON
ADDRESS PROVIDENCE R I

Received and filed SEP 12 1946 19

(Registrar of City or Town where deceased resided)



The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD
CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

Registered No. **186**

1 PLACE OF DEATH
Suffolk
(County)
Winthrop
(City or Town)
No. **115 Loring Road, Winthrop** St. { (If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME **James William Madden**
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(a) Residence, No. **115 Loring Road, Winthrop** St. { **PHYSICIAN - IMPORTANT**
(Was deceased a U. S. War Veteran, if so specify WAR) **No**
(If nonresident, give city or town and State)

Length of stay: In hospital or institution **none** years months days. In this community **15** yrs. mos. days.
(Before death) (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX **male** 4 COLOR OR RACE **white** 5 SINGLE (write the word)
MARRIED
WIDOWED **widowed**
or **DIVORCED**

5a If married, widowed, or divorced,
HUSBAND of **Margaret J. McNamara**
(Give maiden name of wife in full)
(or) WIFE 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 **3** Months **8** Days | If less than 1 day
Hours _____ Minutes _____

9 Usual Occupation: **Tool Manufacturer**

10 Industry **Self**

11 Social Security No. **none**

12 BIRTHPLACE (City) **East Boston**
(State or country) **Massachusetts**

PARENTS

13 NAME OF FATHER **Timothy Madden**

14 BIRTHPLACE OF FATHER (City) _____
(State or country) **Ireland**

15 MAIDEN NAME OF MOTHER **Mary Doherty**

16 BIRTHPLACE OF MOTHER (City) _____
(State or country) **Ireland**

17 Informant **Francis P. Madden** (Relation, if any) **son**
(Address) **115 Loring Rd, Winthrop**

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Walter G. Baker
(Signature of Agent of Board of Health or other)
Health Officer **9/3/46**
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH **September 2, 1946**
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from **Mar 30, 1946** to **Sept 2, 1946**
I last saw him alive on **Sept 2, 1946**; death is said to have occurred on the date stated above, at **3:55 p.m.** Duration _____
Immediate cause of death _____ **IMPORTANT.**
indian filariasis **Aug 31**

Due to _____

Due to _____

Other conditions **semita**
(Include pregnancy within 8 months of death) **IMPORTANT**

Major findings:
Of operations **none**

Date of _____

Of autopsy **none**

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) **John P. Baker** M. D.
(Address) **173 Remington St. E. Boston** Date **Sept 3, 1946**

21 **Holy Cross** **Malden**
Place of Burial, Cremation or Removal. (City or Town)
DATE OF BURIAL **Sept. 5, 1946**

22 NAME OF FUNERAL DIRECTOR **Richard G. Kirby**
ADDRESS **17 Remington St. E. Boston**

Received and filed **20/1/46** **19**

(Registrar)

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhumate a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required

by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a 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

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

(City or town making return)

COPY OF
CERTIFICATE OF DEATH

Registered No. 124187



1 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 James Brady
(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 Ave.
(Usual place of abode)

St. Winthrop
(If nonresident, give city or town and State)

Length of stay: In hospital or institution Hosp 1 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 widowed

5a If married, widowed, or divorced HUSBAND of Sarah McLushlin
(Give maiden name of wife in full)
(or) WIFE of (Husband's name in full)

6 Age of husband or wife if alive years

7 IF STILLBORN, enter that fact here.

8 AGE 85 Years Months Days If less than 1 day Hours Minutes

Usual Occupation: retired

Industry or Business: B. M. R. R.

11 Social Security No.

12 BIRTHPLACE (City) Boston
(State or country) Mass.

13 NAME OF FATHER James Brady

14 BIRTHPLACE OF FATHER (City) Ireland
(State or country)

15 MAIDEN NAME OF MOTHER Unable to learn

16 BIRTHPLACE OF MOTHER (City) (State or country)

17 Informant Sarah E Hosemer Relation, if any
(Address) 234 Woodside Ave. Winthrop

A TRUE COPY.

ATTEST: Sept 10, 1946
(Registrar of city or town where death occurred)

DATE FILED Frederick H. Burke 19

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Sept 8, 1946
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw him alive on 19, death is said to have occurred on the date stated above, at 8:14 a.m.

Duration

Immediate cause of death Pulmonary Edema ldy

Due to Arterio Sclerotic ht disease 6 yrs

Due to Gen Arterio sclerosis 20 yrs

Other conditions (Include pregnancy within 3 months of death)

Physician

Major findings:
Of operations

Underline the cause to which death should be charged statistically.

Date of as above

What test confirmed diagnosis? autopsy no

20 Was disease or injury in any way related to occupation of deceased?

If so, specify John J Larkin M. D.
(Signed) 215 Perkin St. Date Sept 9 46
(Address)

21 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Cross Cem. Malden
(Cemetery) (City or Town)

DATE OF BURIAL Sept 10 1946 19

22 NAME OF FUNERAL DIRECTOR L. J. DeWeill
ADDRESS Revere

Received and filed OCT 19 1946 19

(Registrar of City or Town where deceased resided)

Suffolk

(County)

Boston

(City or Town)

No. Boston City Hospital

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.

8516
189St. { (If death occurred in a hospital or institution,
give its NAME instead of street and number)2 FULL NAME James Egan
(If deceased is a married, widowed or divorced woman, give also maiden name.){ (If U. S.
War Veteran,
specify WAR)(a) Residence, No. 229 Washington 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 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 Widowed
WIDOWED
or DIVORCED5a If married, widowed, or divorced Mary Bowen
HUSBAND of (Give maiden name of wife in full)
(or) WIFE of (Husband's name in full)

6 Age of husband or wife if alive years

7 IF STILLBORN, enter that fact here.

8 AGE 65 Years Months Days If less than 1 day
Hours Minutes

Usual Occupation: Machinist

Industry U.S. Gov't.
10 or Business:

11 Social Security No. 021-18-6163

12 BIRTHPLACE (City) Boston Mass.
(State or country)

13 NAME OF FATHER William Egan

14 BIRTHPLACE OF FATHER (City) Boston Mass.
(State or country)

15 MAIDEN NAME OF MOTHER Mary Brown

16 BIRTHPLACE OF MOTHER (City) Scotland
(State or country)17 Informant William Egan Relation, if any Brother
(Address)

A TRUE COPY

ATTEST: Michael J. Manning
(Registrar of city or town where death occurred)

DATE FILED Oct. 7 19 46

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Oct. 2/46
(Month) (Day) (Year)19 I HEREBY CERTIFY, That I attended deceased from
Oct. 2/46, 19, to Oct. 2/46, 19.I last saw him alive on 19, death is said to
have occurred on the date stated above, at 11 PM m.

Duration

Immediate cause of death

Hemopericardium with cardiac
tamponade

Hrs

Due to Dissecting aneurysm

Hrs

Due to

Other conditions
(Include pregnancy within 3 months of death)

Physician

Major findings:

Of operations

Date of

Of autopsy

What test confirmed diagnosis? autopsy

20 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

M W O'Connell

(Address) Boston City Hospt Date 10-8-19 46

21 PLACE OF BURIAL Calvary Boston Mass.

CREMATION OR REMOVAL

(Cemetery)

(City or Town)

DATE OF BURIAL Oct. 6/46

19

22 NAME OF FUNERAL DIRECTOR J. F. O'Maley
ADDRESS Winthrop Mass.

Received and filed OCT 26 1946

(Registrar of City or Town where deceased resided)

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. **190**

1 PLACE OF DEATH
 Su. H. Mc
 (County)
 W. W. W. W.
 (City or Town)
 No. 6 Lewis Ave



St. { (If death occurred in a hospital or institution,
 give its NAME instead of street and number)

2 FULL NAME Elizabeth Morris
 (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. 6 Lewis Ave W. W. W. W. St.
 (Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or institution — years months days. In this community yrs. mos. days.
 (Before death) (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX Female 4 COLOR OR RACE White 5 SINGLE (write the word)
 MARRIED WIDOWED or DIVORCED Single
 5a If married, widowed, or divorced
 HUSBAND of (Give maiden name of wife in full)
 (or) WIFE of (Husband's name in full)

18 DATE OF DEATH October - 2 - 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.)
 Gas Poisoning

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

20 Accident, suicide, or homicide (specify) accidental
 Date of occurrence Oct - 2 - 1946

9 Occupation: Typist

Where did Injury occur? W. W. W. W.
 (City or town and State)

10 Industry or Business: Business Service

Did injury occur in or about home, on farm, in industrial place, or in public
 place? (Specify type of place)

11 Social Security No. 011-14-6709

Manner of Injury Found dead in his dining room

12 BIRTHPLACE (City) Boston
 (State or country) Mass.

Nature of Injury War

13 NAME OF FATHER William A Morris

While at work? — Was there an autopsy? no

14 BIRTHPLACE OF FATHER (City) Boston
 (State or country) Mass.

21 Was disease or injury in any way related to occupation of deceased?

15 MAIDEN NAME OF MOTHER Catherine Keefe

If so, specify (Signed) J. J. Bricker, M. D.
 (Address) Boston, Mass. Oct 4 - 1946

16 BIRTHPLACE OF MOTHER (City) Boston
 (State or country) Mass.

22 Place of Burial, Cremation or Removal Forrest Hills Boston
 (City or Town)

17 Informant Records (Relation, if any)
 (Address)

DATE OF BURIAL October 28 1946

23 NAME OF FUNERAL DIRECTOR Edward S. Bricker
 ADDRESS W. W. W. W. Mass.

I HEREBY CERTIFY that a satisfactory standard certificate of death was
 filed with me BEFORE the burial or transit permit was issued:

Received and filed 19

OCT 28 1946

(Registrar)

W. W. W. W. 1946
 (Signature of Agent of Board of Health or other)
 W. W. W. W. 1946
 (Official Designation) (Date of Issue of Permit)

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death... Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which

it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.... Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same;...—General Laws, Chap. 38, Sec. 6.

... He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—General Laws, Chap. 38, Sec. 7.

... The medical examiner certifies the cause and manner of death to the best of his knowledge and belief.

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

STATEMENT OF CAUSE OF DEATH

Medical Examiners in certifying to a death will state the cause and manner thereof, and will specify: (1) Under *cause*, the nature of an injury and of its consequences; and (2) under *manner*, the mode of its production together with the circumstances when these are known. For example: "Compound fracture of the femur with ensuing septicemia (gas bacillus) caused by a steam railway accident." "Pistol shot wound of the chest with associated hemorrhage, homicidal." "Asphyxiation by suspension, suicidal." "Syncope while under the influence of ether administered as a surgical anæsthetic." "Fracture of the skull with associated internal injury sustained under circumstances unknown."

If disease or injury was related to occupation, specify. If investigation shows the death to have been due to *disease*, specify: (1) Under *cause* its known or presumable nature; and (2) under *manner*, indicate the circumstances leading to medico-legal inquiry. For example: "Hemorrhage spontaneous of the brain (basal ganglia) (found dead in bed)." "Heart disease, presumably coronary sclerosis. (Sudden death.)"

DESCRIPTION (for unknown person)

NOTICE TO UNDERTAKERS: No embalming fluid, or any substitute therefor, shall be injected into the body of any person supposed to have met his death by violence, until a permit, signed by the Medical Examiner, has first been obtained.—General Laws, Chap. 38, Sec. 14.

THIS CERTIFICATE CONSTITUTES SUCH PERMIT

PLACE OF DEATH

Suffolk County
Winthrop
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. 191

1 FULL NAME Baby Boy Thomas
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence, No. 80 Eutaw St St. C. Boston, Mass
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or institution Hospital years months / days. In this community yrs. mon. 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

18 DATE OF DEATH October 2, 1946
(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
Oct 1, 1946, to Oct 2, 1946

I last saw him alive on Oct 2, 1946, death is said to
have occurred on the date stated above, at 7 PM m.

6 Age of husband or wife if alive _____ years

Duration

7 IF STILLBORN, enter that fact here.

Immediate cause of death

8 AGE _____ Years _____ Months 1 Days | If less than 1 day
Hours _____ Minutes

Pneumonia

9 Usual Occupation: _____

Due to _____

10 Industry or Business: _____

Due to _____

11 Social Security No. _____

Other conditions
(Include pregnancy within 3 months of death)

12 BIRTHPLACE (City) Winthrop
(State or country) Mass

Major findings:
Of operations _____

13 NAME OF FATHER Joseph W. Thomas

Date of _____

14 BIRTHPLACE OF FATHER (City) East Boston

Of autopsy _____

(State or country) Mass

What test confirmed diagnosis? _____

15 MAIDEN NAME OF MOTHER Beatrice Leondary

20 Was disease or injury in any way related to occupation of deceased? _____

16 BIRTHPLACE OF MOTHER (City) East Boston

If so, specify _____

(State or country) Mass(Signed) E. H. Caplan M. D.17 Informant Joseph W. Thomas (Relation if any)(Address) 186 Plymouth St. S. S. S. Date 10-5-1946(Address) 80 Eutaw St C. Boston21 St. Michael's Boston

Place of Burial, Cremation or Removal (City or Town)

DATE OF BURIAL Oct 8, 1946

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 Fredrick J. MagarikADDRESS East Boston

(Signature of Agent of Board of Health or other)

Received and filed OCT 8 1946 19Health Officer 10/7/46

(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 hurry or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required

by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

extracts from the laws on War Veterans, G. L. Chap. 46, Section 10, require physicians to insert a recital to that effect.

100m. (g.)-1-15-15510

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. **192**

1 PLACE OF DEATH

Suffolk
(County)
Winthrop
(City or Town)

No. Winthrop Community Hospital

81. (If death occurred in a hospital or institution,
give its NAME instead of street and number)

PHYSICIAN - IMPORTANT

2 FULL NAME **Herbert F. Mullen**
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(Was deceased a
U. S. War Veteran,
if so specify WAR.) **No**

(a) Residence. No. **4 Neptune Road**
(Usual place of abode)

St. **East Boston**
(If nonresident, give city or town and State)

Length of stay: In hospital or institution **Hosp.** years months **1** days. In this community **35** yrs. mos. days.
(Before death) (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX **Male** 4 COLOR OR RACE **White** 5 SINGLE (write the word)
MARRIED **Single**
WIDOWED
or DIVORCED

18 DATE OF DEATH **Oct. 7 1946**
(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
Feb. 19 **46**, to **Oct. 7** 19 **46**
I last saw him alive on **Oct. 7** 19 **46**, death is said to
have occurred on the date stated above, at **3:15 A.** m.

6 Age of husband or wife if alive years

Immediate cause of death

7 IF STILLBORN, enter that fact here.

8 AGE **35** Years **3** Months **1** Days | If less than 1 day
Hours Minutes

Myocardial infarction
coronary atherosclerosis
heart disease
heart failure

9 Usual Occupation: **Service station attendant**

Due to **chronic valvular**
heart disease
heart failure

10 Industry or Business: **Auto parking**

Due to

11 Social Security No. **None**

Other conditions

12 BIRTHPLACE (City) **East Boston**
(State or country) **Mass**

(Include pregnancy within 3 months of death)

13 NAME OF FATHER **Bernard M. Mullen**

Major findings:
Of operations

14 BIRTHPLACE OF FATHER (City) **East Boston**
(State or country) **Mass.**

Date of

15 MAIDEN NAME OF MOTHER **Helena A. Castle**

Of autopsy

16 BIRTHPLACE OF MOTHER (City) **Somerville**
(State or country) **Mass.**

What test confirmed diagnosis?

17 Informant **Bernard M. Mullen** (Relationship, if any)
(Address) **4 Neptune Rd. East Boston**

20 Was disease or injury in any way related to occupation of deceased?
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 J. Higgins** M. D.
(Address) **320 Beacon St.** Date **10** 19 **46**

Walter A. Baker
(Signature of Agent of Board of Health or other)
Health Officer (Official Designation) **10/12/46** (Date of Issue of Permit)

21 **Holy Cross Cemetery, Malden**
Place of Burial, Cremation or Removal. (City or Town)
DATE OF BURIAL **October 10** 19 **46**

22 NAME OF FUNERAL DIRECTOR **Richard C. Kirby**
ADDRESS **Boston, Massachusetts**

Received and filed **OCT 14 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:

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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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Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by 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

To be filed for burial permit
with Board of Health
or its Agent.

STANDARD
CERTIFICATE OF DEATH

Registered No. 193

1 PLACE OF DEATH
Suffolk
(County)
Winthrop
(City or Town)
No. 104 Highland Avenue

St. (If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME Edith (Chase) (Judge) Perry
(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. 410 Shirley
(Usual place of abode) 5 years

St. (If nonresident, give city or town and State)

Length of stay: in hospital or institution Rest Home 1 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 MARRIED (write the word)
WIDOWED or DIVORCED married

18 DATE OF DEATH October 7, 1946.
(Month) (Day) (Year)

5a If married, widowed, or divorced
HUSBAND of (Give maiden name of wife in full)
(or) WIFE of Nathaniel Perry
(Husband's name in full)

19 I HEREBY CERTIFY, That I attended deceased from Sept 30, 1946, to Oct. 7, 1946
I last saw her alive on Oct 6, 1946, death is said to have occurred on the date stated above, at 7:15 a. m.

6 Age of husband or wife if alive 67 years

Immediate cause of death
Cerebral Hemorrhage
Duration from 30, 1946

7 IF STILLBORN, enter that fact here.
8 AGE 87 Years 7 Months 12 Days | If less than 1 day
Hours Minutes

Due to
Due to
Other conditions Generalized arteriosclerosis 10 yrs
(include pregnancy within 8 months of death)

Usual Occupation: At home

Major findings: Of operations none
Date of ✓
Of autopsy none
What test confirmed diagnosis? clinical

Industry " " 10 or Business: none
11 Social Security No. East Boston
12 BIRTHPLACE (City) (State or country) East Boston

20 Was disease or injury in any way related to occupation of deceased? No.
If so, specify Myocardial infarction, M. D.
(Signed) Winthrop, Mass. Date 10/8/1946
(Address)

13 NAME OF FATHER Chase
14 BIRTHPLACE OF FATHER (City) (State or country) Unable to Obtain
15 MAIDEN NAME OF MOTHER " " "
16 BIRTHPLACE OF MOTHER (City) (State or country) " " "

21 Winthrop Cemetery Winthrop
Place of Burial, Cremation or Removal (City or Town)
DATE OF BURIAL October 9, 1946 19

17 Informant Mildred Lavers - grand daughter
(Address) 180 East St. Methuen Mass.

22 NAME OF FUNERAL DIRECTOR Alfred B. Marsh
ADDRESS 174 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:

Received and filed OCT 12 1946 19

(Signature of Agent of Board of Health or other)

(Official Designation) (Date of Issue of Permit)

(Registrar)

100m. (g) 1-45-15510

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.

PHYSICIANS should state CAUSE OF DEATH in plain

See Mr. Marsh

**EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
RETURN OF CERTIFICATES OF DEATH**

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, 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 supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by 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 _____

1947

50m (g) 1-1-1947
 Duane H. Waterman for WWI Discharge Papers

PLACE OF DEATH		PERSONAL AND STATISTICAL PARTICULARS		MEDICAL CERTIFICATE OF DEATH	
1	Winthrop (County) Winthrop (City or Town) No. Winthrop Community Hospital	3 SEX	4 COLOR OR RACE	5 SINGLE (write the word)	18 DATE OF DEATH
		Male	White	MARRIED	October - 7 - 1946
				WIDOWED	(Month) (Day) (Year)
				OR DIVORCED	
				Married	
2	FULL NAME Frank Stone Waterman (If deceased is a married, widowed or divorced woman, give also maiden name.) (a) Residence, No. 46 Hillside Ave Winthrop (Usual place of abode)	5a If married, widowed, or divorced	Daisy Alden		19 I HEREBY CERTIFY that I have investigated the death
		HUSBAND of	(Give maiden name of wife in full)		of the person above-named and that the CAUSE AND MANNER thereof
		(or) WIFE of	(Husband's name in full)		are as follows: (If an injury was involved, state fully.)
		6 Age of husband or wife if alive	54 years		acute Cardiac Failure
		7 IF STILLBORN, enter that fact here.			chronic myocarditis
		8 AGE 50 Years - Months - Days	If less than 1 day		Probably coronary Sclerosis
		9 Occupation: Purchasing Agent			20 Accident, suicide, or homicide (specify)
		Industry	Fuel		Date of occurrence
		10 or Business:			Where did Injury occur?
		11 Social Security No.	012 - 07 - 1987		(City or town and State)
		12 BIRTHPLACE (City)	Boston		Did injury occur in or about home, on farm, in industrial place, or in public place?
		(State or country)	Mass		(Specify type of place)
		13 NAME OF FATHER	Waterman		Manner of Injury
			Unable To Obtain		Nature of Injury
		14 BIRTHPLACE OF FATHER (City)	Unable to obtain		While at work? Was there an autopsy?
		(State or country)			
		15 MAIDEN NAME OF MOTHER	Unable to obtain		21 Was disease or injury in any way related to occupation of deceased?
		16 BIRTHPLACE OF MOTHER (City)	Unable to obtain		If so, specify
		(State or country)			(Signed) Wm. J. Brickley M.D.
		17 Informant, Daisy Waterman	Relation, if any		(Address) Boston Date Oct 7 - 1946
		(Address) 46 Hillside Ave. Winthrop			22 Winthrop Winthrop
					Place of Burial, Cremation or Removal. (City or Town)
					DATE OF BURIAL October 10 1946
					23 NAME OF FUNERAL DIRECTOR Howard S. Lynalls
					ADDRESS Winthrop Mass
					Received and filed Oct 14 1946 19
					(Registrar)

The Commonwealth of Massachusetts
 OFFICE OF THE SECRETARY
 DIVISION OF VITAL STATISTICS
 MEDICAL EXAMINER'S
 CERTIFICATE OF DEATH

To be filed for burial permit
 with Board of Health
 or its Agent.

