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O.V.7



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

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

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

PLACE OF DEATH

No.

2 FULL NAME

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

(a) Residence, No. 15 Otis St. Winthrop St.
(Usual place of abode)

Length of stay: In hospital or institution (Before death) 3 weeks years months days. In this community yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

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

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Martha E. Welch
(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: At home

10 Industry or Business:

11 Social Security No.

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

13 NAME OF FATHER Ronald Falconer

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

15 MAIDEN NAME OF MOTHER Mary McCormick

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

17 Informant Arthur Perrin Relation, if any Grandson
(Address) 61 Warren St. Medford

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

(Signature of Agent of Board of Health or other) Walter H. Baker
(Official Designation) Health Officer (Date of Issue of Permit) 1/4/48



The Commonwealth of Massachusetts
OFFICE OF THE 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

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

PHYSICIAN - IMPORTANT

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

(If nonresident, give city or town and State)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Jan. 4 1948
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from Dec. 28, 1947 to Jan 4, 1948

I last saw her alive on Jan 4, 1948, death is said to have occurred on the date stated above, at 1:10 P m.

Immediate cause of death: Cerebral Hemorrhage Duration Sudden

Due to Chronic hypertension 4:5 years

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: none Of operations none Date of Jan 4 1948

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) Donald J. O'P M. D.

(Address) Winthrop Date Jan 4 1948

21 St. Calvary Boston (City or Town)

DATE OF BURIAL Jan. 8 1948

22 NAME OF FUNERAL DIRECTOR J. Dwyer Buckley

ADDRESS 868 Beacon St. Boston

Received and filed JAN 7 1948 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

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

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

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

1 PLACE OF DEATH
Suffolk
(County)
Dorchester
(City or Town)
No. Wintthrop 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. 2

2 FULL NAME Joseph Pantell
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(a) Residence, No. 19 Mermaid Ave
(Usual place of abode)

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

PHYSICIAN - IMPORTANT

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

Length of stay: In hospital or institution 4 hrs. 20 min. (Before death) (Specify whether) 4 hrs. 20 min. In this community 20 yrs. mon. days.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6 Age of husband or wife if alive years

7 IF STILLBORN, enter that fact here.

8 AGE 61 Years Months Days If less than 1 day Hours Minutes

9 Occupation: Usual Tailor

Industry or Business: Retired

11 Social Security No. 123456789

12 BIRTHPLACE (City) (State or country) Russia

PARENTS
13 NAME OF FATHER Israel Pantell
14 BIRTHPLACE OF FATHER (City) (State or country) Russia
15 MAIDEN NAME OF MOTHER Goldie Cannot be learned
16 BIRTHPLACE OF MOTHER (City) (State or country) Russia

17 Informant (Address) Right Captain (Relation, if any) Daughter

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

(Signature of Agent of Board of Health or other) Walter H. Barker

(Official Designation) Health Officer (Date of Issue of Permit) 1/6/48

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Jan 6 1948 (Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from December 8, 1946, to Jan 6, 1948.

I last saw him alive on Jan 6, 1948, death is said to have occurred on the date stated above, at 3:20 A.M.

Immediate cause of death.

Cardiac Decompenation (Decompensation)

Due to cerebral hemorrhage 2 yrs

Due to

Other conditions (Include pregnancy within 3 months of death)

Mejor 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) 109 South St. B. Oct 1-6 1948

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

DATE OF BURIAL Jan 7 1948

22 NAME OF FUNERAL DIRECTOR Benjamin Brinkbach

ADDRESS 10 Wash St. Dorchester

Received and filed JAN 7 1948 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).

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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

WRITE PLAINLY, WITH UNFADING BLACK INK - THIS IS A PERMANENT RECORD
 Copies of returns of deaths recorded during the previous month which occurred in your city or town in case the deceased resided in another city or town at the time of death should be made forthwith and transmitted on Form R-302 to the clerk of the city or town in which the deceased resided. (See Chap. 46, Sec. 12, G. L.)

50m.(b)-6-44-14607

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
 DIVISION OF VITAL STATISTICS

COPY OF
 CERTIFICATE OF DEATH

Cambridge

(City or town making return)

Registered No. 65 3

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 Miss Mary A. Winston

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

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

(a) Residence, No. 105 Sagamore Avenue

(Usual place of abode)

St. Winthrop, Mass.