Registered No. 194

PHYSICIAN - IMPORTANT

(Was deceased a
 U. S. War Veteran, World
 if so specify WAR)

(If nonresident, give city or town and State)

Length of stay: In hospital or institution (Before death) — years — months — days. In this community 20 yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

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 October - 7 - 1946 (Month) (Day) (Year)

5a If married, widowed, or divorced HUSBAND of Daisy Alden (Give maiden name of wife in full)

19 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows: (If an injury was involved, state fully.) acute Cardiac Failure chronic myocarditis Probably coronary Sclerosis

(or) WIFE of (Husband's name in full)

6 Age of husband or wife if alive 54 years

7 IF STILLBORN, enter that fact here.

8 AGE 50 Years - Months - Days If less than 1 day Hours Minutes

20 Accident, suicide, or homicide (specify)

9 Occupation: Purchasing Agent

Date of occurrence 19

Industry Fuel

Where did Injury occur? (City or town and State)

10 or Business:

Did injury occur in or about home, on farm, in industrial place, or in public place? (Specify type of place)

11 Social Security No. 012 - 07 - 1987

Manner of Injury Collapsed while walking on

12 BIRTHPLACE (City) Boston (State or country) Mass

Nature of Injury Street & died quickly

13 NAME OF FATHER Waterman (State or country) Unable to obtain

While at work? Was there an autopsy?

14 BIRTHPLACE OF FATHER (City) Unable to obtain (State or country)

21 Was disease or injury in any way related to occupation of deceased?

15 MAIDEN NAME OF MOTHER Unable to obtain

If so, specify Wm. J. Brickley M.D.

16 BIRTHPLACE OF MOTHER (City) Unable to obtain (State or country)

(Signed) (Address) Boston Date Oct 7 - 1946

17 Informant, Daisy Waterman (Address) 46 Hillside Ave. Winthrop

22 Winthrop Winthrop Place of Burial, Cremation or Removal. (City or Town)

DATE OF BURIAL October 10 1946

23 NAME OF FUNERAL DIRECTOR Howard S. Lynalls

ADDRESS Winthrop Mass

Received and filed Oct 14 1946 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)

(Official Designation) (Date of Issue of Permit)

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 fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which

it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. ... Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; ... —General Laws, Chap. 38, Sec. 6.

... He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—General Laws, Chap. 38, Sec. 7.

... The medical examiner certifies the cause and manner of death to the best of his knowledge and belief.

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

STATEMENT OF CAUSE OF DEATH

Medical Examiners in certifying to a death will state the cause and manner thereof, and will specify: (1) Under *cause*, the nature of an injury and of its consequences; and (2) under *manner*, the mode of its production together with the circumstances when these are known. For example: "Compound fracture of the femur with ensuing septicemia (gas bacillus) caused by a steam railway accident." "Pistol shot wound of the chest with associated hemorrhage, homicidal." "Asphyxiation by suspension, suicidal." "Syncope while under the influence of ether administered as a surgical anaesthetic." "Fracture of the skull with associated internal injury sustained under circumstances unknown."

If disease or injury was related to occupation, specify. If investigation shows the death to have been due to disease, specify: (1) Under *cause* its known or presumable nature; and (2) under *manner*, indicate the circumstances leading to medico-legal inquiry. For example: "Hemorrhage spontaneous of the brain (basal ganglia) (found dead in bed)." "Heart disease, presumably coronary sclerosis. (Sudden death)."

DESCRIPTION (for unknown person)

NOTICE TO UNDERTAKERS: No embalming fluid, or any substitute therefor, shall be injected into the body of any person supposed to have met his death by violence, until a permit, signed by the Medical Examiner, has first been obtained.—General Laws, Chap. 38, Sec. 14.

THIS CERTIFICATE CONSTITUTES SUCH PERMIT

The Commonwealth of Massachusetts
OFFICE OF THE 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**

PLACE OF DEATH

Suffolk
(County)
Wentworth
(City or Town)
No. **76 129** **Fremont**



St. (If death occurred in a hospital or institution,
give its NAME instead of street and number)

PHYSICIAN - IMPORTANT

2 FULL NAME **Catherine (Catter) Crowley**
(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. **76 129** **Fremont** 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 **10** yrs. _____ mos. _____ days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX **Female** 4 COLOR OR RACE **White** 5 SINGLE (write the word)
Married **Widowed** **Divorced**

5a If married, widowed, or divorced,
HUSBAND of _____
(or) WIFE 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 _____ Hours _____ Minutes

9 Occupation: **Retired**

10 Industry or Business: **at home**

11 Social Security No. _____

12 BIRTHPLACE (City)
(State or country) **Ireland**

13 NAME OF FATHER **James Crowley**

14 BIRTHPLACE OF FATHER (City)
(State or country) **Ireland**

15 MAIDEN NAME OF MOTHER **Unable to learn**

16 BIRTHPLACE OF MOTHER (City)
(State or country)

17 Informant **Joseph Catter** (Address) **76 129 Fremont St.** (Relation, if any)

I HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)
Walter G. Baker
H.O. (Official Designation) **Oct. 11/1946** (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH **Oct 10 1946**
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from
July 1946 to **Oct 10 1946**

I last saw him alive on **Oct 8 1946** Death is said to
have occurred on the date stated above, at **6 A. M.**

Immediate cause of death _____

Myocarditis - 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? _____

20 Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____

(Signed) **C. J. Hughes** M. D.
(Address) **100 11 1946**

21 **Walter G. Baker** **Malden**
Place of Burial, Cremation or Removal (City or Town)

DATE OF BURIAL **Oct 10 1946**

22 NAME OF FUNERAL DIRECTOR **P. F. DeMille**

ADDRESS **Revere**

Received and filed **Oct 11 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 of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained 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 disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, ashenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION



The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

Registered No. 196

1 PLACE OF DEATH
Suffolk
(County)
Winthrop.
(City or Town)
No. 157 Cottage Park Road.

St. (If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME Uriah Nash Coffin.
(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. 157 Cottage Park Road. St. (If nonresident, give city or town and State)

Length of stay: in hospital or institution (Before death) years months days. In this community 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 Annie Louise Talbot
(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 66 Years 4 Months 8 Days If less than 1 day
Hours Minutes

9 Occupation: Marine Engineer

10 Industry or Business: U.S. Maritime Service

11 Social Security No. 015-18-4693

12 BIRTHPLACE (City) Harrington
(State or country) Maine

13 NAME OF FATHER Uriah Nash Coffin.Sr.

14 BIRTHPLACE OF FATHER (City) Harrington
(State or country) Maine

15 MAIDEN NAME OF MOTHER Harriett Cleaves

16 BIRTHPLACE OF MOTHER (City) Maine
(State or country)

17 Informant Mrs. Uriah Coffin Relationship (any)
(Address) 157 Cottage Park 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 10/18/46
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Oct 13 1946
(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 2A m.

Immediate cause of death Duration

Chronic Emphysema IMPORTANT

Due to

Due to

Other conditions (Include pregnancy within 3 months of death) IMPORTANT

Major findings: Of operations Physician

Date of Underline the cause to

Of autopsy which death

What test confirmed diagnosis? should be

20 Was disease or injury in any way related to occupation of deceased? charged statistically.

If so, specify

(Signed) G. J. [Signature] M. D.

(Address) 1013 1946

21 Puritan Lawn Cemetery, Lynnfield
(City or Town)

DATE OF BURIAL Oct. 15, 1946

22 NAME OF FUNERAL DIRECTOR Alfred B. Marsh

ADDRESS 174 Winthrop St, Winthrop

Received and filed OCT 18 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.

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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

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. 197

STANDARD
CERTIFICATE OF DEATH



Suffolk

(County)

Winthrop

(City or Town)

No. Winthrop Community Hosp.

St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Anthony F Holahan

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence, No. 81 Plummer Ave.

(Usual place of abode)

St. (If nonresident, give city or town and State)

Length of stay: In hospital or institution Hosp. years months 7 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 Cora Marceia HUSBAND of (Give maiden name of wife in full)
(or) WIFE of (Husband's name in full)

6 Age of husband or wife if alive 75 years

7 IF STILLBORN, enter that fact here.

8 AGE 76 Years 7 Months Days | If less than 1 day Hours Minutes

9 Usual Occupation: Investigator (Retired)

10 Industry or Business: Dunn & Bradstreet

11 Social Security No. none

12 BIRTHPLACE (City) New York City
(State or country) New York

PARENTS

13 NAME OF FATHER Anthony Holahan

14 BIRTHPLACE OF FATHER (City) Unable To Obtain
(State or country)

15 MAIDEN NAME OF MOTHER Almira Kerr

16 BIRTHPLACE OF MOTHER (City) New York City
(State or country) New York

17 Informant Edgar Holahan Relation, if any Son
(Address) 81 Plummer 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) 10/14/76

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Oct. 13 1946.
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from Sept. 20, 1946, to Oct. 14, 1946.
I last saw him alive on Oct. 12, 1946, death is said to have occurred on the date stated above, at 2:35 p.m.

Immediate cause of death Chronic Myocarditis

Duration

IMPORTANT

6 years

Due to

Due to

Other conditions Chronic Arteriosclerosis 10 years

IMPORTANT

Physician

Underline the cause to which death should be charged statistically.

Major findings: Of operations none

Date of

Of autopsy none

What test confirmed diagnosis? Chemical

20 Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) S. J. W. M. D. (Address) Springfield, Mass. Date Oct. 14, 1946

21 Winthrop Winthrop
Place of Burial, Cremation or Removal. (City or Town)

DATE OF BURIAL Oct. 15, 1946

22 NAME OF FUNERAL DIRECTOR Howard J. Russell
ADDRESS

Received and filed 19

OCT 18 1946

(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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SPACE FOR ADDITIONAL INFORMATION

1 PLACE OF DEATH Suffolk (County) Winthrop (City or Town) No. 24 Fairview				The Commonwealth of Massachusetts OFFICE OF THE SECRETARY DIVISION OF VITAL STATISTICS STANDARD CERTIFICATE OF DEATH		To be filed for burial permit with Board of Health or its Agent. Registered No. 198	
2 FULL NAME William J. Hasson (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) No		(If nonresident, give city or town and State)	
(a) Residence, No. 24 Fairview (Usual place of abode)		St. Winthrop		(If nonresident, give city or town and State)		Length of stay: In hospital or institution (Before death) No years months days. In this community 45 yrs. mos. days.	
PERSONAL AND STATISTICAL PARTICULARS				MEDICAL CERTIFICATE OF DEATH			
3 SEX Male		4 COLOR OR RACE White		5 SINGLE (write the word) Single		18 DATE OF DEATH Oct 16 1946 (Month) (Day) (Year)	
5a If married, widowed, or divorced —		HUSBAND of —		19 I HEREBY CERTIFY, That all died deceased from July 1 1946 to Oct 16 1946		IMPORTANT	
(or) WIFE of —		(Give maiden name of wife in full) —		I last saw him alive on Oct 15 1946		death is said to	
6 Age of husband or wife if alive — years		7 IF STILLBORN, enter that fact here.		Immediate cause of death Cerebral hemorrhage		Duration 5 A. m.	
8 AGE 74 Years Months Days If less than 1 day Hours Minutes		9 Occupation: Retired Actor		Due to Arterio Sclerosis		IMPORTANT	
10 Industry or Business: Theatrical		11 Social Security No. None		Due to myxomatosis		IMPORTANT	
12 BIRTHPLACE (City) East Boston		(State or country) Mass.		Other conditions (Include pregnancy within 3 months of death)		IMPORTANT	
13 NAME OF FATHER John Hasson		14 BIRTHPLACE OF FATHER (City) Ireland		Major findings: Of operations		Physician	
15 MAIDEN NAME OF MOTHER Elizabeth Hasson O.K.		16 BIRTHPLACE OF MOTHER (City) Ireland		Of autopsy		Underline the cause to which death should be charged statistically	
17 Informant (Address) Elizabeth A. Hasson (Sister) 24 Fairview St., Win.		Relation to deceased Sister		20 Was disease or injury in any way related to occupation of deceased? If so, specify (Signed) J. J. Conboy M. D. (Address) 100m-(g), 1-45-15510 Date 10-1-1946		21 Place of Burial, Cremation or Remains Holy Cross Cemetery Malden (City or Town)	
I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:		Signature of Agent of Board of Health or other Walter S. Baker		22 NAME OF FUNERAL DIRECTOR John C. Kelly		ADDRESS 11 Meridian St., E. I. B.	
(Official Designation)		(Date of Issue of Permit) Oct. 18/46.		Received and filed OCT 18 1946		(Registrar)	

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

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SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

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)

8921

199

Registered No.

1 PLACE OF DEATH

(City or Town)

No. FAULKNER HOSPITAL

St. { (If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME

EVELYN M DONOVAN

(If deceased is a married, widowed or divorced woman, give also maiden name.)

{ (If U. S.
War Veteran,
specify WAR)

NO

(a) Residence, No.

122 MAIN ST.

St.

WINTHROP

(Usual place of abode)

(If nonresident, give city or town and State)

Length of stay: In hospital or institution

(Before death)

(Specify whether)

years

months

days

In this community

yrs.

mos.

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE (write the word)

FEMALE

WHITE

MARRIED
WIDOWED
or DIVORCED MARRIED

5a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

JOHN H. DONOVAN

(Husband's name in full)

6 Age of husband or wife if alive

44

years

7 IF STILLBORN, enter that fact here.

8

AGE 40

Years 4

Months 28

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)

E BOSTON MASS.

13 NAME OF
FATHER

JOE BAUM

14 BIRTHPLACE OF
FATHER (City)

(State or country)

ENGLAND

15 MAIDEN NAME
OF MOTHER

JULIA B HENRICKSON

16 BIRTHPLACE OF
MOTHER (City)

(State or country)

GLOUCESTER

17

Informant
(Address)

HUSBAND

(Relation, if any)

A TRUE COPY.

ATTEST:

(Registrar of city or town where death occurred)

DATE FILED

OCT 21/46

19

MEDICAL CERTIFICATE OF DEATH

18 DATE OF
DEATH

OCT 17/46

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY, That I attended deceased from

10/17/46

19

to 10/17/46

19

I last saw him alive on 10/17/46

19

death is said to

have occurred on the date stated above, at 10:15 P. m.

Duration

Immediate cause of death

Due to MYOCARDIAL INFARCT

2 WKS

Due to CHRONIC RHEUMATIC HEART DIS

25 YRS

Other conditions

(Include pregnancy within 3 months of death)

Physician

Major findings:

Of operations

Date of

Of autopsy

What test confirmed diagnosis?

20 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) D W DREW

M. D.

(Address)

Date 10/17/46

21 PLACE OF BURIAL,
CREMATION OR REMOVAL

WINTHROP

WINTHROP

(Cemetery)

(City or Town)

DATE OF BURIAL

OCT 21/46

19

22 NAME OF

FUNERAL DIRECTOR

R C KIRBY

ADDRESS

BOSTON

Received and filed

OCT 26 1946

19

(Registrar of City or Town where deceased resided)



The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

Registered No. **200**

1 PLACE OF DEATH

Suffolk.
(County)

Winthrop.
(City or Town)

No. **24 Underhill Street**

St. (If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME **James Higginbotham**
(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. **24 Underhill Street**
(Usual place of abode)

St. (If nonresident, give city or town and State)

Length of stay: In hospital or institution (Before death) years months days. In this community yrs. **3** 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 **October 18, 1946.**
(Month) (Day) (Year)

5a If married, widowed, or divorced
HUSBAND of (Give maiden name of wife in full)
(or) WIFE of **Maxine MacGregor**
(Husband's name in full)

19 I HEREBY CERTIFY, That I attended deceased from
Oct 10, 19**46**, to **Oct 18**, 19**46**

I last saw him alive on **Oct 17**, 19**46**, death is said to
have occurred on the date stated above, at **3:00 PM** m.

6 Age of husband or wife if alive **45** years

Immediate cause of death **PRIMARY CARCINOMA of lung** **IMPORTANT**

7 IF STILLBORN, enter that fact here.

8 AGE **54** Years Months Days | If less than 1 day
Hours Minutes

Due to

9 Occupation: **Field estimate man**

Due to

Other conditions (include pregnancy within 3 months of death) **IMPORTANT**

Major findings:
Of operations **CARCINOMA OF LUNG**

Physician

Underline
the cause to
which death
should be
charged sta-
tistically.

Of autopsy

What test confirmed diagnosis?

20 Was disease or injury in any way related to occupation of deceased? **No**
If so, specify (Signed) **H.B. Greenfield** M. D.
(Address) **4170 W. 1st St., Winthrop** Date **10-19**, 19**46**

21 **Woodlawn Cemetery, Everett**
Place of Burial, Cremation or Removal (City or Town)
DATE OF BURIAL **Oct 21, 1946.** 19

22 NAME OF FUNERAL DIRECTOR **M.A. COWAN & SON**
ADDRESS **339 Pleasant St, Malden Mass.**

Received and filed **OCT 22 1946** 19

(Registrar)

PARENTS

13 NAME OF FATHER **James Higginbotham**

14 BIRTHPLACE OF FATHER (City) **England**
(State or country)

15 MAIDEN NAME OF MOTHER **Mary Ann Kirkham**

16 BIRTHPLACE OF MOTHER (City) **England**
(State or country)

17 Informant **Walter Higginbotham** Relation, if any
(Address) **25 Broadway, Malden 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)

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, 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 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

PLACE OF DEATH

Suffolk
(County)Winthrop
(City or Town)

No.

15 Francis 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.

201

St. { (If death occurred in a hospital or institution,)
give its NAME instead of street and number }

2 FULL NAME John L. Kelly

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 15 Francis 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 32 yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLDR OR RACE

5 SINGLE (write the word)

MARRIED
WIDOWED
or DIVORCED

Male

White

Married

5a If married, widowed or divorced
HUSBAND of Ethel Z. Boyle

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

6 Age of husband or wife if alive 58 years

7 IF STILLBDRN, enter that fact here.

8 AGE 65 Years Months Days If less than 1 day Hours Minutes

9 Usual Occupation: Postal Clerk

10 Industry or Business: U. S. Postal Service

11 Social Security No.

12 BIRTHPLACE (City)
(State or Country) Boston
Massachusetts

PARENTS

13 NAME OF
FATHER

John Kelly

14 BIRTHPLACE OF
FATHER (City)
(State or Country)

Ireland

15 MAIDEN NAME
OF MOTHER

Hannah Neehan

16 BIRTHPLACE OF
MOTHER (City)
(State or Country)

Ireland

17 Informant Ethel Z. Kelly (Relation of any)
(Address) 15 Francis St WinthropI HEREBY CERTIFY that a satisfactory standard certificate of death was filed
with me BEFORE the burial or transit permit was issued.Walter G. Baker
(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF
DEATHOctober 18 1946.
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from

May 1, 1944, to Oct 18, 1946

I last saw him alive on Oct 18, 1946, death is said to

have occurred on the date stated above, at

9 A m.

Duration

Immediate cause of death

Coronary Thrombosis

IMPORTANT

1 year

Due to

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? none

IMPORTANT

Physician

Underline
the cause to
which death
should be
charged sta-
tistically.20 Was disease or injury in any way related to occupation of deceased? no
If so, specify(Signed) Wm J. Collins M. D.
(Address) 100 Mass Date 10 18 194621 Place of Burial, Cremation or Removal Winthrop
(City or Town)

DATE OF BURIAL October 21 1946

22 NAME OF
FUNERAL DIRECTOR John J. C. Moley

ADDRESS Winthrop Mass

Received and Filed

OCT 22 1946

19

(Registrar)

RETURN OF CERTIFICATES OF DEATH

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhum a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper, private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

(Registrar)

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, 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

Danvers

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

(City or town making return)

COPY OF
CERTIFICATE OF DEATH

Registered No. 203

1
PLACE OF DEATH

Essex

(County)

Danvers

(City or Town)

No. Danvers State Hospital

St. { (If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME Emma Reese

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence, No. 28 Jefferson

(Usual place of abode)

St. Winthrop

(If nonresident, give city or town and State)

Length of stay: In hospital or institution
(Before death) (Specify whether)

years 7 months 8 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

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 80

Years

Months

Days

If less than 1 day

Hours

Minutes

Usual

9 Occupation:

Unable to work

Industry

10 or Business:

11 Social Security No. none

12 BIRTHPLACE (City)

(State or country)

East Boston

PARENTS

13 NAME OF

FATHER

Edward Roulette

14 BIRTHPLACE OF

FATHER (City)

(State or country)

Unknown

15 MAIDEN NAME

OF MOTHER

Unknown

16 BIRTHPLACE OF

MOTHER (City)

(State or country)

Unknown

17 Informant M. K. McPhillips

(Relation, if any)

(Address)

DSH

A TRUE COPY.

ATTEST:

(Registrar of city or town where death occurred)

DATE FILED

October 30,

19 46

18 DATE OF
DEATH

October 20, 1946

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY, That I attended deceased from
March 12, 1946, to October 20, 1946

I last saw her alive on October 20, 1946, death is said to

have occurred on the date stated above, at 7:45 a.m.

Immediate cause of death

Arteriosclerotic heart disease

Due to

2 yrs

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Date of

Of autopsy

What test confirmed diagnosis? Clinical

20 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Peter B. Hagopian

(Address) DSH

Date 10/25/46

21 PLACE OF BURIAL, Winthrop, Winthrop

(Cemetery)

(City or Town)

DATE OF BURIAL October 23, 1946

22 NAME OF
FUNERAL DIRECTOR Howard S. Reynolds

ADDRESS Winthrop

Received and filed

NOV 9-1946

19

(Registrar of City or Town where deceased resided)

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

To be filed for burial permit
with Board of Health
or its Agent

STANDARD
CERTIFICATE OF DEATH

Registered No. **204**

Suffolk County
Winthrop
Winthrop Community Hosp



No. *Winthrop Community Hosp* SL (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME *Emanuela Telefuno*
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN - IMPORTANT
(Was deceased a U. S. War Veteran, if so specify WAR) *None*

(a) Residence, No. *309 Saratoga St* St. *East 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 *45* 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 *Giuseppe Telefuno*
(or) WIFE of *Emanuela Telefuno*
(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 *78* Years Months Days If less than 1 day Hours Minutes

Usual Occupation: *Housework*

Industry or Business: *Own Home*

11 Social Security No. *none*

12 BIRTHPLACE (City) *Italy*
(State or country)

13 NAME OF FATHER *Domenico Ali Puccio*

14 BIRTHPLACE OF FATHER (City) *Italy*
(State or country)

15 MAIDEN NAME OF MOTHER *Elizabeth (not known)*

16 BIRTHPLACE OF MOTHER (City) *Italy*
(State or country)

17 Informant *Giuseppe Telefuno* Relation, if any *son*
(Address) *309 Saratoga St E Boston*

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transfer permit was issued:

Walter G Baker
Health Officer (Official Designation) *10/23/46* (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH *Oct 22 1946*
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from *Oct 16 1946 to Oct 22 1946*

I last saw her alive on *Oct 21 1946* death is said to have occurred on the date stated above, at *12:30 A.M.*

Immediate cause of death

Cerebral hemorrhage *6 days*

Due to *Deacetic mellitus* *10 years*

Due to *Arteriosclerosis (non diabetic)* *1 day*

Uremia *5 days*

Other conditions *Chronic arthritis* *7 years*

Major findings: Of operations Date of Of autopsy What test confirmed diagnosis?