(If nonresident, give city or town and State)

Length of stay: In hospital or institution Hospital 1 years 1 month 11 days
 (Before death) (Specify whether)

In this community 73 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 Occupation: At home

Industry or Business: At home

11 Social Security No. None

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

13 NAME OF FATHER Michael Winston

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

15 MAIDEN NAME OF MOTHER Mary Mitchell

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

17 Informant James Winston (Relation, if any)
 (Address) 105 Sagamore Ave. Winthrop

A TRUE COPY. Frederick H. Burke
 ATTEST: (Registrar of city or town where death occurred)
 DATE FILED January 13, 19 48

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH January 7, 19 48
 (Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from Nov. 27, 19 46, to Jan. 7, 19 48

I last saw her alive on January 7, 19 48, death is said to have occurred on the date stated above, at 6:30 A. m.

Immediate cause of death.

Generalized Arteriosclerosis

Cerebral Thrombosis 14 mos.

Due to Hemiplegia - right 14 mos.

Due to

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

Major findings: Of operations Date of

Of autopsy

What test confirmed diagnosis?

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

If so, specify

(Signed) William C. Moloney, M. D.
 (Address) Holy Ghost Hospital Date 1-7-19 48

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

DATE OF BURIAL January 10, 19 48

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

Received and filed JAN 31 1948 19

(Registrar of City or Town where deceased resided)

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

100m-(r)-3-46-18278

PLACE OF DEATH

Suffolk
(County)

Winthrop
(City or Town)

No. 94 Somerset Avenue



The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD
CERTIFICATE OF DEATH

Winthrop
(City or town making return)

Registrar's Number

4

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

2 FULL NAME Lulu Emma Newhall
(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. 94 Somerset Avenue
(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 54 years months 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 Rufus Newhall (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 22 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 Milford Maine

13 NAME OF FATHER James Lee

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

15 MAIDEN NAME OF MOTHER Nancy Stewart

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

17 Informant Sarah Lee Whorf (Address) 94 Somerset Ave, Winthrop (Relationship) 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. Baker (Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit) 1/19/48

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH January 15 1948
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from

June 17, 1947, to Jan. 15, 1948. I last saw him alive on Jan. 15, 1948, death is said to have occurred on the date stated above, at 11 P. M.

Immediate cause of death

Chronic myocarditis

Due to Hypertension

Due to

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

Major findings:
Of operations

Date of

Of autopsy

What test confirmed diagnosis?

Duration
Important

1 year

2 yrs

10 yrs
Important

Physician

Underline the cause to which death should be charged statistically.

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

If so, specify

(Signed) Louis F. Salerno

M.D.

(Address) 175 Pleasant St

Date Jan 17 1948

21 Winthrop Cemetery, Winthrop

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

DATE OF BURIAL January 19, 1948 19

22 NAME OF FUNERAL DIRECTOR Alfred B. Marsh

ADDRESS 174 Winthrop St. Winthrop

Received and filed

JAN 19 1948

19

(Registrar)

A TRUE COPY ATTEST:

RETURN OF CERTIFICATES OF DEATH

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

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

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

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

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

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

RULES OF PRACTICE

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

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

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

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

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

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

PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)

No. 88 Brookfield 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.

5

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

2 FULL NAME Grace C. Nickerson (Sheehan)
(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. 88 Brookfield 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 30

yrs.

mos.

days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Female

4 COLOR OR RACE

White

5 SINGLE (write the word)

MARRIED
WIDOWED
or DIVORCED Widowed

5a If married, widowed or divorced
HUSBAND of:

(Give maiden name of wife in full)

(or) WIFE of Charles N. Nickerson
(Husband's name in full)

6 Age of husband or wife if alive

years

7 IF STILLBORN, enter that fact here.

8

AGE 52

Years

Months

Days

If less than 1 day

Hours

Minutes

Usual

9 Occupation:

Clerk

10 Industry or Business:

Court House

11 Social Security No.

12 BIRTHPLACE (City)

East Boston

(State or Country)

Mass

13 NAME OF FATHER

Daniel J. Sheehan

14 BIRTHPLACE OF FATHER (City)

Boston

(State or Country)

Mass

15 MAIDEN NAME OF MOTHER

Elizabeth Cody

16 BIRTHPLACE OF MOTHER (City)

St. Johns

(State or Country)

N.B.