20 Was disease or injury in any way related to occupation of deceased? *no*
If so, specify (Signed) *D. D. Puccio* M. D.

(Address) *Central St, E Boston* Date *10/22/46*

21 Place of Burial, Cremation or Removal (City or Town) *St Michaels Boston*

DATE OF BURIAL *Oct 24 1946*

22 NAME OF FUNERAL DIRECTOR *Fredrick J Magrath*
ADDRESS *East Boston*

Received and filed *OCT 24 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 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 supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by 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)

2 FULL NAME

(Baby Girl) Harrington

(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. 22A Faun Bar Ave.

(Usual place of abode)

St. (If nonresident, give city or town and State)

Length of stay: in hospital or institution

10 days

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 Single

5a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

6 Age of husband or wife if alive

years

7 IF STILLBORN, enter that fact here.

Stillborn

8

AGE Years

Months

Days

If less than 1 day

Hours

Minutes

Usual

9 Occupation:

Industry

10 or Business:

11 Social Security No.

12 BIRTHPLACE (City)

Winthrop

(State or country)

Mass.

13 NAME OF

FATHER

William Harrington

14 BIRTHPLACE OF

FATHER (City)

Boston

(State or country)

Mass.

15 MAIDEN NAME

OF MOTHER

Marion Hall

16 BIRTHPLACE OF

MOTHER (City)

Revere Chelsea

(State or country)

Mass.

17

Informant

William Harrington, Father

Relation, if any

(Address)

22A Faun Bar Ave. Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATHTo be filed for burial permit
with Board of Health
or its Agent

Registered No.

205

MEDICAL CERTIFICATE OF DEATH

18 DATE OF
DEATH

October 23 1946

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY, That I attended deceased from

Oct 23, 1946, to Oct 23, 1946

I last saw h.

Stillborn

19

death is said to

have occurred on the date stated above, at 5:57 P. m.

Duration

Immediate cause of death

Killed in a car

IMPORTANT

Due to

Card (Stillborn)

Due to

Other conditions

(Include pregnancy within 8 months of death)

IMPORTANT

Major findings:

Of operations

Date 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)

(Address)

Date

Oct 23 1946

21

Place of Burial, Cremation or Removal

Winthrop

(City or Town)

DATE OF BURIAL

Oct. 24

1946

22 NAME OF

FUNERAL DIRECTOR

ADDRESS

Received and filed

NOV 7 1946

19

(Registrar)

PARENTS
Winthrop hosp. 11/5/46

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

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A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

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by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.— Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed 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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(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

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD
CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

Registered No.

206

1 PLACE OF DEATH
Suffolk
(County)
Winthrop
(City or Town)
No. 69 Johnson Ave Winthrop St.

2 FULL NAME Mary Ann Coleman
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 69 Johnson Ave
(Usual place of abode)

Length of stay: In hospital or institution (Before death) (Specify whether)

years months days. In this community 50 yrs. mos. days.

(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 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 85 Years Months Days If less than 1 day Hours Minutes

9 Occupation: at home

10 Industry or Business:

11 Social Security No. none

12 BIRTHPLACE (City) (State or country) Amherst Mass

13 NAME OF FATHER Matthew Coleman

14 BIRTHPLACE OF FATHER (City) (State or country) Ireland

15 MAIDEN NAME OF MOTHER Ann Gleason

16 BIRTHPLACE OF MOTHER (City) (State or country) Ireland

17 Informant (Address) Margaret Coleman (Address) Relation, if any (sister)

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Walter A. Barkley (Signature of Agent of Board of Health or other) 10/29/46 (Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Oct 27 1946 (Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from Jan 1, 1946, to Oct 27, 1946. Last saw him alive on Oct 26, 1946 death is said to have occurred on the date stated above, at 9 A m.

Immediate cause of death

Septicemic pneumonia 2 day

Due to arterial 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

(Signed) J. Barkley M. D. (Address) 10-29-46 Date 10-29-46

21 Place of Burial, Cremation or Removal (City or Town) Date of Burial Oct 30 1946

22 NAME OF FUNERAL DIRECTOR Percy Bros ADDRESS Winthrop, Mass

Received and filed 19

(Registrar)

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

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SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

100m (1) 1-44-13634
It occurred was a U. S. War Veteran, G. L. Chap. 46, Section requires physicians to insert a notation to that effect.

PLACE OF DEATH			The Commonwealth of Massachusetts OFFICE OF THE SECRETARY DIVISION OF VITAL STATISTICS		To be filed for burial permit with Board of Health or its Agent								
1	Suffolk County Winthrop (City or Town)		STANDARD CERTIFICATE OF DEATH		Registered No. 207								
No. 11-144			St. (If death occurred in a hospital or institution, give its NAME instead of street and number)										
2 FULL NAME (If deceased is a married, widowed or divorced woman, give also maiden name.) Baby Carino (Girl)			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. 55 Chauncer			St. East Boston		(If nonresident, give city or town and State)								
Length of stay: In hospital or institution (Before death)			- years - months - days		In this community yrs. mos. days.								
PERSONAL AND STATISTICAL PARTICULARS						MEDICAL CERTIFICATE OF DEATH							
3 SEX Female		4 COLOR OR RACE White		5 SINGLE (write the word) MARRIED WIDOWED or DIVORCED Single		18 DATE OF DEATH Oct 30 1946 (Month) (Day) (Year)		19 I HEREBY CERTIFY, That I attended deceased from 19 to 19					
5a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full)						I last saw h. alive on 19, death is said to have occurred on the date stated above, at 2:35 A.M.						Duration	
(or) WIFE of (Husband's name in full)						Immediate cause of death						IMPORTANT	
6 Age of husband or wife if alive years						Stillborn - 7th month premature							
7 IF STILLBORN, enter that fact here. Stillborn						Due to							
8 AGE Years Months Days If less than 1 day Hours Minutes						Due to							
9 Usual Occupation:						Other conditions (include pregnancy within 3 months of death)						IMPORTANT	
10 Industry or Business:						Major findings: Of operations						Physician	
11 Social Security No.						Of autopsies						Underline the cause to which death should be charged statistically.	
12 BIRTHPLACE (City) (State or country) Massachusetts						What test confirmed diagnosis?							
13 NAME OF FATHER Matthew Carino						20 Was disease or injury in any way related to occupation of deceased? If so, specify							
14 BIRTHPLACE OF FATHER (City) (State or country) Boston Mass						(Signed) D. Potts M. D.							
15 MAIDEN NAME OF MOTHER Ann Marinelli						(Address) Central St. 23 Date 10/30 1946							
16 BIRTHPLACE OF MOTHER (City) (State or country) Boston Brooklyn Mass N. Y.						21 Place of Burial, Cremation or Removal (City or Town)							
17 Informant (Address) M. Carino 55 Chauncer St. East Boston						DATE OF BURIAL Oct 31 1946							
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 Robert Scaramella							
(Signature of Agent of Board of Health of City)						ADDRESS 37 Beacon St. Boston							
(Official Designation)						Received and filed NOV 7 1946						(Registrar)	
(Date of Issue of Permit)													

per hosp 11/5/46

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
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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).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a 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

Suffolk

(County)

Winthrop

(City or Town)



The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD

CERTIFICATE OF DEATH

Registered No.

208

No. Winthrop Community Hospital

St. { (If death occurred in a hospital or institution, give its NAME instead of street and number) }

2 FULL NAME

(Baby (boy) Sacco

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No.

143 Cottage St. East Boston

St.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of stay: In hospital or institution
(Before death)

(Specify whether)

years

months

days.

In this community

yrs.

mos.

days.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX

Male

4 COLOR OR RACE

White

5 SINGLE (write the word)

MARRIED
WIDOWED
or DIVORCED Single

18 DATE OF DEATH

Oct 31 1946
(Month) 31, (Day) (Year)5a If married, widowed or divorced
HUSBAND of:

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

6 Age of husband or wife if alive

years

7 IF STILLBORN, enter that fact here.

Stillborn

8

AGE

Years

Months

Days

If less than 1 day

Hours

Minutes

Usual

9 Occupation:

Industry

10 or Business:

11 Social Security No.

12 BIRTHPLACE (City)
(State or Country)Winthrop
Mass.13 NAME OF
FATHER

Anthony Sacco

14 BIRTHPLACE OF
FATHER (City)
(State or Country)

Boston

15 MAIDEN NAME
OF MOTHER

Olga Tedisco

16 BIRTHPLACE OF
MOTHER (City)
(State or Country)

Boston

PARENTS

17 Informant
(Address)

Anthony Sacco

(Relation if any)
Father

143 Cottage St. East Boston

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed
with me BEFORE the burial or permit was issued:Walter L. Baker
(Signature of Agent of Board of Health or other)
Health Officer
(Official Designation)11/5/46
(Date of Issue of Permit)

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 38p 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?

20 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

21 St. Michael Cemetery

Place of Burial, Cremation or Removal.

(City or Town)

DATE OF BURIAL

Nov. 6-16

19

22 NAME OF
FUNERAL DIRECTOR

ADDRESS

09 Chelsea St. East Boston

Received and Filed

NOV 7 1946

19

(Registrar)

See instructions and entries from the Chap. 46, Section 10, requires permit to insert a record to that effect.

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

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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

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. 90209

90209

PLACE OF DEATH
1

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 J McCollom

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence, No. 111 Winthrop
(Usual place of abode)

St. Winthrop Mass.

(If nonresident, give city or town and State)

Length of stay: In hospital or institution (Before death)

years

months 4 days

In this community yrs. mos. 4 days

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX

M

4 COLOR OR RACE

W

5 SINGLE (write the word)

MARRIED
WIDOWED
or DIVORCED

Married

18 DATE OF
DEATH

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY, That I attended deceased from
Oct. 19 19 46 to Oct. 22/46
I last saw h. in alive on Oct. 22 19 46 death is said to
have occurred on the date stated above, at 12:40 PMImmediate cause of death
Hypertensive cardio vascular
renal disease 6 Yrs
Plus

Due to

Due to

Other conditions Diabetes mellitus
(Include pregnancy within 3 months of death)

Major findings: None

Of operations

Date of

Of autopsy as above

What test confirmed diagnosis? autopsy

20 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) C. L. Clay
(Address) Mass. General Hospital Date 10-23 M. D. 46

21 PLACE OF BURIAL, Winthrop Cem-Winthrop

CREMATION OR REMOVAL (City or town)

DATE OF BURIAL Oct. 23/46 19

22 NAME OF FUNERAL DIRECTOR J. F. O'Maley

ADDRESS Winthrop Mass.

Received and filed NOV 19 1946 19

(Registrar of City or Town where deceased resided)



PARENTS

13 NAME OF
FATHER

John McCollom

14 BIRTHPLACE OF
FATHER (City)
(State or country)

Scotland

15 MAIDEN NAME
OF MOTHER

Cannot be learned

16 BIRTHPLACE OF
MOTHER (City)
(State or country)

Cannot be learned

17 Informant
(Address)

Wife

(Relation, if any)

A TRUE COPY

ATTEST:

(Registrar of city or town where death occurred)

DATE FILED

Oct. 25

19 46

PLACE OF DEATH

SUFFOLK
(County)
BOSTON

(City or Town)

No.

Peter Bent Brigham Hospital

St.

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Registered No.

937210

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY

COPY OF

MEDICAL EXAMINER'S
CERTIFICATE OF DEATH

BOSTON

(City or town making return)

2 FULL NAME

William J Ferguson

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence, No.

29 Crystal 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 40 yrs.

mos.

days

(Before death)

(Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

M

4 COLOR OR RACE

W

5 SINGLE (write the word)

MARRIED

WIDOWED

or DIVORCED

Single

5a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

6 Age of husband or wife if alive

years

7 IF STILLBORN, enter that fact here.

8

AGE 66

Years

Months

Days

If less than 1 day

Hours

Minutes

Usual

9 Occupation:

Painter

Industry

10 or Business:

Retired

11 Social Security No.

None

12 BIRTHPLACE (City)

St. John N.P.

(State or country)

13 NAME OF

FATHER

Andrew Ferguson

14 BIRTHPLACE OF

FATHER (City)

Scotland

(State or country)

15 MAIDEN NAME

OF MOTHER

Mary McKentrie

16 BIRTHPLACE OF

MOTHER (City)

Scotland

(State or country)

17

Informant

(Address)

Brother

(Relation, if any)

A TRUE COPY

ATTEST:

(Registrar of city or town where death occurred)

DATE FILED

19

MEDICAL CERTIFICATE OF DEATH

18 DATE OF

DEATH

Oct/31/46

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows: (If an injury was involved, state fully.)

Broncho Pneumonia Alcoholism

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)

Richard Ford

(Address)

25 Shattuck St

Date

10-31-46

22 Place of Burial, Cremation or Removal

(City or Town)

DATE OF BURIAL

Nov. 2/46

19

23 NAME OF
FUNERAL DIRECTOR

Kirby Bros.

ADDRESS

Winthrop Mass.

Resolved and filed

NOV 13 1946

19

(Registrar of City or Town where deceased resided)

PARENTS

1 PLACE OF DEATH
 Suffolk
 (County)
 Wrentham
 (City or Town)



The Commonwealth of Massachusetts
 OFFICE OF THE SECRETARY
 DIVISION OF VITAL STATISTICS
 STANDARD
 CERTIFICATE OF DEATH

To be filed for burial permit
 with Board of Health
 or its Agent.

Registered No. 211

No. Wrentham Community Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)
 2 FULL NAME Baby (Boy) Biampa
 (If deceased is a married, widowed or divorced woman, give also maiden name.)
 (a) Residence, No. 503 Pleasant St.
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of stay: In hospital or institution 2 weeks years months days. In this community yrs. mos. days.
 (Before death) (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS
 3 SEX Male 4 COLOR OR RACE White 5 SINGLE (write the word) MARRIED WIDOWED or DIVORCED Single
 5a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full)
 (or) WIFE of (Husband's name in full)
 6 Age of husband or wife if alive years
 7 IF STILLBORN, enter that fact here Stillborn
 8 AGE Years Months Days If less than 1 day Hours Minutes
 9 Occupation: Usual
 10 Industry or Business:
 11 Social Security No.
 12 BIRTHPLACE (City) Wrentham (State or country) Mass.
 13 NAME OF FATHER George Biampa
 14 BIRTHPLACE OF FATHER (City) East Boston (State or country) Mass.
 15 MAIDEN NAME OF MOTHER Josephine Gangi
 16 BIRTHPLACE OF MOTHER (City) State (State or country)

PARENTS

17

Informant (Address)

George Biampa (Address) 503 Pleasant St. Wrentham

Relationship (if any)

Wife

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
 (Signature of Agent of Board of Health or other)
 Walter E. Baker
 (Official Designation) Health Officer (Date of Issue of Permit) 11/12/46

MEDICAL CERTIFICATE OF DEATH
 18 DATE OF DEATH November 7 1946
 (Month) (Day) (Year)
 19 I HEREBY CERTIFY, That I attended deceased from Nov 7 / 46 to Nov 7 / 46
 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 (7 mos)
 Due to Fall down stairs Nov 7 / 46
 Due to
 Other conditions none (Include pregnancy within 3 months of death)
 Major findings: none Date of
 Of operations
 Of autopsy none
 What test confirmed diagnosis?
 20 Was disease or injury in any way related to occupation of deceased? If so, specify no
 (Signed) Dr. George A. Bague M.D. Date 11/12/46
 (Address) 562 Elm St. Wrentham
 21 Place of Burial, Cremation or Removal (City or Town) Wrentham
 DATE OF BURIAL Nov 13 1946
 22 NAME OF FUNERAL DIRECTOR Michael J. Bagnato
 ADDRESS 778 South St. Wrentham
 Received and filed 19
 (Registrar)

Duration
 IMPORTANT

IMPORTANT

Physician

Underline the cause to which death should be charged statistically.

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February 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 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 supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by 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

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.

212

St. { (If death occurred in a hospital or institution,
give its NAME instead of street and number)2 FULL NAME Margaret Adelaide Leonard
(If deceased is a married, widowed or divorced woman, give also maiden name.)(a) Residence, No. 27 Crystal Cove Ave.
(Usual place of abode)

St.

Winthrop

(If nonresident, give city or town and State)

Length of stay: In hospital or institution.....
(Before death) (Specify whether)

years

months

4 days

In this community

yrs.

mo.

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Female

4 COLOR OR RACE

white

5 SINGLE (write the word)

MARRIED

Married

WIDOWED
or DIVORCED

5a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

Charles Leonard
(Husband's name in full)

6 Age of husband or wife if alive Unknown 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

10 or Business:

11 Social Security No. none

12 BIRTHPLACE (City)

(State or country)

Brooklyn
New York13 NAME OF
FATHER

Ferdinand Lehnert

14 BIRTHPLACE OF
FATHER (City)

(State or country)

Germany

15 MAIDEN NAME
OF MOTHER

Rebecca ----

16 BIRTHPLACE OF
MOTHER (City)

(State or country)

Germany

17 Informant M. K. McPhillips

(Address)

DCH

(Relation, if any)

A TRUE COPY.

ATTEST:

(Registrar of city or town where death occurred)

DATE FILED

November 12

19 46

MEDICAL CERTIFICATE OF DEATH

18 DATE OF November 7, 1946
DEATH

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY, That I attended deceased from
November 3, 1946 to November 7, 1946I last saw her alive on November 7, 1946
death is said to
have occurred on the date stated above, at 3:15 p.m.

Duration

Immediate cause of death

Bronchopneumonia

2 days

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Physician

Major findings:

Of operations

Date of

Of autopsy

What test confirmed diagnosis? Clinical

20 Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) Francis J. Sullivan

M. D.

(Address) DCH

Date 11/8/1946

21 PLACE OF BURIAL,
CREMATION OR REMOVAL Winthrop

Winthrop

(Cemetery)

(City or Town)

DATE OF BURIAL

November 9, 1946

22 NAME OF

FUNERAL DIRECTOR

Howard S. Reynolds

ADDRESS

Winthrop

Received and filed

DEC 7 1946

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)

9556 **213**

Registered No.

COPY OF
CERTIFICATE OF DEATH

Suffolk

(County)

Boston

(City or Town)

No. Boston City Hospital

St. (If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME

Nathan Levine

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence, No.

138 Highland St

(Usual place of abode)

St.

Winthrop Mass.

(If nonresident, give city or town and State)

Length of stay: In hospital or institution

(Before death)

years 2 months 10 days

(Specify whether)

In this community

yrs. 2 mos. 10 days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

M

4 COLOR OR RACE

W

5 SINGLE (write the word)

MARRIED
WIDOWED Married
or DIVORCED

5a If married, widowed, or divorced HUSBAND of Sarah Cooperstein

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

6 Age of husband or wife If alive 42 years

7 IF STILLBORN, enter that fact here.

8 AGE 42 Years Months Days If less than 1 day
AGE 42 Years Months Days Hours Minutes

9 Occupation: Pharmacist

10 Industry
or Business:

11 Social Security No. 022-22-8135

12 BIRTHPLACE (City) Russia
(State or country)

PARENTS

13 NAME OF FATHER Benjamin Levine

14 BIRTHPLACE OF FATHER (City) Russia
(State or country)

15 MAIDEN NAME OF MOTHER Ida S

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

Nov. 13/46 19

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH

Nov. 9/46

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY, That I attended deceased from August 31, 19 46 to Nov. 9/46 19

I last saw h. alive on 19, death is said to have occurred on the date stated above, at 1:30AM m.

Duration

Immediate cause of death

Malignant brain tumor

2 Yrs

Due to Broncho pneumonia

14 Das.

Due to

Other conditions
(Include pregnancy within 3 months of death)

Physician

Major findings: Partial removal of brain
Of operations: tumor

Date of 9-16-46

Of autopsy

What test confirmed diagnosis?

20 Was disease or injury in any way related to occupation of deceased?

If so, specify

M W O'Connell

(Signed) M. D.

(Address) Boston City Hospt Date 11-9 19 46

21 PLACE OF BURIAL, CREMATION OR REMOVAL Tefereth Israel Everett Mass.

DATE OF BURIAL Nov. 10/46 (City or Town)

22 NAME OF FUNERAL DIRECTOR B Birnbach
ADDRESS Dorchester Mass.

Received and filed 19

(Registrar of City or Town where deceased resided)



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



To be filed for burial permit
with Board of Health
or its Agent.

STANDARD
CERTIFICATE OF DEATH

Registered No. 214

1 PLACE OF DEATH
Suffolk
(County)
Wentworth
(City or Town)
No. Wentworth Com Bxsp.

SL (If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME Wallace L Clark
(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. 600 Shirley St
(Usual place of abode) St. (If nonresident, give city or town and State)

Length of stay: In hospital or institution 2 years 2 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
or DIVORCED Divorced

5a If married, widowed, or divorced
HUSBAND of (Give maiden name of wife in full)
(or) WIFE of (Husband's name in full)

6 Age of husband or wife if alive years

7 IF STILLBORN, enter that fact here.

8 AGE 66 Years Months Days If less than 1 day Hours Minutes

9 Occupation: Confectionery Business

Industry or Business:

11 Social Security No.

12 BIRTHPLACE (City) Newark
(State or country) N.J.

PARENTS

13 NAME OF FATHER Francis L Clark

14 BIRTHPLACE OF FATHER (City) N.J.
(State or country)

15 MAIDEN NAME OF MOTHER Abella King

16 BIRTHPLACE OF MOTHER (City) N.J.
(State or country)

17 Informant (Address) Wentworth Bxsp (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:

Walter R. Clark
(Signature of Agent of Board of Health or other)

Health Officer 11/13/46
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH November 10 1946
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from
January 1 - 1946 to November 9 - 1946

I last saw him alive on November 9 - 1946, death is said to
have occurred on the date stated above, at 7:30 a. m.

Immediate cause of death:

Coronary Thrombosis

Duration 12 years

Due to

Due to

Other conditions Chronic Bronchitis + Asthma
(Include pregnancy within 8 months of death) years

IMPORTANT

Major findings:

Of operations

Date of

Of autopsy

What test confirmed diagnosis?

20 Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Charles J. Brennan M. D.

(Address) 212 Wentworth Bxsp Date 11-1-1946

21 Place of Burial, Cremation or Removal. Wentworth (City or Town)

DATE OF BURIAL Nov 12 1946

22 NAME OF FUNERAL DIRECTOR Sybil Borge

ADDRESS 210 Wentworth Bxsp
Received and filed NOV 12 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



The Commonwealth of Massachusetts
 OFFICE OF THE 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**

1 PLACE OF DEATH
 {
 Suffolk (County)
 Winthrop (City or Town)
 No. 47 Prospect Ave.

St. (If death occurred in a hospital or institution,
 give its NAME instead of street and number)

2 FULL NAME Lydia (Stone) Cook
 (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. 47 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. In this community 25 yrs. mos. days.
 (Before death) (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX Female 4 COLOR OR RACE White 5 SINGLE (write the word)
 MARRIED
 WIDOWED
 or DIVORCED Widowed

18 DATE OF DEATH November 10, 1946
 (Month) (Day) (Year)

5a If married, widowed, or divorced
 HUSBAND of

19 I HEREBY CERTIFY, That I attended deceased from
 Sept 15, 1945, to Nov 10, 1946

(or) WIFE of Charles Cook
 (Give maiden name of wife in full)
 (Husband's name in full)

I last saw him alive on Nov 9, 1946, death is said to
 have occurred on the date stated above, at H.A. m.

6 Age of husband or wife if alive years

Immediate cause of death Acute Pulmonary edema

7 IF STILLBORN, enter that fact here.

Duration 10 days

8 AGE 87 Years 8 Months 11 Days | If less than 1 day
 Hours Minutes

Due to Chronic Degenerative

Usual Occupation: Housewife

Due to Chronic Nephritis

Industry or Business: At Home

Other conditions

11 Social Security No. None

What test confirmed diagnosis?

12 BIRTHPLACE (City) Petersham
 (State or country) Mass.

Major findings:
 Of operations

13 NAME OF FATHER John Stone

Date of

14 BIRTHPLACE OF FATHER (City) Unable to obtain
 (State or country)

Of autopsy

15 MAIDEN NAME OF MOTHER Dorcas Perry

What test confirmed diagnosis?

16 BIRTHPLACE OF MOTHER (City) Unable to obtain
 (State or country)

20 Was disease or injury in any way related to occupation of deceased?
 If so, specify

17 Informant Martha Ridley Daughter, any
 (Address) 47 Prospect Ave. Winthrop

Major findings:
 Of operations

I HEREBY CERTIFY that a satisfactory standard certificate of death was
 filed with me BEFORE the burial or transit permit was issued:

Of operations

(Signature of Agent of Board of Health or other)

Of autopsy

(Official Designation) (Date of Issue of Permit)

What test confirmed diagnosis?

21 Woodlawn Crematory Everett

Place of Burial, Cremation or Removal

DATE OF BURIAL Nov. 12 1946

22 NAME OF FUNERAL DIRECTOR Howard S. Reynolds

ADDRESS Winthrop

Received and filed NOV 12 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).

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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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Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by 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
MEDICAL EXAMINER'S
CERTIFICATE OF DEATHTo be filed for burial permit
with Board of Health
or its Agent.Registered No. **216**

1 PLACE OF DEATH
 {
 Suffolk.
 (County)
 Winthrop.
 (City or Town)
 No. **16 Sunnyside - Winthrop** St.

(If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME **Samuel Clifford Patchett**
 (If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT

(Was deceased a
 U. S. War Veteran, **Yes**
 If so specify WAR)

(a) Residence, No. **16 Sunnyside** St. **Spanish American War**
 (Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or institution. _____ years _____ months _____ days. In this community yrs. mos. days.
 (Before death) (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX **male** 4 COLOR OR RACE **white** 5 SINGLE (write the word)
 MARRIED
 WIDOWED
 or DIVORCED **married**

18 DATE OF DEATH **Nov 10 1946**
 (Month) (Day) (Year)

5a If married, widowed, or divorced, **Grace Shurtleff**
 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.)

Coronary Thrombosis

6 Age of husband or wife if alive **66** years

7 IF STILLBORN, enter that fact here.

8 AGE **67** Years **1** Months **26** Days If less than 1 day
 Hours _____ Minutes _____

20 Accident, suicide, or homicide (specify) **Sudden**
 Date of occurrence _____ 19 _____

9 Usual Occupation: **Retired Postal Clerk**

Where did Injury occur? _____
 (City or town and State)

Industry or Business: **U.S. Post Office Dept.**

Did Injury occur in or about home, on farm, in industrial place, or in public place? _____
 (Specify type of place)

11 Social Security No. **026-22-4551**

12 BIRTHPLACE (City) **Cambridge**
 (State or country) **Mass**

Manner of Injury _____
 Nature of Injury _____

While at work? _____ Was there an autopsy? _____

13 NAME OF FATHER **Edward Patchett**

14 BIRTHPLACE OF FATHER (City) **York County**
 (State or country) **England**

21 Was disease or injury in any way related to occupation of deceased? _____
 If so, specify _____

(Signed) **A R Mout**, M. D.
 (Address) **25 North St.** Date **11/10/46**

15 MAIDEN NAME OF MOTHER **Sarah Plummer**

16 BIRTHPLACE OF MOTHER (City) **York County**
 (State or country) **England**

22 **Mt. Auburn Cemetery, Cambridge**
 Place of **burial**, Cremation or **interment** (City or Town)

DATE OF BURIAL **Nov. 13, 1946** 19 _____

17 Informant **Mrs S.C. Patchett** Relation if any
 (Address) **16 Sunnyside Ave. Winthrop.**

23 NAME OF FUNERAL DIRECTOR **Alfred B. Marsh**
 ADDRESS **174 Winthrop St. Winthrop**

Received and filed _____ 19 _____

NOV 17 1946

(Registrar)

I HEREBY CERTIFY that a satisfactory standard certificate of death was
 filed with me BEFORE the burial or transit permit was issued:

Walter A. Baker
 (Signature of Agent of Board of Health or other)

Walter A. Baker
 (Official Designation) (Date of Issue of Permit) **11/12/46**

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, 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 (a 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)	SERVICE RECORD
Date of entering military service	July 16, 1898
Date of discharge	April 20, 1899
Rank, Rating	Private
Organization and outfit	Battery M. 2nd Reg. of Arlington U.S. Army

NOTICE TO UNDERTAKERS: No embalming fluid, or any substitute therefor, shall be injected into the body of any person supposed to have met his death by violence, until a permit, signed by the Medical Examiner, has first been obtained.—General Laws, Chap. 38, Sec. 14.

THIS CERTIFICATE CONSTITUTES SUCH PERMIT

The Commonwealth of Massachusetts

Boston

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

(City or town making return)

COPY OF
CERTIFICATE OF DEATH

Registered No. 9840

217

PLACE OF DEATH
1

Suffolk

(County)

Boston

(City or Town)

No. U.S. Veteran's Adm. Hospt. V.F.W. Parkway West Roxbury, Mass. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Thomas J Borges

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence, No. 600 Shirley

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 1 months 28 days

In this community

yrs.

mos.

days

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX

M

4 COLOR OR RACE

W

5 SINGLE (write the word)

MARRIED
WIDOWED
OR DIVORCED

Single

18 DATE OF DEATH

Nov. 11/46

(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
Sept/14, 19 46, to Nov/11/46I last saw h. in alive on Nov/11/46 12:05PM death is said to
have occurred on the date stated above, at 12:05PM m.

Duration

6 Age of husband or wife if alive years

Immediate cause of death

Uremia

2 Mos.

7 IF STILLBORN, enter that fact here.

Due to Nephrosis

8 AGE 58 Years Months 1 Days If less than 1 day
Hours Minutes

Due to

Usual

9 Occupation:

Army of U.S.

Other conditions

(Include pregnancy within 3 months of death)

Multiple Myeloma
Broncho Pneumonia

Physician

Industry

Major findings:

Of operations: None

10 or Business:

Date of

11 Social Security No.

None

Of autopsy Nephrosis broncho pneumonia
multiple myeloma

What test confirmed diagnosis?

12 BIRTHPLACE (City)
(State or country)

Boston Mass.

20 Was disease or injury in any way related to occupation of deceased?

If so, specify

J J Poutas

(Signed)

(Address) Vet. Adm. West Rox. Date 11-11-46 M. D.

13 NAME OF FATHER

John Borges

14 BIRTHPLACE OF FATHER (City)
(State or country)

Portugal

15 MAIDEN NAME OF MOTHER

Phoebe Garcia

16 BIRTHPLACE OF MOTHER (City)
(State or country)

Portugal

17 Informant
(Address)

Mrs D Clavis, if Friend

21 PLACE OF BURIAL, St James Cem-Whitman Mass.
CREMATION OR REMOVAL (Cemetery)

DATE OF BURIAL Nov/14/46 (City or Town)

22 NAME OF FUNERAL DIRECTOR

L Langelier

ADDRESS

Whitman Mass.

Received and filed

NOV 19 1946

19

(Registrar of City or Town where deceased resided)

A TRUE COPY.

ATTEST:

(Registrar of city or town where death occurred)

DATE FILED

Nov/14/46 19

Entered Service Dec. 15, 1917 Discharged April 24, 1919

Private First Class
Quartermaster Corp

Service No. 1735962

PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)

No. 47 Crystal Cove 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.

218

SL (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

Charles F Leonard

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No.

47 Crystal Cove Ave.

SL

(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

16rs.

mos.

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Male

4 COLOR OR RACE

White

5 SINGLE (write the word)

MARRIED
WIDOWED
or DIVORCED

Widow

5a If married, widowed, or divorced

Margaret Lehnert

(Give maiden name of wife in full)

(or) WIFE 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:

Salesman

Industry

10 or Business:

Piano

11 Social Security No.

None

12 BIRTHPLACE (City)

(State or country)

Cambridge Mass.

PARENTS

13 NAME OF

FATHER Patrick G Leonard

14 BIRTHPLACE OF

FATHER (City)

Boston

(State or country)

Mass.

15 MAIDEN NAME

OF MOTHER

Elizabeth Farrar

16 BIRTHPLACE OF

MOTHER (City)

Boston

(State or country)

Mass.

17 Informant: George S Murray Cousin

Relation, if any

(Address) 25 Sharon St Boston Mass.

I HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:

Walter F. Baker
(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 11 1946

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY, That I attended deceased from

January 27, 1946, to November 11, 1946

I last saw him alive on November 10, 1946, death is said to

have occurred on the date stated above, at 8:45 A.M.

Immediate cause of death

Cerebral Hemorrhage

Duration

17 days

Due to

Arteriosclerosis

2 years

Due to

Chemia

4 days

Other conditions

none

(Include pregnancy within 3 months of death)

IMPORTANT

Major findings:

Of operations

none

Date of

Of autopsy

none

What test confirmed diagnosis?

clinical & lab

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) Jacob Charles M.D.

(Address) 562 Hurley St

Date 11/14/46

21 Winthrop West Mass Winthrop

Place of Burial, Cremation or Removal

(City or Town)

DATE OF BURIAL

Nov 14

1946

22 NAME OF

FUNERAL DIRECTOR

ADDRESS

Howard S. Reynolds

Received and filed

NOV 14 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 of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or 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

100m(i)-1.44-13634
it deceased was a U. S. War Veteran, G. L. Chap. 40, Section 10, requires physicians to insert a notation to that effect.

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

To be filed for burial permit
with Board of Health
or its Agent

STANDARD
CERTIFICATE OF DEATH

Registered No. 219

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
164 Somerset Ave.
No.



St. (If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME Louis Kramer
(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. 164 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 16 yrs. mos. days.
(Before death) (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE (write the word)
MARRIED
WIDOWED
or DIVORCED Married

5a If married, widowed, or divorced Frieda Teischmeier
HUSBAND of (Give maiden name of wife in full)
(or) WIFE of (Husband's name in full)

6 Age of husband or wife if alive 66 years

7 IF STILLBORN, enter that fact here.

8 AGE 83 Years 4 Months 3 Days | If less than 1 day
Hours Minutes

9 Usual Occupation: Backer (Retired)

10 Industry or Business: Bakery

11 Social Security No. None

12 BIRTHPLACE (City) Germany
(State or country)

13 NAME OF FATHER Michael Kramer

14 BIRTHPLACE OF FATHER (City) Germany
(State or country)

15 MAIDEN NAME OF MOTHER Elizabeth Leop

16 BIRTHPLACE OF MOTHER (City) Germany
(State or country)

17 Informant Frieda Kramer Wife Relation, if any
(Address) 164 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:

Walter H. Baskin
(Signature of Agent of Board of Health or other)
Health Officer (Official Designation) 11/13/46
(Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Nov. 12 1946
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from
Jan 1, 1946, to Nov. 12, 1946
last saw him alive on Nov. 11, 1946, death is said to
have occurred on the date stated above, at 5 A. M.

Immediate cause of death. Imp. pneumonia Duration

Due to Anterior poliomyelitis

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?
so, specify

(Signed) Charles J. Lawrence, M. D.
(Address) 12 Elm Street, Lawrence, Mass. Date 11-14-46

Place of Burial, Cremation or Removal. Lawrence (City or Town)

DATE OF BURIAL Nov. 15 1946

22 NAME OF FUNERAL DIRECTOR Howard S. Brown
ADDRESS Winthrop

Received and filed NOV 14 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 of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or 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 DEATHSUFFOLK
(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. 9743 220

No. THE BOSTON FLOATING HOSP. St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME PREECE (If deceased is a married, widowed or divorced woman, give also maiden name.) (If U. S. War Veteran, specify WAR)

(a) Residence, No. 60 CLIFF AVE St. WINTHROP (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 MALE 4 COLOR OR RACE WHITE 5 SINGLE (write the word) MARRIED WIDOWED SINGLE

5a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full) (or) WIFE of (Husband's name in full)

6 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 40 Hours Minutes

Usual
9 Occupation:Industry
10 or Business:

11 Social Security No.

12 BIRTHPLACE (City) BOSTON MASS.
(State or country)

13 NAME OF FATHER NORMAN G PREECE

14 BIRTHPLACE OF FATHER (City) WORCESTER MASS.
(State or country)

15 MAIDEN NAME OF MOTHER MILORED PULLAN

16 BIRTHPLACE OF MOTHER (City) WORCESTER
(State or country)17 Informant FATHER (Relation, if any)
(Address)

A TRUE COPY.

ATTEST: Nov 19/46 (Registrar of city or town where death occurred)

DATE FILED 19

18 DATE OF DEATH Nov. 14/46
(Month) (Day) (Year)

19 I HEREBY CERTIFY That I attended deceased from 11/13/46 19 to 11/14/46 19

I last saw h. OM alive on Nov 14/46 19, death is said to have occurred on the date stated above, at 6:52p m.

Immediate cause of death.

CARDIO-RESPIRATORY FAILURE

Due to INTRACRANIAL HEMORRHAGE

Due to PREMATURITY

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations.

Date of INTRACRANIAL HEMORRHAGE

What test confirmed diagnosis? AND PREMATURITY

20 Was disease or injury in any way related to occupation of deceased?

If so, specify M J FOLEY (Signed) BOSTON Date 11/14/46 M. D.

21 PLACE OF BURIAL, CREMATION OR REMOVAL HOPE WORCESTER
(Cemetery) (City or Town)

DATE OF BURIAL Nov 18/46 19

22 NAME OF FUNERAL DIRECTOR A F JOHNSON
ADDRESS WORCESTER

Received and filed DEC 7 1945 19

(Registrar of City or Town where deceased resided)



1 PLACE OF DEATH

Suffolk
(County)Winthrop
(City or town)

No. 42 Beach St - Winthrop

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. 221

St. { (If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME: Fellein Bronstein (nee Streicher)

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence, No. 42 Beach St Beach 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)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX Female 4 COLOR OR RACE White 5 SINGLE (write the word) MARRIED Married WIDOWED or DIVORCED

5a If married, widowed, or divorced
HUSBAND of _____(or) WIFE of Samuel Bronstein
(Give maiden name of wife in full)
(Husband's name in full)

6 Age of husband or wife if alive 43 years

7 IF STILLBORN, enter that fact here.

8 AGE 41 Years _____ Months _____ 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) Malden, Mass
(State or country)

13 NAME OF FATHER Jacob Streicher

14 BIRTHPLACE OF FATHER (City) Hungary
(State or country)

15 MAIDEN NAME OF MOTHER Lora Toubar

16 BIRTHPLACE OF MOTHER (City) Russia
(State or country)17 Informant Samuel Bronstein (Relation, if any)
(Address) 42 Beach Rd, WinthropI HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:Walter H. Baker
(Signature of Agent of Board of Health or other)
(Official Designation) Health Officer (Date of Issue of Permit) 11/16/4618 DATE OF DEATH Nov. 15 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.)Carbon monoxide poisoning -
inadequate burning of gas20 Accident, suicide, or homicide (specify) Homicide
Data of occurrence 11/15 1946Where did
injury occur? Winthrop
(City or town and State)Did injury occur in or about home, on farm, in industrial place, or in public
place? Home
(Specify type of place)

Manner of Injury Asphyxiation

Nature of Injury Asphyxiation

While at work? Was there an autopsy? No

21 Was disease or injury in any way related to occupation of deceased?

If so, specify A. R. M. R. (Signed)

(Address) 25 West St Date 11/15 1946

22 Place of Burial, Cremation or Removal: Winthrop, Everett
(City or Town)

DATE OF BURIAL November 17 1946

23 NAME OF FUNERAL DIRECTOR H. J. East
ADDRESS 5 Washington St, Chelsea

Received and filed 19

NOV 20 1946

(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

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

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which

it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

... He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—General Laws, Chap. 38, Sec. 7.

... The medical examiner certifies the cause and manner of death to the best of his knowledge and belief.

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

STATEMENT OF CAUSE OF DEATH

Medical Examiners in certifying to a death will state the cause and manner thereof, and will specify: (1) Under *cause*, the nature of an injury and of its consequences; and (2) under *manner*, the mode of its production together with the circumstances when these are known. For example: "Compound fracture of the femur with ensuing septicemia (gas bacillus) caused by a steam railway accident." "Pistol shot wound of the chest with associated hemorrhage, homicidal." "Asphyxiation by suspension, suicidal." "Syncope while under the influence of ether administered as a surgical anæsthetic." "Fracture of the skull with associated internal injury sustained under circumstances unknown."

If disease or injury was related to occupation, specify. If investigation shows the death to have been due to *disease*, specify: (1) Under *cause* its known or presumable nature; and (2) under *manner*, indicate the circumstances leading to medico-legal inquiry. For example: "Hemorrhage spontaneous of the brain (basal ganglia) (found dead in bed)." "Heart disease, presumably coronary sclerosis. (Sudden death)."

DESCRIPTION (for unknown person)

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NOTICE TO UNDERTAKERS: No embalming fluid, or any substitute therefor, shall be injected into the body of any person supposed to have met his death by violence, until a permit, signed by the Medical Examiner, has first been obtained.—General Laws, Chap. 38, Sec. 14.

THIS CERTIFICATE CONSTITUTES SUCH PERMIT



The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
**STANDARD
CERTIFICATE OF DEATH**

To be filed for burial permit
with Board of Health
or its Agent.

Registered No. **223**

1 PLACE OF DEATH

Suffolk
(County)
Winthrop
(City or Town)

No. **104 Highland Ave.**

St. (If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME **Harriet H McNeill**
(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. **104 Highland Ave.** St. (If nonresident, give city or town and State)
(Usual place of abode)

Length of stay: In hospital or institution (Before death) 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
WIDWED
or DIVORCED **Widowed**

5e If married, widowed, or divorced
HUSBAND of

(or) WIFE of **George McNeill**
(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 **86** Years **2** Months **26** Days | If less than 1 day
Hours Minutes

Usual
9 Occupation: **Housewife**

Industry
10 or Business: **At Home**

11 Social Security No. **None**

12 BIRTHPLACE (City)
(State or country) **Pembroke
Nova Scotia**

PARENTS

13 NAME OF
FATHER **Robert Hazel**

14 BIRTHPLACE OF
FATHER (City)
(State or country) **Nova Scotia**

15 MAIDEN NAME
OF MOTHER **Martha Rolfe**

16 BIRTHPLACE OF
MOTHER (City)
(State or country) **Nova Scotia**

17 **Charles McNeill** Relation, If any
Informant (Address) **Kingston N. S. son**

I HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with the BOARD OF HEALTH or transit permit was issued:

Walter J. Baker
(Signature of Agent of Board of Health or other)
Health Officer (Official Designation) **11/21/46** (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH **November 19 1946**
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from
Nov. 12 1946 to Nov. 19 1946

I last saw her alive on **Nov. 19 1946** death is said to
have occurred on the date stated above, at **6:30 P. M.**

Immediate cause of death..... Duration

Generalized arterial sclerosis 12 yrs.

Due to.....

Due to.....

Other conditions.....
(Include pregnancy within 3 months of death)

Major findings:
Of operations **none** Physician

Date of.....
Of autopsy **none** Underline the cause to
What test confirmed diagnosis? **clinical** which death
should be
charged stat-
istically.

20 Was disease or injury in any way related to occupation of deceased? **No**
If so, specify

(Signed) **Howard S. Perreault** M. D.
(Address) **Winthrop Mass** Date **11-21-1946**

21 **Woodlawn** **Everett**
Place of Burial, Cremation or Removal. City or Town)
DATE OF BURIAL **Nov. 22 1946**

22 NAME OF
FUNERAL DIRECTOR **Howard S. Perreault**
ADDRESS **Winthrop Mass**

Received and filed **NOV 26 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 of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or 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

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICSDanvers
(City or town making return)COPY OF
CERTIFICATE OF DEATH

Registered No. 224

1 PLACE OF DEATH

Essex

(County)

Danvers

(City or Town)

No. Danvers State Hospital

St. { (If death occurred in a hospital or institution,
give its NAME instead of street and number)2 FULL NAME Arthur Costonis
(If deceased is a married, widowed or divorced woman, give also maiden name.){ (If U. S.
War Veteran,
specify WAR)(a) Residence. No. 75 Shirley
(Usual place of abode)St. Winthrop
(If nonresident, give city or town and State)Length of stay: In hospital or institution 5 years 7 months 3 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 Separated
WIDOWED
or DIVORCED18 DATE OF DEATH November 20, 1946
(Month) (Day) (Year)5a If married, widowed, or divorced
HUSBAND of Sylvia Bonocoso
(Give maiden name of wife in full)
(or) WIFE of
(Husband's name in full)19 I HEREBY CERTIFY, That I attended deceased from
April 17, 1941, to November 20, 1946
I last saw him alive on November 20, 1946 death is said to
have occurred on the date stated above, at 6:10 a.m.