17

Informant (Address)

Mary Sheehan

(Sister or any)

88 Brookfield Rd.

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)

(Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH

(Month)

(Day)

(Year)

19

I HEREBY CERTIFY,

That I attended deceased from

, 19

, to

, 19

I last saw h

alive on

, 19

, death is said to

have occurred on the date stated above, at

8.20 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

Of autopsy

What test confirmed diagnosis?

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

(Signed)

(Address)

M. D.

Date 1-18-1948

21

Place of Burial, Cremation or Removal

(City or Town)

DATE OF BURIAL Jan. 20 1948

22 NAME OF

FUNERAL DIRECTOR

ADDRESS

Received and Filed

19

JAN 19 1948

(Registrar)

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

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

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

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

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

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

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

100M-6 -2-42-8855

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

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

(a) Residence. No. 49 Forest 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

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 ELMAS MELDONIAN
 (Give maiden name of wife in full)
 (or) WIFE of _____
 (Husband's name in full)

6 Age of husband or wife if alive 45 years

7 IF STILLBORN, enter that fact here.

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

9 Usual Occupation: butcher

10 Industry or Business: his own business (retired)

11 Social Security No. none

12 BIRTHPLACE (City) HARPOOT, ARMENIA
 (State or country)

13 NAME OF FATHER Garabed Chudigian

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

15 MAIDEN NAME OF MOTHER Helen Berberian

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

17 Informant Elmas Chudigian (Address) 49 Forest St. (Relation, if any) wife

1 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Walter H. Parker
 (Signature of Agent of Board of Health of other)
Health Officer (Official Designation) 1/19/48 (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. **6**
 Registered No. _____

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

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

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH January 18 1948
 (Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from December 4, 1947, to January 18, 1948
 I last saw him alive on January 18, 1948, death is said to have occurred on the date stated above, at 1:50 P. M.

Immediate cause of death: Coronary thrombosis **IMPORTANT** 24 hours

Due to arteriosclerotic heart disease and aortitis 6 years

Due to aortitis 3 mo

Other conditions: Gall bladder disease

(Include pregnancy within 3 months of death)

Major findings: Arteritis

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 Oberst M. D.
 (Address) 238 1st St. Date 1/19 1948

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

DATE OF BURIAL Jan 21 1948

22 NAME OF FUNERAL DIRECTOR Aram Bedrosian
 ADDRESS 1077 Mass Ave, Cambridge

Received and filed JAN 22 1948 1948
 (Registrar)

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

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

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

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

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

RULES OF PRACTICE

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

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

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

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

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

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by 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. 48, Sec. 10, requires physicians to insert a recital to that effect.

100m-(r)-3-46-18278

PLACE OF DEATH

Suffolk
(County)Winthrop
(City or Town)

No. 44 Cliff Avenue



The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICSSTANDARD
CERTIFICATE OF DEATHWinthrop
(City or town making return)

Registrar's Number

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

2 FULL NAME

Harry Austin Torrey

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

(a) Residence. No.

44 Cliff Avenue

(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 years months 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

Mabel Byrne

(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 77 Years 9 Months 10 Days

If less than 1 day

Hours

Minutes

Usual

9 Occupation:

Pensioned

Industry

10 or Business:

Merchants National Bank

11 Social Security No.

NONE

12 BIRTHPLACE (City)
(State or country)

Cambridge

Mass.

13 NAME OF
FATHER

Robert Torrey

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

Cambridge

Mass.

15 MAIDEN NAME
OF MOTHER

Sarah Arkerson

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

Cambridge

Mass.

17 Informant
(Address)

Mrs. H. A. Torrey

Relation, if any

(Widow)

44 Cliff Ave. Winthrop Mass.

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

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF
DEATH

January 18, 1948

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY, That I attended deceased from

April, 1946, to Jan 18, 1948

I last saw him alive on Jan 18, 1948, death is said to

have occurred on the date stated above, at 7:45 P.M.

Immediate cause of death

Cerebral Hemorrhage

Due to

Hypertension + Arteriosclerosis

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Date of

Of autopsy

What test confirmed diagnosis? Clinical

Duration
Important

1/17/48

1945

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

Disruptive Cocaine

(Signed)

(Address) 23 E. Maverick St. ES

Date 1/20 1948

21 entombed Winthrop Cem, Winthrop

Place of Burial, Cremation or Removal.

(City or Town)

DATE OF BURIAL Jan 21 1948

19

22 NAME OF
FUNERAL DIRECTOR

Alfred B. Marsh

ADDRESS 174 Winthrop St. Winthrop

Received and filed

JAN 22 1948

19

A TRUE COPY ATTEST:

(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. 45, G. L., (Tercentenary Edition).