Immediate cause of death.....

Lobar pneumonia 2-3 days

Due to.....

Due to.....

Other conditions.....
(Include pregnancy within 3 months of death)

Physician

Major findings:
Of operations.....Underline
the cause to
which death
should be
charged 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) Pasquale Buenicento M. D.

(Address) DSH Date 11/22/46

21 PLACE OF BURIAL, CREMATION OR REMOVAL Holden Danvers
(Cemetery) (City or Town)

DATE OF BURIAL November 21, 1946

22 NAME OF FUNERAL DIRECTOR Clarence R. Lyons

ADDRESS Danvers

Received and filed DEC 7 1946 19

(Registrar of City or Town where deceased resided)



PARENTS

13 NAME OF FATHER Charles Costonis

14 BIRTHPLACE OF FATHER (City) Albania
(State or country)

15 MAIDEN NAME OF MOTHER Anna Vito

16 BIRTHPLACE OF MOTHER (City) Albania
(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 November 25, 1946

Corrected 12/4/46

PLACE OF DEATH

Suffolk
(County)Winthrop
(City or Town)

No. Ambulance en route Winthrop Community Hospital

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH

Registered No.

225

To be filed for burial permit
with Board of Health
or its Agent.

2 FULL NAME

New York Adamson (nee Savary)

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 WARa) Residence. No. 472
(Usual place of abode) WinthropSt. 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 4 yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX

Female

4 COLOR OR RACE

W

5 SINGLE (write the word)

MARRIED
WIDOWED
or DIVORCED

Unmarried

18 DATE OF
DEATHNov 28, 1946
(Month) (Day) (Year)5a If married, widowed or divorced
HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

William Adamson
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:

house wife

Industry

10 or Business:

at home

11 Social Security No.

none

12 BIRTHPLACE (City).
(State or Country)

Boston Mass.

13 NAME OF
FATHER

William Savary

14 BIRTHPLACE OF
FATHER (City)

Boston, Mass.

15 MAIDEN NAME
OF MOTHER

Anne Grace

16 BIRTHPLACE OF
MOTHER (City)

Boston

17 Informant
(Address)James - son
472 Winthrop 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)

Walter H. Bagley
Health Officer11/29/46
(Date of Issue of Permit)

19 I HEREBY CERTIFY. That I attended deceased from

Nov 28, 1946 to Nov 28, 1946

I last saw him at 11:30 p.m. death is said to

have occurred on the date stated above at

Immediate cause of death

cardiac failure.

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)

Edward J. G. Wells, M. D.

(Address) 148 Winthrop St Date 11/28/46

21 Place of Burial, Cremation or Removal.

(City or Town)

DATE OF BURIAL

Dec 2

1946

22 NAME OF
FUNERAL DIRECTOR

ADDRESS

Murray & Murray
Revere Mass.

Received and Filed

19

NOV 29 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

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

Registered No.

To be filed for burial permit
with Board of Health
or its Agent.

226

2 FULL NAME **Henry A. Dondero**
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. **41 Upland Road**
(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 **20 hrs.** years months days. In this community **20** 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) **WIDOWED**
MARRIED
WIDOWED
or DIVORCED

18 DATE OF DEATH **Nov. 28 1946**
(Month) (Day) (Year)

5a If married, widowed or divorced
HUSBAND of **Theresa Meagher**
(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. 28, 19 **46**, to **Nov. 28**, 19 **46**
I last saw him alive on **Nov. 28**, 19 **46** death is said to
have occurred on the date stated above, at **11:45 P.M.**

6 Age of husband or wife if alive _____ years

Immediate cause of death **acute pneumonia**

7 IF STILLBORN, enter that fact here.

8 AGE **62** Years Months Days If less than 1 day Hours Minutes

Due to **Cardiac Arrest**

9 Occupation: **Tailor**

Due to **Cardiac Arrest**

10 Industry or Business: **Mfg.**

Due to **Cardiac Arrest**

11 Social Security No. **None**

Other conditions **Chronic Bronchitis**

12 BIRTHPLACE (City) **Italy**
(State or Country)

(Include pregnancy within 3 months of death)

13 NAME OF FATHER **Charles A. Dondero**

Major findings:
Of operations _____

14 BIRTHPLACE OF FATHER (City) **Italy**
(State or Country)

Date of _____

15 MAIDEN NAME OF MOTHER **Mary Dondero** (okay)

Of autopsy _____

16 BIRTHPLACE OF MOTHER (City) **Italy**
(State or Country)

What test confirmed diagnosis? _____

17 Informant **Anthony Dondero** (Brother)
(Address) **41 Upland Rd. Winthrop**

20 Was disease or injury in any way related to occupation of deceased?
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.

21 Holy Cross **Malden**
Place of Burial, Cremation or Removal. (City or Town)

Signature of Agent of Board of Health of _____

22 NAME OF FUNERAL DIRECTOR **Michael J. Dondero**
ADDRESS **10 No. Bennett St., Boston**

(Official Designation) _____ (Date of Issue of Permit) **11/29/46**

Received and Filed **NOV 29 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.

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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.

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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

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
COPY OF
MEDICAL EXAMINER'S
CERTIFICATE OF DEATH



Framingham
(City or town making return)

Registered No. 227

1 PLACE OF DEATH
Middlesex
(County)
Framingham
(City or Town)
No. General Motors Assembly Plant St.

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Frank Lanza
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(a) Residence. No. 45 Enfield 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 White 5 SINGLE (write the word)
MARRIED
WIDOWED Married
or DIVORCED

5a If married, widowed, or divorced HUSBAND of Concetta Perella
(Give maiden name of wife in full)
(or) WIFE of (Husband's name in full)

6 Age of husband or wife if alive 69 years

7 IF STILLBORN, enter that fact here.

8 AGE 71 Years Months Days If less than 1 day
Hours Minutes

Usual
9 Occupation: Engineer

Industry
10 or Business:

11 Social Security No. 023-18-2283

12 BIRTHPLACE (City)
(State or country) Italy

13 NAME OF FATHER Gaetano Lanza

14 BIRTHPLACE OF FATHER (City)
(State or country) Italy

15 MAIDEN NAME OF MOTHER Unknown

16 BIRTHPLACE OF MOTHER (City)
(State or country) Italy

17 Informant Albert Lanza (son) (Relation, if any)
(Address) Winthrop, Mass.

A TRUE COPY.

ATTEST: (Registrar of city or town where death occurred)

DATE FILED November 20, 1946

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH November 15, 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.)

Coronary Occlusion

Sudden death

20 Accident, suicide, or homicide (specify) 19
Date of occurrence

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? view

21 Was disease or injury in any way related to occupation of deceased? no
If so, specify

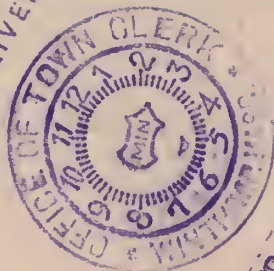
(Signed) Michael F. Burke M. D.
(Address) Natick, Mass. Date 11/15 1946

22 Winthrop Cemetery, Winthrop, Mass.
Place of Burial, Cremation or Removal (City or Town)
DATE OF BURIAL November 18, 1946

23 NAME OF FUNERAL DIRECTOR Jos. A. Langone, Jr.
ADDRESS 41 Haverhill St., Boston

Received and filed DEC 5 1946 19
(Registrar of City or Town where deceased resided)

RECEIVED



DEC-6 1963 AM

The Commonwealth of Massachusetts

Chelsea

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

(City or town making return)

COPY OF
CERTIFICATE OF DEATH

Registered No.

228

PLACE OF DEATH

Suffolk

(County)

Chelsea

(City or Town)

No. Soldiers' Home Hospital

St. { (If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME

Samuel C. Dobson

(If deceased is a married, widowed or divorced woman, give also maiden name.)

2 Edgar Terr.

{ (If U. S.
War Veteran,
specify WAR)

WW I

(a) Residence, No.

(Usual place of abode)

2 Edgar Terr.

St.

Winthrop

(If nonresident, give city or town and State)

Length of stay: In hospital or institution

Hosp.

years

months

5

days

In this community

yrs.

mos.

days

(Before death)

(Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE (write the word)

Male

white

MARRIED

or WIDOWED

or DIVORCED

Married

5a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

6 Age of husband or wife if alive

years

7 IF STILLBORN, enter that fact here.

8

AGE

53

Years

4

Months

17

Days

If less than 1 day

Hours

Minutes

Usual

9 Occupation:

Switch attendant

Industry

10 or Business:

Railroad

unknown

11 Social Security No.

12 BIRTHPLACE (City)

(State or country)

Nova Scotia

13 NAME OF

FATHER

Samuel A. Dobson

14 BIRTHPLACE OF

FATHER (City)

(State or country)

Nova Scotia

15 MAIDEN NAME

OF MOTHER

Etta E. Smith

16 BIRTHPLACE OF

MOTHER (City)

(State or country)

Nova Scotia

17 Informant

(Address)

Hosp. records

Relation, if any

A TRUE COPY.

ATTEST:

(Registrar of city or town where death occurred)

DATE FILED

Nov. 19

19 46

MEDICAL CERTIFICATE OF DEATH

18 DATE OF
DEATH

Nov. 19, 1946

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY That attended deceased from

Nov. 14, 1946 to Nov. 19, 1946

I last saw h. in Nov. 19, 1946 death is said to

have occurred on the date stated above, at 9.55 A.m.

Immediate cause of death

Cardiac Failure

Duration

2

Due to Arteriosclerotic Heart Dis. ?

Due to

Other conditions auricular fibrillation ?

(Include pregnancy within 3 months of death)

Physician

Major findings:

Of operations

Date of

Of autopsy

What test confirmed diagnosis?

clinical

20 Was disease or injury in any way related to occupation of deceased? no

If so, specify

James F. Collins

M. D.

(Signed)

(Address) Soldiers' Home

Date 11/19/46

21 PLACE OF BURIAL,
CREMATION OR REMOVAL

(Cemetery)

Winthrop Cem., Winthrop

DATE OF BURIAL

Nov. 22, 1946

22 NAME OF

FUNERAL DIRECTOR

ADDRESS

John F. O'Maley

79 Atlantic St., Winthrop, Mas

Received and filed

DEC 12 1946

19

Enlisted 4/29/18

Dischg'd. 6/13/19

Rank Sgt. Major, Hq. 443rd Reserve Labor Bn.

Service No. ASN -2,719,778

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

(City or town making return)

COPY OF
CERTIFICATE OF DEATH

Registered No. 479229



1 PLACE OF DEATH
Middle sex
(County)
Arlington
(City or Town)
No. Ring Sanatorium and Hospital
163 Hillside Avenue

St. { (If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME Mabelle G. Balkam (Simpson)
(If deceased is a married, widowed or divorced woman, give also maiden name.)

{ (If U. S.
War Veteran,
specify WAR)

(a) Residence, No. 217 Pleasant Street St. Winthrop, Mass.
(Usual place of abode)
(If nonresident, give city or town and State)

Length of stay: In hospital or institution 3 years 5 months 24 days. In this community 3 yrs. 5 mos. 24 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 Vincent J. Balkam
(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 0 Months 20 Days | If less than 1 day
Hours Minutes

Usual Occupation: Housewife

Industry
10 or Business:

11 Social Security No.

12 BIRTHPLACE (City) Eastport
(State or country) Maine

13 NAME OF FATHER James Simpson

14 BIRTHPLACE OF FATHER (City) Campobello
(State or country) N.B., Canada

15 MAIDEN NAME OF MOTHER Gertrude Appelby

16 BIRTHPLACE OF MOTHER (City) --
(State or country) Canada

17 Ring Sanatorium & Hospital
Informant (Address) 163 Hillside Ave., Arlington

A TRUE COPY. Carl Snyder

ATTEST: (Registrar of city or town where death occurred)

DATE FILED December 7 1946

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH December 3 1946
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from
June 9, 1943, to Dec 3, 1946
I last saw him alive on Dec 3, 1946 death is said to
have occurred on the date stated above, at 3:45 P. m.

Immediate cause of death: Arteriosclerotic heart Disease About 3 yrs.
Due to Generalized Arterio-sclerosis About 3 yrs.

Due to Senile Psychosis - Depressed 3 1/2 yrs.
Other conditions (Include pregnancy within 3 months of death)
and Agitated type

Major findings: Of operations: Underline the cause to which death should be charged statistically.

What test confirmed diagnosis? No
20 Was disease or injury in any way related to occupation of deceased?

If so, specify Martha Brunner M. D.
(Signed) Ring Sanatorium & Hospital
(Address) 12-3-1946

21 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn - Cambridge
(Cemetery) (City or Town)

DATE OF BURIAL December 6 1946

22 NAME OF FUNERAL DIRECTOR A. Allen Kimball
ADDRESS 39 Church St., Winchester

Received and filed JAN 8 1947 19

(Registrar of City or Town where deceased resided)

1 PLACE OF DEATH

Suffolk
(County)Winthrop
(City or Town)

No. Winthrop Community Hosp.

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICSSTANDARD
CERTIFICATE OF DEATHTo be filed for burial permit
with Board of Health
or its Agent.

Registered No. 230

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 Harry C Temple

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence, No. 78 Center St
(Usual place of abode)

St. (If nonresident, give city or town and State)

Length of stay: In hospital or institution Hosp. years months 19 days. In this community 25 yrs. mos. days.
(Before death) (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE (write the word)
MARRIED
WIDOWED
or DIVORCED married5a If married, widowed, or divorced Lottie M Cooley
HUSBAND of (Give maiden name of wife in full)
(or) WIFE of (Husband's name in full)

6 Age of husband or wife if alive 66 years

7 IF STILLBORN, enter that fact here.

8 AGE 76 Years 4 Months 25 Days | If less than 1 day
Hours MinutesUsual
9 Occupation: Pullman Conductor (Retired)Industry
10 or Business: Boston Albany Railroad

11 Social Security No. 789-10-5489

12 BIRTHPLACE (City) Bowdoinham
(State or country) Maine

PARENTS

13 NAME OF FATHER Harry Temple

14 BIRTHPLACE OF FATHER (City) Bowdoinham
(State or country) Maine

15 MAIDEN NAME OF MOTHER Louise Baker

16 BIRTHPLACE OF MOTHER (City) Bowdoinham
(State or country) Maine17 Informant Evelyn Mitchell (Name If any)
(Address) 56 Gardner St Alliston MassI HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation) (Date of Issue of Permit) 12/9/46

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Dec 5 1946
(Month) (Day) (Year)19 I HEREBY CERTIFY, That I attended deceased from
Dec 20, 1946, to Dec 5, 1946I last saw him alive on Dec 5, 1946, death is said to
have occurred on the date stated above, at 11:45 P.M.

Immediate cause of death

Duration

Carcinoma of prostate 2 yrs

Due to Carcinoma of prostate

Due to intestines

Other conditions (Include pregnancy within 3 months of death)

Major findings: Carcinoma of prostate
Of operations Prostatectomy Date of 1942

Of autopsy

What test confirmed diagnosis Biopsy

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) Hope all well M. D.
(Address) 207 Pleasant St Worcester Mass 194621 Hope Worcester
Place of Burial, Cremation or Removal (City or Town)

DATE OF BURIAL December 9 1946

22 NAME OF FUNERAL DIRECTOR Howard S. Reynolds
ADDRESS Winthrop Mass

Received and filed 19

DEC 13 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

PLACE OF DEATH

HAMPDEN

(County)

SPRINGFIELD

(City or Town)

No. Mercy hospital-Dead on arrival

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
COPY OF
MEDICAL EXAMINER'S
CERTIFICATE OF DEATH



SPRINGFIELD

(City or town making return)

Registered No. 231

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Ambrose Fay
(If deceased is a married, widowed or divorced woman, give also maiden name.)

19 Wilshire St

St. Winthrop Mass

(a) Residence. No.

(Usual place of abode)

Length of stay: In hospital or institution. Hospital Dead on arrival

(Specify whether)

years months days.

(If nonresident, give city or town and state)

In this community. yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE MARRIED WIDOWED OR DIVORCED Married (write the word)

5a If married, widowed, or divorced Mary C Nestor
HUSBAND 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 46 Years - Months - Days If less than 1 day Hours Minutes

Usual Occupation: Manager

Industry or Business: Brink's Inc-Bank Express

11 Social Security No. 023-01-6111

12 BIRTHPLACE (City) Blackstone
(State or country) Mass

13 NAME OF FATHER James H Fay

14 BIRTHPLACE OF FATHER (City) Milford
(State or country) Mass

15 MAIDEN NAME OF MOTHER Mary Ann Duggan

16 BIRTHPLACE OF MOTHER (City) Milford
(State or country) Mass17 Informant Mary C Nestor Fay Relation, if any (Wife)
(Address) 19 Wilshire St Winthrop Mass

A TRUE COPY.

ATTEST: Clifford J Smith
(Registrar of city or town where death occurred)

DATE FILED Dec 9 1946 19

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Dec 6 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.)
Coronary thrombosis

20 Accident, suicide, or homicide (specify)

Date of occurrence 19

Where did Injury occur?
(City or town and State)Did injury occur in or about the home, on farm, in industrial place, or in public place?
(Specify type of place)

Manner of Injury

Nature of Injury

While at work? Was there an autopsy?

21 Was disease or Injury in any way related to occupation of deceased? No

If so, specify

(Signed) W A R Chapin M. D.
(Address) Spfld Date 12-6-194622 Winthrop Winthrop Mass
Place of Burial, Cremation or Removal (City or Town)

DATE OF BURIAL Dec 9 1946

23 NAME OF FUNERAL DIRECTOR John F O'Maley

ADDRESS Winthrop Mass

Received and filed 19

(Registrar of City or Town where deceased resided)

7		The Commonwealth of Massachusetts OFFICE OF THE SECRETARY DIVISION OF VITAL STATISTICS		To be filed for burial permit with Board of Health or its Agent.	
1	PLACE OF DEATH	Suffolk (County)		Registered No. 232	
		Winthrop (City or Town)			
		No. 46 Washington Ave.		St. (If death occurred in a hospital or institution, give its NAME instead of street and number)	
2 FULL NAME		Sarah L Roberts (If deceased is a married, widowed or divorced woman, give also maiden name.)		PHYSICIAN - IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR)	
(a) Residence, No.		55 Birch Ad. (Usual place of abode)		St. (If nonresident, give city or town and State)	
Length of stay: In hospital or institution (Before death)		Nursing Home (Specify whether)		In this community 25 yrs. mon. days.	
PERSONAL AND STATISTICAL PARTICULARS					
3 SEX	4 COLOR OR RACE	5 SINGLE (write the word) MARRIED WIDOWED or DIVORCED			
Female	White	Widow			
5a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full) (or) WIFE of Charles D Roberts (Husband's name in full)					
6 Age of husband or wife if alive years					
7 IF STILLBDRN, enter that fact here.					
8 AGE 77 Years 8 Months 14 Days If less than 1 day Hours Minutes					
9 Occupation: Usual Housewife					
10 Industry or Business: At Home					
11 Social Security No. None					
12 BIRTHPLACE (City) Chelsea (State or country) Mass.					
PARENTS	13 NAME OF FATHER Charles D Addison				
	14 BIRTHPLACE OF FATHER (City) England (State or country)				
	15 MAIDEN NAME OF MOTHER Alma Wheeler				
16 BIRTHPLACE OF MOTHER (City) Unable To Obtain (State or country)					
17 Informant George Roberts (Son) (Address) Cliff House Cliff Ave. Winthrop					
I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued: Walter H. Baker (Signature of Agent of Board of Health or other) Health Officer (Official Designation) 12/10/46 (Date of Issue of Permit)					
MEDICAL CERTIFICATE OF DEATH					
18 DATE OF DEATH December 7, 1946 (Month) (Day) (Year)					
19 I HEREBY CERTIFY, That I attended deceased from May 10, 1944, to Dec 7, 1946. I last saw her alive on Dec 7, 1946 death is said to have occurred on the date stated above, at 9:20 P. M. Immediate cause of death: Cerebral Hemorrhage Duration: 10 years					
Due to					
Due to					
Other conditions (include pregnancy within 3 months of death)					
Major findings: Di operations					
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) Walter H. Baker M. D. (Address) Winthrop Date Dec 10, 1946					
21 Woodlawn Everett Place of Burial, Cremation or Removal (City or Town) DATE OF BURIAL December 10, 1946					
22 NAME OF FUNERAL DIRECTOR Edward Ormrod ADDRESS Winthrop Mass.					
Received and filed DEC 30 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 of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or 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

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

Registered No. **233**



1 PLACE OF DEATH
Suffolk
(County)
Winthrop
(City or Town)
No. 14 Seymour St.

St. { (If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME Mary E. Duffy (Devine)
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN - IMPORTANT

(Was deceased a
U. S. War Veteran,
if so specify WAR)

(a) Residence. No. 14 Seymour St.
(Usual place of abode) St. (If nonresident, give city or town and State)

Length of stay: In hospital or institution _____ years _____ months _____ days. In this community 20 yrs. mos. days.
(Before death) (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX 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 Bartholomew Duffy
(Husband's name in full)

6 Age of husband or wife if alive _____ years

7 IF STILLBORN, enter that fact here.

8 AGE 82 Years _____ Months _____ Days | If less than 1 day Hours _____ Minutes

Usual Occupation: Housewife

Industry or Business: Own Home

11 Social Security No. _____
12 BIRTHPLACE (City) Galway
(State or country) Ireland

13 NAME OF FATHER Thomas Devine

14 BIRTHPLACE OF FATHER (City) Galway
(State or country) Ireland

15 MAIDEN NAME OF MOTHER Helen Ward

16 BIRTHPLACE OF MOTHER (City) Galway
(State or country) Ireland

17 Informant Joseph Duffy (Address) 14 Seymour St Winthrop (Sign, If any)

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Walter A. Padden
(Signature of Agent of Board of Health or other)
Health Officer 12/9/46
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Dec 8, 1946
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from Dec 1, 1946, to Dec 8, 1946

I last saw him alive on Dec 7, 1946, death is said to

have occurred on the date stated above, at 1 A. m.

Immediate cause of death

Myocarditis
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?