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

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

RULES OF PRACTICE

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

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

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

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

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

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

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

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

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

100m-9-44-14955

PLACE OF DEATH

Suffolk
(County)

Winthrop
(City or Town)

No. Winthrop Community 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.

8

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

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

(a) Residence. No. 19 Frankfort St.
(Usual place of abode)

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

Length of stay: In hospital or institution (Before death) (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 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 9 Hours 11 Minutes

9 Occupation:

10 Industry or Business:

11 Social Security No.

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

13 NAME OF FATHER Alfonso Alongi

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

15 MAIDEN NAME OF MOTHER Josephine Ford Peretti

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

17 Informant (Address) Alfonso Alongi (Relationship) Father
19 Frankfort 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 S. Bahler
(Signature of Agent of Board of Health or other)

Health Officer (Official Designation) 1/22/48 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Jan. 19 1948
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from Jan. 19, 1948, to Jan. 19, 1948
I last saw him alive on Jan. 19, 1948, death is said to have occurred on the date stated above, at 2:15 P. M.
Immediate cause of death 2:12 P. M.
Premature Birth (6 mo)

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) P. Castanza, M. D.
(Address) 238 March St. Date 1/22 1948

21 St. Michael Boston
Place of Burial, Cremation or Removal (City or Town)
DATE OF BURIAL Jan. 23 1948 19

22 NAME OF FUNERAL DIRECTOR Vincent J. P...
ADDRESS 9 Chelsea St. East Boston

Received and Filed 19

JAN 28 1948 (Registrar)

Duration
IMPORTANT

IMPORTANT

Physician

Underline the cause to which death should be charged statistically.

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

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

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

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

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

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

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. Winthrop Community Hosp.

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

(a) Residence. No. 19 Frankfort St.
(Usual place of abode)

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

Registered No.

9

PHYSICIAN-IMPORTANT

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

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

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

PERSONAL AND STATISTICAL PARTICULARS

3 SEX 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 9 Hours 42 Minutes

Usual
9 Occupation:

Industry
10 or Business:

11 Social Security No.

12 BIRTHPLACE (City) Winthrop
(State or Country)

13 NAME OF FATHER Alfonso Alongi

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

15 MAIDEN NAME OF MOTHER Josephine Ford Peretti

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

17 Informant Alfonso Alongi (Relation, if any) father
(Address) 19 Frankfort 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)

Health Officer 1/22/48
(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 Jan. 19 1948
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from Jan 19, 1948, to Jan 19, 1948.
Last saw her alive on Jan 19, 1948, death is said to have occurred on the date stated above, at 2:45 P. m.
Immediate cause of death

Premature Birth (Gmo)

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) P. Bortone, M. D.
(Address) 238 Maverick St. Date 1/22 1948

21 St. Michael Boston
Place of Burial, Cremation or Removal (City or Town)
DATE OF BURIAL Jan. 23 / 48

22 NAME OF FUNERAL DIRECTOR Vincent J. Gennaro
ADDRESS 9 Chelsea St. East Boston

Received and Filed 19

JAN 28 1948
(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

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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