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) J. W. Padden (Address) 14 Seymour St. M. D. 12-9-46

21 Holy Cross Malden
Place of Burial, Cremation or Removal (City or Town)

DATE OF BURIAL December 11, 1946

22 NAME OF FUNERAL DIRECTOR John F. O'Malley
ADDRESS Winthrop Mass

Received and filed DEC 10 1946

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, 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 supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by 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. 30 Court Road.



The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

Registered No. 231

2 FULL NAME Harold Dustin Kilgore
(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) W. L.

(a) Residence. No. 30 Court Road
(Usual place of abode)

St. (If nonresident, give city or town and State)

Length of stay: In hospital or institution (Before death) years months days. In this community 20 yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX male 4 COLOR OR RACE white 5 SINGLE (write the word) MARRIED WIDOWED or DIVORCED married

5a If married, widowed, or divorced HUSBAND of Marion Bishop
(Give maiden name of wife in full)
(or) WIFE of (Husband's name in full)

6 Age of husband or wife if alive 50 years

7 IF STILLBORN, enter that fact here.

8 AGE 50 Years 5 Months 3 Days | If less than 1 day Hours Minutes

9 Occupation Supt. of Maintenance and distribution

10 or Business Met District Com. water div.

11 Social Security No. none

12 BIRTHPLACE (City) Gloucester
(State or country) Mass

13 NAME OF FATHER Charles Merrill Kilgore

14 BIRTHPLACE OF FATHER (City) Evansville
(State or country) Wisconsin

15 MAIDEN NAME OF MOTHER Hattie Angeline Dustin

16 BIRTHPLACE OF MOTHER (City) Lanesville
(State or country) Mass

17 Informant Harold D. Kilgore, Jr. Relation son
(Address) 30 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) 12/11/46

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH December 9 1946
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from Jan. 5, 1937, to Nov. 27, 1946

I last saw him alive on Dec. 7, 1946, death is said to have occurred on the date stated above, at 2 A. M.

Immediate cause of death Coronary Thrombosis **IMPORTANT**

Due to Arteriosclerosis of several years duration

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? Usual tests -

Cardiograph 20 Was disease or injury in any way related to occupation of deceased? NO

If so, specify George W. Hoode, D. O. M. D.
(Signed) 687 Boylston St. Date Dec. 10 1946
(Address) Boston, Mass

21 Oak Grove Cemetery Gloucester
Place of Burial, Cremation or Removal (City or Town)

DATE OF BURIAL Dec. 11, 1946 19

22 NAME OF FUNERAL DIRECTOR Alfred B. Marsh
ADDRESS 174 Winthrop St, Winthrop

Received and filed DEC 17 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 of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or 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 April 4, 1918

DATE OF DISCHARGE Sept. 30, 1921

RANK, RATING Machinist's Mate 2C (Provisional)

ORGANIZATION AND OUTFIT United States Naval Reserve Class 2

SERVICE NUMBER 102-48-78

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. **235**

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. 15 Maple Road

2 FULL NAME Harland Otis Pratt
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(a) Residence, No. 15 Maple Road
(Usual place of abode)
Length of stay: In hospital or institution _____ years months days. In this community 35 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, if so specify WAR)

(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX male 4 COLOR OR RACE white 5 SINGLE (write the word) MARRIED WIDOWED or DIVORCED married

5a If married, widowed, or divorced HUSBAND of Myra Lewis
(Give maiden name of wife in full)
(or) WIFE of _____
(Husband's name in full)

6 Age of husband or wife if alive 61 years

7 IF STILLBORN, enter that fact here.

8 AGE 64 Years 0 Months 29 Days | If less than 1 day Hours Minutes

9 Occupation: Retired Interior Decorator

10 Industry or Business: Own Business

11 Social Security No.

12 BIRTHPLACE (City) Fitchburg
(State or country) Mass

13 NAME OF FATHER Clesson A. Pratt

14 BIRTHPLACE OF FATHER (City) Ashburnham
(State or country) Mass

15 MAIDEN NAME OF MOTHER Jennie I. Brackett

16 BIRTHPLACE OF MOTHER (City) Portland
(State or country) Maine

17 Informant Mrs. H. O. Pratt (Address) 15 Maple Rd, Winthrop
Relation (if any) Wife

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Walter A. Capley
(Signature of Agent of Board of Health or other)
Health Officer (Date of Issue of Permit) 12/13/46
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Dec. 11 1946
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from Dec 7, 1946, to Dec 11, 1946

I last saw him alive on Dec 11, 1946 death is said to have occurred on the date stated above, at 11:30 A.M.

Immediate cause of death

Coronary Thrombosis

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: DI 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. B. Marsh M. D.
(Address) 174 Winthrop St. Date signed 1946

21 Forrest Hill Fitchburg Mass
Place of Burial, Cremation or Removal (City or Town)

DATE OF BURIAL Dec 14, 1946

22 NAME OF FUNERAL DIRECTOR Alfred B. Marsh

ADDRESS 174 Winthrop St, Winthrop

Received and filed DEC 17 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 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

BOSTON

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

(City or town making return)

COPY OF
CERTIFICATE OF DEATH

Registered No. 104236

PLACE OF DEATH

SUFFOLK
BOSTON (County)

(City or Town)

No. Peter Bent Brigham Hospital

St. { (If death occurred in a hospital or institution,
give its NAME instead of street and number)2 FULL NAME Louis Radell
(If deceased is a married, widowed or divorced woman, give also maiden name.){ (If U. S.
War Veteran,
specify WAR) No(a) Residence, No. 12 Emerson Rd
(Usual place of abode)St. Winthrop
(If nonresident, give city or town and State)Length of stay: In hospital or institution. Hosp years months 2 days. In this community yrs. mos. days.
(Before death) (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE (write the word)
MARRIED WIDOWED Widowed
or DIVORCED5a If married, widowed, or divorced
HUSBAND of Mabel Hudson Rich
(Give maiden name of wife in full)
(or) WIFE of
(Husband's name in full)

6 Age of husband or wife if alive years

7 IF STILLBORN, enter that fact here.

8 AGE 78 Years Months Days If less than 1 day
Hours Minutes

9 Usual Occupation: Retired

10 Industry or Business: None

11 Social Security No. None

12 BIRTHPLACE (City) Somerville
(State or country) Mass

PARENTS

13 NAME OF FATHER Ellery Radell

14 BIRTHPLACE OF FATHER (City) Alsace Lorraine
(State or country)

15 MAIDEN NAME OF MOTHER Emma L Ebberlie

16 BIRTHPLACE OF MOTHER (City) Boston
(State or country) Mass

17 Informant Louis Marshall (Address) 51 Thatcher St Hyde Park (Relation if any) nephew

A TRUE COPY

ATTEST:

(Registrar of city or town where death occurred)

DATE FILED Dec 13 1946 19

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH December 11 1946
(Month) (Day) (Year)19 I HEREBY CERTIFY, That I attended deceased from
Dec 9 1946 to Dec 11 1946I last saw him alive on Dec 11 1946, death is said to
have occurred on the date stated above, at 9:30 A.M.Immediate cause of death Carcinoma of
stomach Duration 1 yrDue to Metastases to lymph nodes &
kidneys

Due to Obstructive jaundice

Other conditions
(Include pregnancy within 3 months of death)Major findings:
Of operations Date of
Of autopsy Above

What test confirmed diagnosis? Autopsy

20 Was disease or injury in any way related to occupation of deceased? No

If so, specify
(Signed) N A Wilhelm M. D.
(Address) 721 Huntington Av. Date 12/11/194621 PLACE OF BURIAL, CREMATION OR REMOVAL Orrington - Orrington Me
(Cemetery) Dec 12 1946 (City or Town)

DATE OF BURIAL 19

22 NAME OF FUNERAL DIRECTOR Bennison Funeral Service
ADDRESS Winthrop Mass

Received and filed DEC 23 1946 19

(Registrar of City or Town where deceased resided)

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. 1731237

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

Edmund C. Grady

(If deceased is a married, widowed or divorced woman, give also maiden name.)

{ (If U. S.
War Veteran, specify WAR) no

(a) Residence, No.

183 Lincoln

St. Winthrop

(Usual place of abode)

(If nonresident, give city or town and State)

Length of stay: In hospital or institution

hospital 2

years

3

months

26

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 married
WIDOWED
or DIVORCED

5a If married, widowed, or divorced

HUSBAND of Josephine L. O'Donnell

(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

64

Years

Months

Days

If less than 1 day

Hours

Minutes

Usual

9 Occupation:

Retired Court Officer

Industry

10 or Business:

East Boston Dist. Ct.

11 Social Security No.

none

12 BIRTHPLACE (City)

East Boston

(State or country)

Mass.

13 NAME OF

FATHER

Edmund T. Grady

14 BIRTHPLACE OF

FATHER (City)

Burlington

(State or country)

Vermont

15 MAIDEN NAME

OF MOTHER

Margaret E. Kerr

16 BIRTHPLACE OF

MOTHER (City)

Boston

(State or country)

Mass.

17 Informant

Josephine L. Grady

(Relation if any)

(Address)

47 Lincoln St. Winthrop

A TRUE COPY.

ATTEST:

(Registrar of city or town where death occurred)

DATE FILED

Dec. 14, 1946

19

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH December 13, 1946

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY, That I attended deceased from

July 13, 1946, to Dec. 13, 1946

I last saw him alive on Dec. 13, 1946 death is said to

have occurred on the date stated above, at 2:14 p. m.

Immediate cause of death

Peritonitis

Due to Ruptured diverticulitis
left hemiplegia

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) F. J. Landrigan

(Address) Holy Ghost Hospital Date 12/13/46 M. D.

21 PLACE OF BURIAL, Winthrop - Winthrop

CREMATION OR REMOVAL (Cemetery) Dec. 16, 1946 City or Town

DATE OF BURIAL Dec. 16, 1946

22 NAME OF FUNERAL DIRECTOR John C. Kelly

ADDRESS 11 Meridian St. East Boston

Received and filed JAN 9 1947 19



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. **238**1 PLACE OF DEATH
Suffolk
(County)
Winthrop
(City or Town)
No. **46 Washington Ave.**St. (If death occurred in a hospital or institution,
give its NAME instead of street and number)2 FULL NAME **Elizabeth V. (Hopkins) Siefert**
(If deceased was 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. **22 Adams**
(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 yrs. **3** 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 **Charles F. Siefert**
(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 Minutes9 Usual Occupation: **Housewife**10 Industry or Business: **At Home**11 Social Security No. **None**12 BIRTHPLACE (City) **Chelsea**
(State or country) **Mass.**13 NAME OF FATHER **Cannot be learned**14 BIRTHPLACE OF FATHER (City) **"**
(State or country) **"**15 MAIDEN NAME OF MOTHER **Cannot be learned**16 BIRTHPLACE OF MOTHER (City) **"**
(State or country) **"**17 Informant **Mrs. Fred Siefert** Relation, if any
(Address) **22 Adams St. Winthrop, Mass.**I HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

Health Officer (Official Designation) **12/16/46**
(Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH **December 13 1946**
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from

July 1946 to **December 13, 1946**I last saw him alive on **December 13, 1946**, death is said tohave occurred on the date stated above, at **7:30 P.** m.

Immediate cause of death

Coronary thrombosis
Due to **generalized atherosclerosis**

Duration

IMPORTANT

1 day
2 years

Due to

left hemiplegia
Other conditions (Include pregnancy within 3 months of death)**4 mos**

IMPORTANT

Major findings:

Of operations

Date of

Of autopsy

What test confirmed diagnosis? **clinical**

Physician

Underline
the cause to
which death
should be
charged sta-
tistically.20 Was disease or injury in any way related to occupation of deceased? **no**
If so, specify(Signed) **Paul A. Merwin** M. D.
(Address) **238 Shore Drive** Date **12/14/46**21 **Cambridge Cemetery** (City or Town)
Place of Burial, Cremation or RemovalDATE OF BURIAL **December 16 1946**22 NAME OF FUNERAL DIRECTOR **Edith M. Merwin**ADDRESS **305 Bradl St., Revere Mass.**Received and filed **DEC 17 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 of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner of cause of the death, which the clerk or registrar may require.—Chap. 114. Sec. 45, G. L., (Tercentenary Edition).

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . Chap. 114. Sec. 46, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . .—General Laws, Chap. 38, Sec. 6.

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from diseases resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate 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 MEDICAL EXAMINER'S CERTIFICATE OF DEATH		To be filed for burial permit with Board of Health or its Agent.
1 { <u>Sullivan</u> (County) <u>Winthrop</u> (City or Town) No. <u>Winthrop Community Hospital</u> <u>Corbett</u>		St. { (If death occurred in a hospital or institution, give its NAME instead of street and number)		Registered No. <u>229</u>
2 FULL NAME <u>Catherine A. Snow</u> (If deceased is a married, widowed or divorced woman, give also maiden name.) (a) Residence, No. <u>16</u> <u>Wardside Park</u> <u>Winthrop</u> <u>Mass</u> (Usual place of abode)		PHYSICIAN-IMPORTANT (Was deceased a U. S. War Veteran, If so specify WAR) (If nonresident, give city or town and State)		
Length of stay: In hospital or institution <u>Hospital</u> years <u>3</u> months <u></u> days. In this community <u>20</u> yrs. <u></u> mos. <u></u> days. (Before death) (Specify whether)				
PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH	
3 SEX <u>Female</u>	4 COLOR OR RACE <u>White</u>	5 SINGLE (write the word) <u>MARRIED</u> <u>WIDOWED</u> or <u>DIVORCED</u>	18 DATE OF DEATH <u>Dec - 14 - 1946</u> (Month) (Day) (Year)	
6 Age of husband or wife If alive <u></u> years 7 IF STILLBORN, enter that fact here. 8 AGE <u>80</u> Years <u></u> Months <u></u> Days If less than 1 day Hours <u></u> Minutes 9 Usual Occupation: <u>Housewife</u> 10 Industry or Business: <u>Own Home</u> 11 Social Security No. <u></u>			19 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows: (If an injury was involved, state fully) <u>arterio Sclerotic Heart Disease</u> <u>Senility</u> <u>Recent fracture Lt. Femur</u>	
12 BIRTHPLACE (City) <u>Boston</u> (State or country) <u>Mass</u>			20 Accident, suicide, or homicide (specify) <u>Accidental</u> Date of occurrence <u>Sept - 20 - 1946</u> Where did injury occur? <u>Winthrop</u> (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)	
13 NAME OF FATHER <u>Thomas Corbett</u> 14 BIRTHPLACE OF FATHER (City) <u>Ireland</u> (State or country) 15 MAIDEN NAME OF MOTHER <u>Mary Maher</u> 16 BIRTHPLACE OF MOTHER (City) <u>Ireland</u> (State or country)			Manner of Injury <u>Fell to floor accidentally in</u> Nature of Injury <u>her home on Sept-20-1946</u> While at work? <u>no</u> Was there an autopsy? <u>no</u>	
17 Informant <u>Frank C. Gorman</u> Relation, if any <u>(Att)</u> (Address) <u>73 Tremont St., Boston Mass</u>			21 Was disease or injury in any way related to occupation of deceased? <u>no</u> If so, specify <u>John J. Brickley</u> M. D. (Signed) <u>Boston</u> Date <u>Dec-14-1946</u> (Address)	
I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued: <u>Walter A. Baker</u> (Signature of Agent of Board of Health or other) <u>Health Officer</u> 12/16/46 (Official Designation) (Date of Issue of Permit)			22 <u>Forest Hills</u> <u>Boston</u> Place of Burial, Cremation or Removal. (City or Town) DATE OF BURIAL <u>Dec 17, 1946</u> 19 23 NAME OF FUNERAL DIRECTOR <u>John P. O'Malley</u> ADDRESS <u>Winthrop</u> Received and filed <u>DEC 17 1946</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 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 (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

PLACE OF DEATH
1

Suffolk
(County)
Winthrop
(City or Town)



The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

Registered No.

240

No. Winthrop Community Hospital

St. { (If death occurred in a hospital or institution, give its NAME instead of street and number) }

2 FULL NAME Mary Frank Birkby
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 153 Winthrop St.
(Usual place of abode)

St. (If nonresident, give city or town and State)

Length of stay: In hospital or institution (Before death) Hospital years months 5 days. In this community 35 yrs. mos. 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 widowed	
5a If married, widowed or divorced HUSBAND of: (Give maiden name of wife in full) (or) WIFE of Edgar Watson Birkby (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 1 Months 12 Days		If less than 1 day Hours Minutes	
9 Usual Occupation: at home			
10 Industry or Business:			
11 Social Security No. none			
12 BIRTHPLACE (City) Baltimore (State or Country) Maryland			
PARENTS	13 NAME OF FATHER Thomas Bailey		
	14 BIRTHPLACE OF FATHER (City) Plymouth (State or Country) England		
	15 MAIDEN NAME OF MOTHER Frances Shaffer		
16 BIRTHPLACE OF MOTHER (City) Baltimore (State or Country) Maryland			

MEDICAL CERTIFICATE OF DEATH	
18 DATE OF DEATH December (Month) 15 (Day) 1946 (Year)	19 I HEREBY CERTIFY, That I attended deceased from Sept 1946 to Dec 15 1946 I last saw him alive on Dec 15 1946 death is said to have occurred on the date stated above, at 3:5 P. m. Immediate cause of death Cardiac failure & terminal pneumonia Due to Myocardial infarction 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. Gungl /, M. D. (Address) 174 Winthrop St. Date 12/15/46 21 Winthrop Cemetery Winthrop Place of Burial, Crenation or Removal. (City or Town) DATE OF BURIAL December 17, 1946 19 22 NAME OF FUNERAL DIRECTOR Alfred B. Marsh ADDRESS 174 Winthrop St, Winthrop Received and Filed DEC 17 1946 19 (Registrar)
Duration IMPORTANT	
Physician Underline the cause to which death should be charged statistically.	
IMPORTANT	

17 Informant Mrs. Adelaide Murch (sister)
(Address) 153 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.
Walter H. Baker
(Signature of Agent of Board of Health or other)
Health Officer
(Official Designation)
12/16/46
(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 supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

of 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-(d)-6-43-12056

PLACE OF DEATH

SUFFOLK
BOSTON

(County)

(City or Town)

No. 818 Harrison Av



The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
COPY OF
MEDICAL EXAMINER'S
CERTIFICATE OF DEATH

BOSTON

(City or town making return)

Registered No. 1065641

St. { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Fred A Knabe
(If deceased is a married, widowed or divorced woman, give also maiden name.)

{ (If U. S. War Veteran, specify WAR) No

(a) Residence. No. 57 Read
(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

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 December 16 1946
(Month) (Day) (Year)

5a If married, widowed, or divorced HUSBAND of Florence F Keefe
(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.)
Coronary sclerosis. Treated therefor.
Terminal edema of lungs.

6 Age of husband or wife if alive 46 years

7 IF STILLBORN, enter that fact here.

8 AGE 68 Years Months Days | If less than 1 day
Hours Minutes

9 Usual Occupation: General Overseer

Industry or Business: Maverick Cotton Mills

11 Social Security No. 033-05-7982

12 BIRTHPLACE (City) Adams
(State or country) Mass

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 Timothy Leary M. D.
(Signed) (Address) Date 12/17/46

22 Bellevue Adams Mass
Place of Burial, Cremation or Removal (City or Town)
DATE OF BURIAL Dec 19 1946 19

23 NAME OF FUNERAL DIRECTOR John C Kelly
ADDRESS East Boston Mass

Received and filed 19
DEC 20 1946
(Registrar of City or Town where deceased resided)

PARENTS

13 NAME OF FATHER Ernst Knabe

14 BIRTHPLACE OF FATHER (City) Germany
(State or country)

15 MAIDEN NAME OF MOTHER Ida Hoffner

16 BIRTHPLACE OF MOTHER (City) Germany
(State or country)

17 Informant Mrs Florence F Knabe (Relation, if any)
(Address) 67 Read St Winthrop Mass

A TRUE COPY

ATTEST: [Signature]
(Registrar of city or town where death occurred)

DATE FILED Dec 19 1946 19

PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)

No. 4 Atkinson Circle



The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

Registered No. 212

St. { (If death occurred in a hospital or institution, }
give its NAME instead of street and number)

2 FULL NAME Robert James Black

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 4 Atkinson Circle
(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. 5 mos. days.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX Male 4 COLOR OR RACE White 5 SINGLE (write the word) MARRIED WIDOWED or DIVORCED Single

18 DATE OF DEATH December 17 1946
(Month) (Day) (Year)

5a If married, widowed or divorced HUSBAND of. (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

6 Age of husband or wife if alive years

7 IF STILLBORN, enter that fact here.

8 AGE 50 Years Months Days If less than 1 day Hours Minutes

Usual Occupation: Mining Engineer

Industry Mining

10 or Business:

11 Social Security No.

12 BIRTHPLACE (City) Boston
(State or Country) Massachusetts

13 NAME OF FATHER Robert Black

14 BIRTHPLACE OF FATHER (City) Boston
(State or Country) Massachusetts

15 MAIDEN NAME OF MOTHER Bessie Hellyer

16 BIRTHPLACE OF MOTHER (City) Boston
(State or Country) Massachusetts

17 Informant Gladys G Atkinson (Sister) (Address) 4 Atkinson Circle Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Walter H. Baker (Signature of Agent of Board of Health or other)

Health Officer (Official Designation) 12/18/46 (Date of Issue of Permit)

19 I HEREBY CERTIFY, That I attended deceased from July 26 1946 to December 17 1946
I last saw him alive on December 16 1946, death is said to have occurred on the date stated above, at 4:05 A. m.

Immediate cause of death Cerebral Embolus 15 minutes

Due to Peripheral Endarteritis 6 mos.
Peripheral Endarteritis

Due to Amputated right leg 4 mos.
Other conditions (Include pregnancy within 3 months of death)

Major findings: Gangrene right foot Physician
Of operations Date of Aug. 1946
Of autopsy none
What test confirmed diagnosis? chemical & lab

20 Was disease or injury in any way related to occupation of deceased? No
If so, specify Jacob Abrams M.D.
(Signed) (Address) 662 Shirley St. Date 12/17/1946

21 Holyoke Burial Home Brookline
Place of Burial, Cremation or Removal (City or Town)
DATE OF BURIAL December 19 1946

22 NAME OF FUNERAL DIRECTOR John F. O'Malley
ADDRESS Winthrop Mass

Received and Filed DEC 30 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 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 fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen 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

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

(City or town making return)

COPY OF
CERTIFICATE OF DEATH

Registered No.