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, requiree 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) Worcester (City or town) No. 15 Seymour			Registered No. 10	
STANDARD CERTIFICATE OF DEATH					
2 FULL NAME Mary (Winston) Sullivan (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) 20	
(a) Residence. No. 15 Seymour (Usual place of abode)		St. (If nonresident, give city or town and State)			
Length of stay: In hospital or institution 2 weeks (Before death) (Specify whether)		years months 1 days		In this community 16 yrs. mos. days.	
PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH		
3 SEX Female	4 COLOR OR RACE White	5 SINGLE (write the word) MARRIED WIDOWED or DIVORCED Widowed	18 DATE OF DEATH January 19, 1948 (Month) (Day) (Year)		
5a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full) (or) WIFE of Joseph T. Sullivan (Husband's name in full)			19 I HEREBY CERTIFY, That I attended deceased from June 10, 1945, to January 19, 1948 last saw her alive on January 19, 1948, death is said to have occurred on the date stated above, at 9:30 A.M.		
6 Age of husband or wife if alive years			Immediate cause of death		
7 IF STILLBORN, enter that fact here.			Coronary thrombosis Anterior chest Disease		
8 AGE 73 Years Months Days If less than 1 day Hours Minutes			Due to		
9 Usual Occupation Home			Due to		
10 Industry or Business:			Other conditions Diabetes mellitus (Include pregnancy within 3 months of death)		
11 Social Security No.			Major findings: Of operations none		
12 BIRTHPLACE (City) (State or country) East Boston			Of autopsy none		
PARENTS	13 NAME OF FATHER Thomas Winston		What test confirmed diagnosis? Clinical + laboratory		
	14 BIRTHPLACE OF FATHER (City) (State or country) Ireland		20 Was disease or injury in any way related to occupation of deceased? If so, specify (Signed) Maurice J. Munster, Jr. M. D. (Address) 92 Shirley St. Worcester Date Jan. 19, 1948		
	15 MAIDEN NAME OF MOTHER (To be obtained from birth records)		21 Place of Burial, Cremation or Removal Holy Cross Cemetery (City or Town)		
	16 BIRTHPLACE OF MOTHER (City) (State or country) Ireland		DATE OF BURIAL Jan 22, 1948		
17 Informant Mary Sullivan (daughter) (Address) 15 Seymour St.			22 NAME OF FUNERAL DIRECTOR Maurice H. Kapp ADDRESS 210 North St. Worcester		
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 (Official Designation) Health Officer (Date of Issue of Permit) 1/21/48			Received and filed JAN 22 1948 (Registrar)		

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

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

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

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

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

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

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

RULES OF PRACTICE

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

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

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

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

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

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

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE _____

DATE OF DISCHARGE _____

RANK, RATING _____

ORGANIZATION AND OUTFIT _____

SERVICE NUMBER _____

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

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

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

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

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

Registered No. 11

1 PLACE OF DEATH

No.

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

2 FULL NAME

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

PHYSICIAN - IMPORTANT

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

(a) Residence, No.

(Usual place of abode)

St.

(If nonresident, give city or town and State)

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

years

months

1 days

In this community

10 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 70 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)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF
DEATH

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY, That I attended deceased from

June 23, 1947, to January 24, 1948

I last saw him or her alive on January 24, 1948, death is said to

have occurred on the date stated above, at 11:25 A. M.

Immediate cause of death

Duration

Coronary thrombosis

Due to anterior chest

disease

Due to

Other conditions Carcinoma of breast

(Include pregnancy within 3 months of death)

Major findings: Amputation r. hand -

Osteosarcoma Date of July 1, 1946

Of autopsy

What test confirmed diagnosis Clinical & laboratory

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

If so, specify

(Signed) Maurice Traubstein, M. D.

(Address) 562 Cherry St., Weymouth, Mass. Date Jan 24, 1948

21 Place of Burial, Cremation or Removal

(City or Town)

DATE OF BURIAL

22 NAME OF

FUNERAL DIRECTOR

ADDRESS

Recolled and filed

JAN 25 1948

(Registrar)

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

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

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

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

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Chap. 35, 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 _____

PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)

No. 5 Ocean View St

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

(City or town making return)

STANDARD
CERTIFICATE OF DEATH

Registrar's No.

12

2 FULL NAME Frederick Gould Knell

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

(a) Residence, No. 5 Ocean View St.

(Usual place of abode)

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

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

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

years

months

days.

In this community 47 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 Flora B Bell

(Give maiden name of wife in full)

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

6 Age of husband or wife if alive 68 years

7 IF STILLBORN, enter that fact here.

8 AGE 77 Years 9 Months 27 Days

If less than 1 day

Hours Minutes

9 Usual

Occupation:

Retired

Industry

10 or Business:

Wholesale Picture Frames

11 Social Security No.

None

12 BIRTHPLACE (City)

Cambridge

(State or country)

Mass.

13 NAME OF FATHER

Frederick G Knell

14 BIRTHPLACE OF FATHER (City)

Boston

(State or country)

Mass.

15 MAIDEN NAME OF MOTHER

Cecelia Blaisdell

16 BIRTHPLACE OF MOTHER (City)

Boston

(State or country)

Mass.

17 Informant (Address)

Flora Knell

Wife Relation, if any

5 Belcher St Winthrop, Mass.

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

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH

Jan 28 1948

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY That I attended deceased from

May 15, 1947, to Jan 28, 1948

I last saw him alive on Jan 27, 1948, death is said to have occurred on the date stated above, at 5 A. M.

Immediate cause of death

Chronic Endocarditis

Duration IMPORTANT

5 years

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

IMPORTANT

Major findings: Of operations

Date of

Of autopsy

What test confirmed diagnosis?

Physician

Underline the cause to which death should be charged statistically.

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

If so, specify Louis F Salerno M. D.

(Address) 25 Pleasant St Date Jan 28 1948

21 Mt Auburn

Cambridge

Place of Burial, Cremation or Removal.

(City or Town)

DATE OF BURIAL

Jan. 31

1948

22 NAME OF FUNERAL DIRECTOR

ADDRESS Howard Reynolds Winthrop Mass.

Received and filed

19

FEB 3 1948

(Registrar)

A TRUE COPY ATTEST:

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

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

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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

DEATH in plain terms, so 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-7-46-1905B

PLACE OF DEATH

Suffolk
(County)Winthrop
(City or Town)

No. 82 Brookfield 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.

13

Registered No.

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

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

(a) Residence. No. 82 Brookfield Rd 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 40 yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

5a If married, widowed or divorced HUSBAND of: (Give maiden name of wife in full) John E. Le Cour
(or) WIFE 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: Usual Housewife

10 or Business: Industry Own Home

11 Social Security No.

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

13 NAME OF FATHER James Malone

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

15 MAIDEN NAME OF MOTHER ? Rogers

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

17 Informant Frank LeCour (Son, if any)
(Address) 82 Brookfield Rd

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) Health Officer (Date of Issue of Permit) 1/30/48

18 DATE OF DEATH January 29 1948
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from April 7, 1940, to January 29, 1948. I last saw her alive on January 29, 1948, death is said to have occurred on the date stated above, at 2:30 AM

Immediate cause of death: Cerebral Hemorrhage Duration 2 weeks IMPORTANT

Due to Atherosclerosis 5 years

Due to Senility 2 years

Other conditions: Hypertensive Pneumonia 2 days IMPORTANT

Major findings: Of operations none Physician Underline the cause to which death should be charged statistically.

Of autopsy none Date of

What test confirmed diagnosis: Chemical & lab.

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

If so, specify: (Signed) Jacob J. Chausse M.D. (Address) 562 Stanley St. Date Jan 29/48

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

DATE OF BURIAL Jan. 31 1948 19

22 NAME OF FUNERAL DIRECTOR John H. O'Malley

ADDRESS Winthrop

Received and Filed FEB 3 1948 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

Suffolk
(County)

Winthrop
(City or Town)

No. 175 Bartlett Road

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

Winthrop

(City or town making return)

STANDARD

CERTIFICATE OF DEATH

Registrar's Number

14

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

2 FULL NAME George Jason Godfrey
(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. 175 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 38 years months 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 Winifred Ladd
(Give maiden name of wife in full)

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

6 Age of husband or wife if alive 65 years

7 IF STILLBORN, enter that fact here.

8 AGE 66 Years 9 Months 0 Days If less than 1 day Hours Minutes

Usual Occupation: salesman

Industry or Business: Lawrence & Klein Lumber Co

11 Social Security No. 018-01-2968

12 BIRTHPLACE (City) Northwood Ctr. (State or country) New Hampshire

13 NAME OF FATHER Albert M. Godfrey

14 BIRTHPLACE OF FATHER (City) Candia (State or country) New Hampshire

15 MAIDEN NAME OF MOTHER Julia Smith

16 BIRTHPLACE OF MOTHER (City) Northwood Ctr. (State or country) New Hampshire

17 Informant Mrs. G. J. Godfrey (Address) 175 Bartlett Road, 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, Jr. (Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit) 2/2/48

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH January 30, 1948
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from April 7, 1948, to Jan. 30, 1948

I last saw him alive on Jan 29, 1948, death is said to have occurred on the date stated above, at 1 P. M.

Immediate cause of death Coronary Thrombosis

Due to Hypertension

Due to

Other conditions Chronic Endocarditis 10 yrs
(Include pregnancy within 3 months of death) 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 Louis J. Salerno M.D.
(Signed) (Address) 175 Pleasant St. Date 1/31/1948

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

DATE February 2, 1948 19

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

Received and filed FEB 3 1948

19

A TRUE COPY ATTEST;

(Registrar)

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

WRITE PLAINLY, WITH UNFADING BLACK INK - THIS IS A PERMANENT RECORD
Copies of returns of deaths recorded during the previous month which are in your city or town in case the deceased resided in another city or town at the time of death should be made forthwith and transmitted on Form R-302 to the clerk of the city or town in which the deceased resided. (See Chap. 46, Sec. 12, G. L.)