10699

243

PLACE OF DEATH

SUFFOLK
BOSTON (County)

(City or Town)

No. Mass Memorial Hospt

St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Baby Girl Cohen
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S. War Veteran, specify WAR)

(a) Residence, No. 93 Shore Drive
(Usual place of abode)

St. Winthrop Mass.

(If nonresident, give city or town and State)

Length of stay: In hospital or Institution..... years months 3 1/2 days. In this community yrs. mos. days.
(Before death) (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX F 4 COLOR OR RACE W 5 SINGLE (write the word) MARRIED WIDOWED Single or DIVORCED

18 DATE OF DEATH Dec. 18/46
(Month) (Day) (Year)5a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full)
(or) WIFE of (Husband's name in full)

19 I HEREBY CERTIFY, That I attended deceased from Dec. 14, 1946, to Dec. 18, 1946. I last saw her alive on Dec. 18/46, 1946, death is said to have occurred on the date stated above, at 12:25P m.

6 Age of husband or wife If alive..... years

Immediate cause of death Prematurity 8 mos.

7 IF STILLBORN, enter that fact here.

8 AGE Years Months 4 Days If less than 1 day Hours Minutes

Due to Congenital atresia of duodenum

Usual Occupation:

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Date of

Of autopsy above

What test confirmed diagnosis? autopsy

20 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) C A Powell

(Address) Mass Mem Hospt Date 12-18-46 M. D. 46

21 PLACE OF BURIAL, Cremation or Removal Abramson Lebanon West Roxbury (Cemetery) (City or Town)

DATE OF BURIAL Dec. 19/46 19

22 NAME OF FUNERAL DIRECTOR B F Solomon
ADDRESS Brookline Mass.

Received and filed DEC 19 1946 19

(Registrar of City or Town where deceased resided)

PARENTS

13 NAME OF FATHER Hyman M Cohen

14 BIRTHPLACE OF FATHER (City) Boston Mass.
(State or country)

15 MAIDEN NAME OF MOTHER Gladys E Morgan

16 BIRTHPLACE OF MOTHER (City) Newburyport Mass.
(State or country)17 Informant Father (Relation, if any)
(Address)

A TRUE COPY. Michael J. Young

ATTEST: (Registrar of city or town where death occurred)

DATE FILED Dec. 23/46 19

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
COPY OF
MEDICAL EXAMINER'S
CERTIFICATE OF DEATH

BOSTON

(City or town making return)

Registered No. 107311

1 PLACE OF DEATH
{ SUFFOLK
(County)
BOSTON
(City or Town)



No. U.S. VETERANS HOSPITAL

St. { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME JOHN LONDRIGAN
(If deceased is a married, widowed or divorced woman, give also maiden name.)

{ (If U. S.
War Veteran,
specify WAR) SAW

(a) Residence, No. 50 PLEASANT
(Usual place of abode)

St. WINTHROP
(If nonresident, give city or town and State)

Length of stay: In hospital or institution years months days. In this community 60 yrs. mos. days.
(Before death) (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX MALE 4 COLOR OR RACE WHITE 5 SINGLE (write the word) MARRIED
WIDOWED
or DIVORCED MARRIED

5a If married, widowed, or divorced
HUSBAND of ANNABELLE M. SCOTT
(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 80 Years 4 Months 0 Days | If less than 1 day
Hours Minutes

9 Usual Occupation: PILOT CITY OF BOSTON

10 Industry or Business: RETIRED

11 Social Security No.

12 BIRTHPLACE (City) NEWFOUNDLAND
(State or country)

13 NAME OF FATHER WILLIAM LONDRIGAN

14 BIRTHPLACE OF FATHER (City) NEWFOUNDLAND
(State or country)

15 MAIDEN NAME OF MOTHER MARY ST CROIX

16 BIRTHPLACE OF MOTHER (City) NEWFOUNDLAND
(State or country)

17 Informant WIFE (Address) (Relation, if any)

A TRUE COPY.

ATTEST: Michael J. Flynn
(Registrar of city or town where death occurred)

DATE FILED DEC 23/46 19

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH DEC 18/46
(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

CONTUSION OF SPINAL CORD

FELL AT HOME 12/14/46

20 Accident, suicide, or homicide (specify)

Date of occurrence 19

Where did injury occur? (City or town and State)

Did injury occur in or about the home, on farm, in industrial place, or in public place? (Specify type of place)

Manner of injury

Nature of injury

While at work? Was there an autopsy?

21 Was disease or injury in any way related to occupation of deceased?

If so, specify R FORD

(Signed) M. D.

(Address) Date 2/19/46

22 HOLY CROSS MALDEN
Place of Burial, Cremation or Removal (City or Town)

DATE OF BURIAL DEC 21/46 19

23 NAME OF FUNERAL DIRECTOR F. J. MAGRAIN

ADDRESS BOSTON

Received and filed 19

(Registrar of City or Town where deceased resided)

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.

245

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 Samuel Edward Countaway

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 483 Shirley St.
(Usual place of abode)

St.

(If nonresident, give city or town and State)

Length of stay: In hospital or institution Hospital years months 4 days. In this community 50 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, 1946
(Month) (Day) (Year)

5a If married, widowed or divorced HUSBAND of Phoebe Atkinson
(Give maiden name of wife in full)
(or) WIFE of (Husband's name in full)

19 I HEREBY CERTIFY, That I attended deceased from
December 18, 1946, to December 21, 1946
I last saw him alive on December 20, 1946, death is said to
have occurred on the date stated above, at 4:30 A.M.

6 Age of husband or wife if alive years

Immediate cause of death
Chronic Glomerulonephritis with
uremia
Due to Arteriosclerosis and
Arteriosclerotic Heart Disease
Due to

Duration
IMPORTANT
6 days
24 years

8 AGE 78 Years Months Days If less than 1 day
Hours Minutes

9 Occupation: Painter

10 Industry or Business: Self

11 Social Security No. None

12 BIRTHPLACE (City) Nova Scotia
(State or Country)

Other conditions Pneumonia - rt. lung
(Include pregnancy within 3 months of death)

IMPORTANT

13 NAME OF FATHER Countaway

Major findings: None
Of operations

Physician

14 BIRTHPLACE OF FATHER (City) Unable to obtain
(State or Country)

Date of

Underline
the cause to
which death
should be
charged sta-
tistically.

15 MAIDEN NAME OF MOTHER Unable to obtain

Of autopsy None

What test confirmed diagnosis? Clinical + Laboratory

16 BIRTHPLACE OF MOTHER (City) Unable to obtain
(State or Country)

20 Was disease or injury in any way related to occupation of deceased? No
If so, specify Maurice Traversin Jr., M. D.
(Signed) 562 Shirley St., Winthrop Date Dec. 21, 1946
(Address) Mass. Winthrop

21 Winthrop
Place of Burial, Cremation or Removal (City or Town)
DATE OF BURIAL Dec 23 1946

22 NAME OF FUNERAL DIRECTOR Howard S. Reynolds
ADDRESS Winthrop Mass.

Received and Filed DEC 30 1946 19

(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.

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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

1 PLACE OF DEATH

Suffolk
(County)

- Boston Winthrop
(City or Town)

No. Winthrop Community Hosp.

Person notified 11/10/46



The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

Registered No.

246

St. { (If death occurred in a hospital or institution, give its NAME instead of street and number) }

2 FULL NAME

Barbara Rinella

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence, No.
(Usual place of abode)

122 Trenton St. East Boston

St.

(If nonresident, give city or town and State)

Length of stay: In hospital or institution
(Before death)

(Specify whether)

years

months

2 days.

In this community

5 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

December

22

1946

5a If married, widowed or divorced
HUSBAND of..

(Give maiden name of wife in full)

(or) WIFE of

Samuel Rinella

(Husband's name in full)

6 Age of husband or wife if alive

35

years

7 IF STILLBORN, enter that fact here.

8 AGE

32

Years

Months

Days

If less than 1 day

Hours

Minutes

9 Usual
Occupation:

House wife

10 Industry
or Business:

At Home

11 Social Security No.

none

12 BIRTHPLACE (City)
(State or Country)

Canton Mass.

PARENTS

13 NAME OF
FATHER

Joseph Dube

14 BIRTHPLACE OF
FATHER (City)
(State or Country)

Canada

15 MAIDEN NAME
OF MOTHER

Emma Ramacourt

16 BIRTHPLACE OF
MOTHER (City)
(State or Country)

Canada

17 Informant
(Address)

Samuel Rinella

(Relation, if any)

122 Trenton 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:

Walter A. Baker
(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

April 15, 1946

to

Dec 22, 1946

I last saw her alive on

Dec 22, 1946.

death is said to

have occurred on the date stated above, at

4 AM m.

Duration

Immediate cause of death

Eclampsia

IMPORTANT
Dec 20, 1946

Due to

Toxemia of Pregnancy

Dec 29, 1946

Due to

Toxemia

Other conditions

(Include pregnancy within 3 months of death)

Healed tuberculosis - Thorax

Major findings
Of operations

Tuberculosis - Thorax

Apr 6, 1946

IMPORTANT

Physician

Underline the cause to which death should be charged statistically.

Of autopsy

What test confirmed diagnosis?

20 Was disease or injury in any way related to occupation of deceased? If so, specify

no

(Signed)

A. H. Caplan

M. D.

(Address)

186 Princeton St. B

Date 12-22 1946

21

St. Michael Cemetery Boston

Place of Burial, Cremation or Removal

(City or Town)

DATE OF BURIAL

Dec. 24 -46

19

22 NAME OF
FUNERAL DIRECTOR

ADDRESS

9 Chelsea St. East Boston

Received and Filed

19

DEC 30 1946

(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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Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by 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. **247**

1 PLACE OF DEATH

Suffolk
(County)
Winthrop
(City or Town)

No. *Win. Comm. Hospital*

SL (If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME

Daniel Michael Peleher
(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. *122 Brookfield Rd.*

(Usual place of abode)

SL

(If nonresident, give city or town and State)

Length of stay: In hospital or institution
(Before death) *2* years *4* months *4* days

years

months *4* days

In this community *35* yrs. *7* mos. *7* 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

Dec. 25 1946
(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

33.8 years

7 If STILLBORN, enter that fact here.

8

AGE *62* Years

Months

Days

If less than 1 day

Hours

Minutes

Usual

9 Occupation: *Brooklyn*

Industry

10 or Business:

11 Social Security No.

12 BIRTHPLACE (City)

(State or country)

New York City

13 NAME OF
FATHER

William M. Peleher

14 BIRTHPLACE OF
FATHER (City)

Indiana

(State or country)

New York

15 MAIDEN NAME
OF MOTHER

William Capell

16 BIRTHPLACE OF
MOTHER (City)

New York

(State or country)

17 Informant

(Address)

James Peleher (wife)
122 Brookfield Rd.

Relation, if any

I HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:

Walter G. Baker
(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)
Dec. 28, 1946

19 I HEREBY CERTIFY, That I attended deceased from
Aug. 15, 1943, 19*43*, to *Dec. 25*, 19*46*.

I last saw him alive on *Dec. 25*, 19*46* death is said to

have occurred on the date stated above, at *2:45 P.M.*

Immediate cause of death:

Coronary Thrombosis

IMPORTANT

Sudden

Due to

chronic hypertension

5 years

Due to

Virus Pneumonia

8 days

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

none

Date of

Of autopsy

X-ray

What test confirmed diagnosis? *Clinical Signs*

Physician

Underline
the cause to
which death
should be
charged statistically.

20 Was disease or injury in any way related to occupation of deceased?
If so, specify *no*

(Signed) *W. G. Baker*

(Address)

122 Brookfield Rd.

Date *Dec. 27, 1946*

21

Place of Burial, Cremation or Removal *Winthrop*
(City or Town)

DATE OF BURIAL *12/28/46*

19

22 NAME OF

FUNERAL DIRECTOR

Rich Bros

ADDRESS

Winthrop

Received and filed

DEC 30 1946

19

(Registrar)

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

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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



The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

Registered No.

248

St. { (If death occurred in a hospital or institution, {
give its NAME instead of street and number) }

2 FULL NAME Miss Adelaide Belcher

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 329 Winthrop
(Usual place of abode)St. Winthrop, Mass.
(If nonresident, give city or town and State)

Length of stay: In hospital or institution 1 hr. 5 mins. years months days. In this community 66 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 December 30 1946.
(Month) (Day) (Year)

5a If married, widowed or divorced HUSBAND of (Give maiden name of wife in full)
(or) WIFE of (Husband's name in full)

19 I HEREBY CERTIFY, That I attended deceased from
Dec. 30, 1946 to Dec. 30, 1946
I last saw her alive on Dec. 30, 1946 death is said to
have occurred on the date stated above, at 12:45 P.m.
Immediate cause of death

6 Age of husband or wife if alive years

7 IF STILLBORN, enter that fact here.

8 AGE 66 Years 2 Months - Days If less than 1 day Hours Minutes

9 Usual Occupation: At Home

10 Industry or Business:

11 Social Security No. None

12 BIRTHPLACE (City) Winthrop (State or Country) Mass.

Cerebral hemorrhage
Due to Hypertension

Duration
IMPORTANT
2 hrs.
years

Due to

Other conditions Chronic myocarditis
(Include pregnancy within 3 months of death)

years
IMPORTANT

Major findings:
Of operations none

Date of

Of autopsy none

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? NO
If so, specify

(Signed) [Signature] M. D.
(Address) Winthrop, Mass. Date 1 Dec 1946

21 Winthrop Winthrop
Place of Burial, Cremation or Removal. (City or Town)

DATE OF BURIAL January 2 1947

22 NAME OF FUNERAL DIRECTOR Howard S. Reynolds
ADDRESS Winthrop, Mass.

Received and Filed

JAN 3 1947

19

(Registrar)

PARENTS

13 NAME OF FATHER Wilbur Belcher

14 BIRTHPLACE OF FATHER (City) Winthrop (State or Country) Mass.

15 MAIDEN NAME OF MOTHER Sarah Morse

16 BIRTHPLACE OF MOTHER (City) Suxport (State or Country) Maine

17 Informant Eunice Belcher Cousin (Address) 339 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:

Walter S. Baker
(Signature of Agent of Board of Health or other)

Health Officer (Official Designation) 1/2 1947 (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 the death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to 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 fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen 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 return, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required

by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or 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



The Commonwealth of Massachusetts
OFFICE OF THE 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

PLACE OF DEATH

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 *Baby Girl*

(If deceased was married, widowed or divorced woman, give also maiden name.)

GORDON

PHYSICIAN-IMPORTANT

(Was deceased a
U. S. War Veteran,
if so specify WAR)*20*a) Residence. No. *68 Park Ave*
(Usual place of abode)

St.

(If nonresident, give city or town and State)

Length of stay: In hospital or institution *Hosp.*
(Before death) (Specify whether)

years

months *3*

days.

In this community

yrs.

mos. *3*

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

18 DATE OF DEATH

Dec. 30, 1946
(Month) (Day) (Year)5a If married, widowed or divorced
HUSBAND of:

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

6 Age of husband or wife if alive

years

7 IF STILLBORN, enter that fact here.

8 AGE

Years

Months *3*

Days

If less than 1 day

Hours

Minutes

Usual
9 Occupation:*none*Industry
10 or Business:*none*

11 Social Security No.

*none*12 BIRTHPLACE (City)
(State or Country)*Winthrop, Mass*

PARENTS

13 NAME OF
FATHER*Herbert Gordon*14 BIRTHPLACE OF
FATHER (City)*Boston*

(State or Country)

*Mass*15 MAIDEN NAME
OF MOTHER*Rose Brown*16 BIRTHPLACE OF
MOTHER (City)*Lynn*

(State or Country)

*Mass*17 Informant
(Address)*Herbert Gordon*
68 Park Ave Winthrop

(Relation, if any)

*father*I HEREBY CERTIFY that a satisfactory standard certificate of death was filed
with me BEFORE the burial or transit permit was issued:*Walter S. Baker*

(Signature of Agent of Board of Health or other)

Health Officer

(Date of Issue of Permit)

12/30/46

19 I HEREBY CERTIFY, That I attended deceased from

*Dec. 28, 1946, to Dec 30, 1946*I last saw him on *Dec. 29, 1946* death is said tohave occurred on the date stated above, at *7:30 A. M.*

Immediate cause of death

Prematurity - 6 mo.

Duration

IMPORTANT

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Physician

Of autopsy

What test confirmed diagnosis?

Chronic pneumonia

20 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

34 Cabot Ave

Date

12/30/1946

21 Place of Burial, Cremation or Removal.

City or Town

DATE OF BURIAL

*Dec 31*19 *46*22 NAME OF
FUNERAL DIRECTORADDRESS *157 Washington Ave Chelsea*

Received and Filed

JAN 3 1947

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 fourty, shall, if the deceased, to the best of his knowledge and belief, served the army, navy or marine corps of the United States in any war in which has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen 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, required by law, or in lieu thereof a certificate as hereinafter provided. There is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required

by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or 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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(3) **Medical Examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by 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. **250**

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. 36 Atlantic St St. { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Mary Wheeler (Magee) Hall
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(a) Residence, No. 36 Atlantic 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 93 yrs. 10 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) widowed
MARRIED
WIDOWED
OR DIVORCED
5a If married, widowed, or divorced
HUSBAND of Isaac Charles Hall (Give maiden name of wife in full)
(or) WIFE of Isaac Charles Hall (Husband's name in full)
6 Age of husband or wife if alive — years
7 IF STILLBORN, enter that fact here.
8 AGE 92 Years 10 Months 22 Days | If less than 1 day Hours — Minutes
Usual Occupation: At home
Industry or Business: —
11 Social Security No. none
12 BIRTHPLACE (City) Winthrop
(State or country) Mass

PARENTS
13 NAME OF FATHER Edward Magee
14 BIRTHPLACE OF FATHER (City) Boston
(State or country) Mass
15 MAIDEN NAME OF MOTHER Carolyn Sturgis Tewksbury
16 BIRTHPLACE OF MOTHER (City) unable to obtain
(State or country)

17 Informant Mrs Frank P. Magee (Address) 36 Atlantic St, Winthrop Relationship Daughter

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Walter E. Baker
(Signature of Agent of Board of Health or other)

(Official Designation) Health Officer (Date of Issue of Permit) 1/3/47

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH December 30 1946
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from Feb. 1, 1942, to Dec 30, 1946
I last saw her alive on Dec 30, 1946, death is said to have occurred on the date stated above, at 9 P m.

Immediate cause of death Chronic Myocarditis Duration 4 years

Due to — IMPORTANT

Due to —

Other conditions Senile

(Include pregnancy within 3 months of death) IMPORTANT

Major findings: Of operations — Physician —

Of autopsy — Underline the cause to which death should be charged statistically.

What test confirmed diagnosis? —

20 Was disease or injury in any way related to occupation of deceased? No

If so, specify — M. D. —

(Signed) James J. Sakaguchi (Address) 254 Commercial St Date Jan 2 1947

21 Winthrop Cemetery, Winthrop Place of Burial, Cremation or Removal. (City or Town)

DATE OF BURIAL Jan 2, 1947 19—

22 NAME OF FUNERAL DIRECTOR Alfred B. Marsh

ADDRESS 174 Winthrop St, Winthrop

Received and filed — 19—

JAN 3 1947 (Registrar)

**EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
RETURN OF CERTIFICATES OF DEATH**

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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

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
MEDICAL EXAMINER'S
CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

Registered No. **251**

1 PLACE OF DEATH
Suffolk
(County)
Winthrop
(City or Town)
No. 61 Birch Rd

St. (If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME Mary A. Sullivan
(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. 61 Birch 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 20 yrs. mos. days.
(Before death) (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX Female 4 COLOR OR RACE White 5 SINGLE (write the word)
MARRIED WIDOWED Single
or DIVORCED

18 DATE OF DEATH December - 30 - 1946
(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

Hypertensive Heart Disease

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

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 after walking on a

Nature of Injury cold windy day

While at work? Was there an autopsy? no

21 Was disease or injury in any way related to occupation of deceased?.....

If so, specify The Brickley

(Signed) M. D.

(Address) Boston Date - 31 - 1946

22 Calvary Boston

Place of Burial, Cremation or Removal (City or Town)

DATE OF BURIAL January 3 1947

23 NAME OF FUNERAL DIRECTOR John F. O'Malley

ADDRESS Winthrop, Mass

Received and filed 19

JAN 3 1947

(Registrar)

13 NAME OF FATHER John Sullivan

14 BIRTHPLACE OF FATHER (City) Ireland
(State or country)

15 MAIDEN NAME OF MOTHER Bridget Slyne

16 BIRTHPLACE OF MOTHER (City) Ireland
(State or country)

17 Informant, Arthur J. Sullivan (Nephew)
(Address) 455 East 51st Street N.Y.C.

I HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:

Walter A. Barker
(Signature of Agent of Board of Health or other)

(Official Designation) (Date of Issue of Permit) 1/2/47

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, 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.

... 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 thereof, 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

STANDARD CERTIFICATE OF DEATH

State File No. **252**
Registrar's No. _____

State of Maine

1. PLACE OF DEATH:

(a) County Sufford
(b) City or town South Paris (Rural)
(If outside city or town limits, write RURAL)
(c) Name of hospital or institution: _____

2. USUAL RESIDENCE OF DECEASED:

(a) State Mass (b) County Suffolk
(c) City or town Wintthrop
(If outside city or town limits, write RURAL)
(d) Street No. 18
(If rural, give location)
(e) If foreign born, how long in U. S. A? _____ years.

(d) Length of stay: In hospital or institution _____
(Specify whether)
In this community 1 year
years, months or days

3. (a) FULL NAME Edna D. Field
3. (b) If veteran, name war _____
3. (c) Social Security No. 012-02-8206

MEDICAL CERTIFICATION
20. Date of death: Month Sept day 27 year 1946 hour _____ minute _____
21. I hereby certify that I attended the deceased from _____
that I last saw h _____ alive on _____, 19____, to _____, 19____, and that death occurred on the date and hour stated above.

4. Sex F 5. Color or race W
6. (a) Single, widowed, married, divorced Div
6. (b) Name of husband or wife _____
6. (c) Age of husband or wife if alive _____ years

Immediate cause of death
Coronary thrombosis

7. Birth date of deceased May 3, 1899
(Month) (Day) (Year)
8. AGE: Years Months Days
47 4 24 hr. _____ min. _____
If less than one day

Due to Coronary artery disease
Due to _____
Other conditions Right Hemiplegia
(Exclude pregnancy within 9 months of death)

9. Birthplace Lewiston, Maine
(City, town, or county) (State or foreign country)
10. Usual occupation Waitress
11. Industry or business _____
12. Name Charles Gould
13. Birthplace SE
(City, town, or county) (State or foreign country)
14. Maiden name Lillian Allen
15. Birthplace Hartford, Me.
(City, town, or county) (State or foreign country)

Major findings:
Of operations _____
Of autopsy _____
Underline the cause to which death should be charged statistically.

16. (a) Informant's own signature Rosier Rowe
(b) Address _____
17. (a) Burial (b) Date thereof Sept 29, 1946
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place; burial or cremation South Paris, Me.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____
While at work? _____ (e) Means of injury _____
23. Signature Joseph A. Villa (M. D. or other) M.D.
Address South Paris, Me. Date signed _____

18. (a) Signature of funeral director Clarence B. Huff
(b) Address South Paris, Me.
19. (a) Oct 1, 1946 (b) Walter Abbott
(Date received local registrar) (Registrar's signature)

JAN 23 1947

The Commonwealth of Massachusetts

Danvers

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

(City or town making return)

COPY OF
CERTIFICATE OF DEATH

Registered No.

253

1
PLACE OF DEATH

Essex

(County)

Danvers

(City or Town)

No. Hanvers State Hospital, Hathorne, Mass. St. { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Julia E. Howe (Julia E. Tabor)

(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 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)

years

months

28 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

Widowed

18 DATE OF DEATH November 16, 1946

(Month)

(Day)

(Year)

5a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

Frank Howe

(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 MinutesUsual
9 Occupation: Unable to work19 I HEREBY CERTIFY, That I attended deceased from
Oct. 19 1946, to Nov. 16 1946I last saw her alive on Nov. 16 1946 death is said to
have occurred on this date stated above, at 11:50 P. M.

Duration

Immediate cause of death

Generalized Arteriosclerosis

5 yrs

Chronic Myocarditis

2 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

Francis X. Sullivan

(Signed)

M. D.

(Address) Hathorne, Mass. Date 11-22-1946

21 PLACE OF BURIAL, Winchendon Cemetery,
CREMATION OR REMOVAL (Cemetery) Winchendon, Mass. (City or Town)

DATE OF BURIAL November 20, 1946

22 NAME OF FUNERAL DIRECTOR

Richard H. White

ADDRESS

Winthrop, Mass.

Received and filed

JAN 1 1947

19

(Registrar of City or Town where deceased resided)

PARENTS

13 NAME OF FATHER

Arthur Tabor

14 BIRTHPLACE OF FATHER (City)
(State or country)

Troy

N. Y.

15 MAIDEN NAME OF MOTHER

Mary A. Jones

16 BIRTHPLACE OF MOTHER (City)
(State or country)

Troy

New York

17 Informant M. K. McPhillips (Relation, if any)
(Address) Hathorne, Mass.

A TRUE COPY.

ATTEST:

(Registrar of city or town where death occurred)

DATE FILED Nov. 25, 1946



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. 254



1 PLACE OF DEATH
Suffolk (County)
Revere (City or Town)
No. Sunnyside Home

St. { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Gitano Carnicelli
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(a) Residence. No. 106 Shirley St. Winthrop
(Usual place of abode) (If nonresident, give city or town and State)
Length of stay: In hospital or institution Home 1 years - months - days. In this community 20 yrs. - mos. - days.
(Before death) (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE (write the word) MARRIED WIDOWED or DIVORCED Widowed

5a If married, widowed, or divorced HUSBAND of Maria DiBiase (Give maiden name of wife in full)
(or) WIFE of (Husband's name in full)

6 Age of husband or wife if alive years

7 IF STILLBORN, enter that fact here.

8 AGE 92 Years - Months - Days | If less than 1 day Hours Minutes

Usual Occupation: Tailor

Industry or Business: Retired

11 Social Security No. None

12 BIRTHPLACE (City) Italy
(State or country)

13 NAME OF FATHER Vincent Carnicelli

14 BIRTHPLACE OF FATHER (City) Italy
(State or country)

15 MAIDEN NAME OF MOTHER Louise Bartelli

16 BIRTHPLACE OF MOTHER (City) Italy
(State or country)

17 Informant Peter Carnicelli (Son) Relationship
(Address) 106 Shirley St., Winthrop

A TRUE COPY.
ATTEST: Joseph P. [Signature]
(Registrar of city or town where death occurred)

DATE FILED December 4, 1946

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH December 3 1946
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from Nov. 29, 1946, to Dec. 3, 1946
I last saw him alive on Dec. 3, 1946, death is said to have occurred on the date stated above, at 12 m. Duration

Immediate cause of death Bronchopneumonia 5 days

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.

What test confirmed diagnosis? clinical
20 Was disease or injury in any way related to occupation of deceased? No

If so, specify H. L. Masters (Signed) Date 12/3/46
(Address) 62 Revere St., Revere M. D.

21 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Cross, Malden
(Cemetery) (City or Town)

DATE OF BURIAL Dec. 6, 1946

22 NAME OF FUNERAL DIRECTOR Patsy Rapino
ADDRESS 9 Chelsea St., E. Boston

Received and filed JAN 12 1947 19

(Registrar of City or Town where deceased resided)

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. 255



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 Catherine Cobb

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence, No.

(Usual place of abode)

St.

Winthrop

(If nonresident, give city or town and State)

Length of stay: In hospital or institution
(Before death) (Specify whether)

years 9

months

days

In this community yrs. moe. days.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX

Female

4 COLOR OR RACE

White

5 SINGLE (write the word)

MARRIED
WIDOWED
or DIVORCED

Widowed

5a If married, widowed, or divorced
HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

6 Age of husband or wife if alive years

7 IF STILLBORN, enter that fact here.

8 AGE 85 Years Months Days | If less than 1 day
Hours MinutesUsual
9 Occupation: Unable to workIndustry
10 or Business:

11 Social Security No.

12 BIRTHPLACE (City)
(State or country)none
Brooklyn
New York13 NAME OF
FATHER

John Smith

14 BIRTHPLACE OF
FATHER (City)
(State or country)

Germany

15 MAIDEN NAME
OF MOTHER

Susan KLine

16 BIRTHPLACE OF
MOTHER (City)
(State or country)

Germany

17 Informant M.K. McPhillips (Relation, if any)
(Address) DSH

A TRUE COPY.

ATTEST:

(Registrar of city or town where death occurred)

DATE FILED Dec. 16, 1946

18 DATE OF
DEATH

Dec.

7

1946

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY, That I attended deceased from
March 8, 1946, to Dec. 7, 1946I last saw her alive on Dec. 7, 1946 death is said to
have occurred on the date stated above, at 4:00P.m.

Immediate cause of death

Generalized Arteriosclerosis 10 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? no

If so, specify

(Signed) Francis X. Sullivan M. D.
(Address) DSH Date 12/13/194621 PLACE OF BURIAL, Mount Hope Dorchester
CREMATION OR REMOVAL (Cemetery) (City or Town)

DATE OF BURIAL Dec. 10, 1946

22 NAME OF
FUNERAL DIRECTOR S.M. Burrough
ADDRESS Dorchester

Received and filed Jan 1 1947 19

(Registrar of City or Town where deceased resided)

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

REVERE

(City or town making return)

COPY OF
CERTIFICATE OF DEATH

Registered No.

256

PLACE OF DEATH
1

Suffolk

(County)

Revere

(City or Town)

No.

Rest Haven

St.

(If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME

Eleanor J. Cunningham (Doherty)

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S.
War Veteran,
specify WAR)

No

(a) Residence, No.

17 Cutler

St.

Winthrop

(Usual place of abode)

(If nonresident, give city or town and State)

Length of stay: In hospital or institution

(Before death)

Rest Home

(Specify whether)

7 years - months 5 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 Widowed

5a If married, widowed, or divorced

HUSBAND of

(or) WIFE of Timothy J. Cunningham
(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 53 Years - Months - Days | If less than 1 day
Hours Minutes9 Usual
Occupation:

Housework

Industry

10 or Business: Own Home

11 Social Security No. None

12 BIRTHPLACE (City) East Boston
(State or country)13 NAME OF
FATHER

Patrick Doherty

14 BIRTHPLACE OF
FATHER (City)

(State or country)

Ireland

15 MAIDEN NAME
OF MOTHER

Margaret O'Driscoll

16 BIRTHPLACE OF
MOTHER (City)

(State or country)

Ireland

17 Informant

Eleanor Cunningham, daughter

(Address)

17 Cutler St., Winthrop

A TRUE COPY.

ATTEST:

(Registrar of city or town where death occurred)

DATE FILED

December 19, 1946

MEDICAL CERTIFICATE OF DEATH

18 DATE OF
DEATH

December 9, 1946

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY, That I attended deceased from
November 2, 1946, to December 9, 1946I last saw her alive on December 9, 1946, death is said to
have occurred on the date stated above, at 7:25 A. M.

Immediate cause of death

Carcinoma of uterus

Carcinoma of bowels ? 1-2 years

Due to

Due to

Other conditions General debility
(Include pregnancy within 3 months of death)

Major findings:

Of operations

Date of

Of autopsy

What test confirmed diagnosis? Clinical

20 Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Paul P. Weinsaft M. D.

(Address) 238 Shore Drive, Winthrop Date 12/11/1946

21 PLACE OF BURIAL

Winthrop

(Cemetery)

(City or Town)

DATE OF BURIAL

Dec. 12

1946

22 NAME OF

FUNERAL DIRECTOR

Charles H. Treamor

ADDRESS

East Boston

Received and filed

JAN 13 1947

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)

Registered No. 257

1 PLACE OF DEATH
Essex
(County)
Danvers
(City or Town)
No. Danvers State Hospital



St. { (If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME Jerusha Kean
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(a) Residence. No. 50 Marshall St. Winthrop
(Usual place of abode)
(If nonresident, give city or town and State)
Length of stay: In hospital or institution. years 2 months 28 days. In this community yrs. moe. 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 79 Years Months Days | If less than 1 day Hours Minutes

9 Usual Occupation: Unable to work

10 Industry or Business:

11 Social Security No. none

12 BIRTHPLACE (City) Nova Scotia
(State or country) Canada

13 NAME OF FATHER William Kean

14 BIRTHPLACE OF FATHER (City) Nova Scotia
(State or country) Canada

15 MAIDEN NAME OF MOTHER Annie MacKenzie

16 BIRTHPLACE OF MOTHER (City) Nova Scotia
(State or country) Canada

17 Informant M.K. McPhillips (Relation, if any)
(Address) DSH

A TRUE COPY.

ATTEST: (Registrar of city or town where death occurred)

DATE FILED Dec. 23, 1946

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Dec. 14, 1946
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from Sept. 16, 1946, to Dec. 14, 1946
I last saw her alive on Dec. 14, 1946, death is said to have occurred on the date stated above, at 1:00 p.m.

Immediate cause of death:

Arteriosclerotic heart disease 4 yrs

Due to:

Due to:

Other conditions. (Include pregnancy within 3 months of death)

Major findings:
Of operations:

Date of:

Of autopsy Clinical

What test confirmed diagnosis? Clinical

20 Was disease or injury in any way related to occupation of deceased?

If so, specify:

(Signed) Peter B. Hagopian M. D.

(Address) DSH Date 12/20/46

21 PLACE OF BURIAL, CREMATION OR REMOVAL Jordan Bay, Nova Scotia
(Cemetery) (City or Town)

DATE OF BURIAL Dec. 19, 1946

22 NAME OF FUNERAL DIRECTOR Howard S. Reynolds
ADDRESS Winthrop

Received and filed JAN 1 1947 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)

1113258

Registered No.

PLACE OF DEATH

SUFFOLK
(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

Sadie Winrip I. Hinerip

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No.

566 Shirley

(Usual place of abode)

St.

Winthrop Mass.

(If nonresident, give city or town and State)

Length of stay: In hospital or institution

years 1 month 16 days

In this community 4 yrs. mos. days.

(Before death)

(Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX

F

4 COLOR OR RACE

W

5 SINGLE (write the word)

MARRIED

WIDOWED

or DIVORCED

Widowed

5a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

Albert Winrip Hinerip
(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 Minutes9 Usual
Occupation:

Housewife

10 Industry
or Business:

At Home

11 Social Security No.

None

12 BIRTHPLACE (City)
(State or country)

Poland

13 NAME OF
FATHER

Gimpel Pascowitz

14 BIRTHPLACE OF
FATHER (City)
(State or country)

Poland

15 MAIDEN NAME
OF MOTHER

Rebecca -----

16 BIRTHPLACE OF
MOTHER (City)
(State or country)

Poland

17 Informant
(Address)

Hilda Epstein (Daughter)

Relation, if any

A TRUE COPY.

ATTEST:

(Registrar of city or town where death occurred)

DATE FILED

Jan/3

19 47

18 DATE OF
DEATH

Dec. 30/46

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY, That I attended deceased from
Nov. 14, 1946, to Dec. 30/46, 19I last saw her alive on Dec. 30/46, 19, death is said to
have occurred on the date stated above, at 3:25 P. m.

Immediate cause of death

Broncho Pneumonia

Duration

6 Days

Due to Cerebral Hemorrhage

7 Mos.

Due to

Other conditions Rt. Hemiparesis Aphasia
(Include pregnancy within 3 months of death)

Physician

Major findings: None

Of operations

Date of

Of autopsy

What test confirmed diagnosis? Clinical

20 Was disease or injury in any way related to occupation of deceased? No

If so, specify

W Nathan Goldstein

(Signed)

(Address) Arlington Mass

M. D. 12-30-46

21 PLACE OF BURIAL,
CREMATION OR REMOVAL

Beth Israel Everett Mass.

(Cemetery)

(City or Town)

DATE OF BURIAL

Dec/31/46

19

22 NAME OF
FUNERAL DIRECTOR
ADDRESS

Henry Levine

Dorchester Mass.

Received and filed

JAN 22 1947

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



PLACE OF DEATH
1 { Essex (County)
Lynn (City or Town)
No. 94 Franklin St. { (If death occurred in a hospital or institution, give its NAME instead of street and number)
2 FULL NAME Mary Alice Cogswell (Fullerton) { (If deceased is a married, widowed or divorced woman, give also maiden name.)
(a) Residence. No. 138 Bartlett Road St. Winthrop
(Usual place of abode)
Length of stay: In hospital or institution. rest home years months 15 days. (Specify whether) (If nonresident, give city or town and state) In this community 23 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) Loring Reed Cogswell (Husband's name in full)
(or) WIFE of

6 Age of husband or wife if alive years 7 IF STILLBORN, enter that fact here.

8 AGE 78 Years 2 Months 16 If less than 1 day Hours Minutes

9 Usual Occupation: At home

10 Industry or Business:

11 Social Security No. none

12 BIRTHPLACE (City) Parrsboro (State or country) N.S.

13 NAME OF FATHER Alexander Fullerton

14 BIRTHPLACE OF FATHER (City) Parrsboro (State or country) N.S.

15 MAIDEN NAME OF MOTHER Malinda Allen

16 BIRTHPLACE OF MOTHER (City) N.S. (State or country)

17 Informant Kenneth E. Cogswell (Address) 128 Bartlett Rd., Winthrop Relation, if any son

A TRUE COPY.

ATTEST:

(Registrar of city or town where death occurred)

DATE FILED Feb. 3, 19 47

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH December 18, 1946 (Month) (Day) (Year)

19 I HEREBY CERTIFY. That I attended deceased from Dec. 10, 19 46 to Dec. 17, 19 46

I last saw her alive on Dec. 17, 19 46, death is said to have occurred on the date stated above, at 1:58p.m.

Immediate cause of death Hypostatic pneumonia Duration 3 days

Due to

Due to Cerebral thrombosis 3 mos.

Other conditions Rectal & bladder (Include pregnancy within 3 months of death) PHYSICIAN

Major findings: Of operations Underline the cause to which death should be charged statistically.

Of autopsy Date of

What test confirmed diagnosis?

20 Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) Edmund A. Jannino (Address) 181 No. Common Date 12/18/19 46

21 PLACE OF BURIAL Winthrop, Winthrop (Cemetery) (City or Town)

DATE OF BURIAL Dec. 21, 19 46

22 NAME OF FUNERAL DIRECTOR Alfred B. Marsh

ADDRESS 174 Winthrop St., Winthrop.

Received and filed FEB 12 1947 19

(Registrar of City or Town where deceased resided)



Form V. B. 12

604

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians please write the cause of death clearly and legibly.

PLACE OF DEATH

No. St. { (If death occurred in a hospital or institution, give its NAME instead of street and number)

(County)

(City or Town)



The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
COPY OF
CERTIFICATE OF DEATH

(City or town making return)

Registered No. 260

Department of Commerce Bureau of the Census		CERTIFICATE OF DEATH COMMONWEALTH OF VIRGINIA DEPARTMENT OF HEALTH BUREAU OF VITAL STATISTICS		Date Filed 254777 2120	
1. PLACE OF DEATH (a) County <u>Norfolk</u> (b) Municipal district <u>Norfolk</u> (c) City or town <u>Norfolk</u> (d) Name of hospital or institution <u>U.S. Marine Hospital</u> (e) Length of stay in hosp. or inst. <u>30 days</u> (f) Is place of death within corporate limits? <u>Yes</u>		2. USUAL RESIDENCE OF DECEASED (a) State <u>Massachusetts</u> (b) County <u>Winthrop</u> (c) City or town <u>51 Crystal Cove Ave.</u> (d) Is place of residence within corporate limits? <u>Yes</u> (e) Citizen of foreign country? <u>No</u> If Yes, name country _____		3. MEDICAL CERTIFICATION 4. Date of death <u>December 15, 1946</u> 5. I hereby certify that I attended the deceased from <u>November 22, 1946</u> to <u>Dec. 15, 1946</u> ; that I last saw him alive on <u>Dec. 15, 1946</u> and that death occurred on the date and hour stated above. Immediate cause of death <u>Peritonitis</u> Cause in <u>Perforated duodenal ulcer</u> Cause in <u>Duodenal ulcer</u> Other conditions <u>Gastrorrhaphy</u> Name of operation <u>11/22/46</u> Date of operation <u>11/22/46</u> Major findings (a) of operations _____ (b) of autopsy <u>As above</u> 22. If death was due to external causes fill in the following: (a) Accident, suicide, or homicide (specify) _____ (b) Date of occurrence _____ (c) Where did injury occur? _____ (d) Did injury occur in or about home, on farm, in industrial place, in public place? _____ (e) Means of injury _____ 23. Signature <u>E. J. Stevens</u> Address <u>U.S. Marine Hospital, Norfolk, Virginia</u>	
2. (a) FULL NAME <u>CHARLES E. STEVENS</u> (b) If veteran, name war _____ (c) Social security number _____ (d) Sex <u>Male</u> (e) Color or race <u>White</u> (f) Marital status <u>Married</u> (g) Name of husband or wife <u>Alice Stevens</u> (h) Date of birth of deceased <u>January 7, 1894</u> (i) Age: <u>52</u> years <u>11</u> months <u>5</u> days (j) Birthplace <u>Massachusetts</u> (k) Usual occupation <u>Second Mate, on SS LINTON SEAM or Boston, Mass.</u> (l) Industry or business <u>Merchant Marine</u> (m) 12. Name <u>Charles Stevens</u> (n) 13. Birthplace <u>Canada</u> (o) 14. Maiden name <u>Emiline Armstrong</u> (p) 15. Birthplace <u>Nova Scotia</u> (q) Information obtained from patient on admission to hospital. (r) Address <u>To Winthrop, Mass.</u> (s) Place <u>Dec. 15, 1946</u> (t) Signature of <u>HOLLOWAY-BROWN FUNERAL HOME,</u> (u) Address <u>Norfolk, Virginia.</u> (v) Date <u>12/15/46</u>		3. (a) Full name <u>CHARLES E. STEVENS</u> (b) If veteran, name war _____ (c) Social security number _____ (d) Sex <u>Male</u> (e) Color or race <u>White</u> (f) Marital status <u>Married</u> (g) Name of husband or wife <u>Alice Stevens</u> (h) Date of birth of deceased <u>January 7, 1894</u> (i) Age: <u>52</u> years <u>11</u> months <u>5</u> days (j) Birthplace <u>Massachusetts</u> (k) Usual occupation <u>Second Mate, on SS LINTON SEAM or Boston, Mass.</u> (l) Industry or business <u>Merchant Marine</u> (m) 12. Name <u>Charles Stevens</u> (n) 13. Birthplace <u>Canada</u> (o) 14. Maiden name <u>Emiline Armstrong</u> (p) 15. Birthplace <u>Nova Scotia</u> (q) Information obtained from patient on admission to hospital. (r) Address <u>To Winthrop, Mass.</u> (s) Place <u>Dec. 15, 1946</u> (t) Signature of <u>HOLLOWAY-BROWN FUNERAL HOME,</u> (u) Address <u>Norfolk, Virginia.</u> (v) Date <u>12/15/46</u>		4. Date of death <u>December 15, 1946</u> 5. I hereby certify that I attended the deceased from <u>November 22, 1946</u> to <u>Dec. 15, 1946</u> ; that I last saw him alive on <u>Dec. 15, 1946</u> and that death occurred on the date and hour stated above. Immediate cause of death <u>Peritonitis</u> Cause in <u>Perforated duodenal ulcer</u> Cause in <u>Duodenal ulcer</u> Other conditions <u>Gastrorrhaphy</u> Name of operation <u>11/22/46</u> Date of operation <u>11/22/46</u> Major findings (a) of operations _____ (b) of autopsy <u>As above</u> 22. If death was due to external causes fill in the following: (a) Accident, suicide, or homicide (specify) _____ (b) Date of occurrence _____ (c) Where did injury occur? _____ (d) Did injury occur in or about home, on farm, in industrial place, in public place? _____ (e) Means of injury _____ 23. Signature <u>E. J. Stevens</u> Address <u>U.S. Marine Hospital, Norfolk, Virginia</u>	

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(City or town making return)city or town and state)
yrs. mos. days.DEATH
(Year)I attended deceased from
....., 19....
....., death is said

Duration

PHYSICIAN

Underline
the cause to
which death
should be
charged sta-
tistically.M. D.
Date.....19....

(Cemetery) (City or Town)

DATE OF BURIAL.....19....

22 NAME OF
FUNERAL DIRECTOR

ADDRESS.....

Received and filed APR - 1 1947 19....

(Registrar of City or Town where deceased resided)

A TRUE COPY.

ATTEST: (Registrar of city or town where death occurred)

DATE FILED 19....