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

Medford
(City or town making return)

Registered No. 15

1 PLACE OF DEATH
Middlesex
(County)
Medford
(City or Town)
No. 43 Harvard Ave.



2 FULL NAME Carrie A. Rand
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(a) Residence. No. 151 Pleasant St. Winthrop
(Usual place of abode)
(If nonresident, give city or town and State)
Length of stay: In hospital or institution 3 years 6 months 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 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 85 Years 6 Months 23 Days | If less than 1 day Hours Minutes
9 Usual Occupation: Retired
10 Industry Bookkeeper, Island Creek Coal Co.
11 Social Security No. none
12 BIRTHPLACE (City) Boston
(State or country) Mass.

PARENTS

13 NAME OF FATHER Daniel Rand
14 BIRTHPLACE OF FATHER (City) Maine
(State or country)
15 MAIDEN NAME OF MOTHER Sarah Gailey
16 BIRTHPLACE OF MOTHER (City) Maine
(State or country)

17 Informant Mrs. Russell W. Bird
(Address) 17 Brooks Park, Medford
(Relation, if any)

A TRUE COPY.

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

DATE FILED Jan. 13, 1948 19

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH January 9 1948
(Month) (Day) (Year)
19 I HEREBY CERTIFY, That I attended deceased from Jan. 10, 1945 to Jan. 9, 1948
I last saw her alive on Jan. 8, 1948, death is said to have occurred on the date stated above, at 9 A.m.
Duration
Immediate cause of death Chronic Vascular Myocarditis ? yrs.
Due to
Due to
Other conditions Paralysis Agitans 8 yrs
(Include pregnancy within 3 months of death) Physician
Major findings: Underline the cause to Of operations 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? no
If so, specify Harry L. Campbell
(Signed) 538 High St. Date 1/10, 48
(Address) Medford
21 PLACE OF BURIAL Winthrop, Winthrop
(Cemetery) (City or Town)
DATE OF BURIAL Jan. 12, 1948 19
22 NAME OF FUNERAL DIRECTOR Alfred B. Marsh
ADDRESS 174 Winthrop St. Winthrop
Resolved and filed FEB 11 1948 19
(Registrar of City or Town where deceased resided)



WRITE PLAINLY, WITH UNFADING BLACK INK - THIS IS A PERMANENT RECORD
Copies of returns of deaths recorded during the previous month which occurred in your city or town in case the deceased resided in another city or town at the time of death should be made forthwith and transmitted on Form R-302 to the clerk of the city or town in which the deceased resided. (See Chap. 46, Sec. 12, G. L.)

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

EVERETT

(City or town making return)

Registered No. 16

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

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

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

Length of stay: In hospital or institution hospital years months 26 days. In this community yrs. mos. days.
(Before death) (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX f 4 COLOR OR RACE white 5 SINGLE (write the word) 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 45 Years - Months - Days If less than 1 day Hours Minutes

Usual Occupation: Cost Clerk

Industry or Business: Beacon Oil Co.

11 Social Security No. 011-01-9025

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

PARENTS
13 NAME OF FATHER Patrick
14 BIRTHPLACE OF FATHER (City) Mass. (State or country)
15 MAIDEN NAME OF MOTHER Catherine Lynch
16 BIRTHPLACE OF MOTHER (City) Mass. (State or country)

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

A TRUE COPY.

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

DATE FILED 1-27-48 19 48

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Jan. 22, 1948
(Month) (Day) (Year)

19 I HEREBY CERTIFY, that attended deceased from 11-18-47 19-48 to 1-22-48
I last saw her alive on 1-22-48 death is said to have occurred on the date stated above, at 2:47 A.M. Duration

Immediate cause of death: Carcinoma of Liver 11-47

Due to Gen. Carcinomatosis 11-47
Carcinoma of Right Breast 9-46

Due to

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

Major findings: Advanced Carcinoma Of operations Rt. Breast Date of 9-1946

Of autopsy. - clin. findings

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

If so, specify no J.F. Williams (Signed) Everett Date 1-22-19 48 (Address) M. D.

21 PLACE OF BURIAL, CREMATION OR REMOVAL Winthrop, Winthrop (Cemetery) 1-26 City or Town 19 48

DATE OF BURIAL 1-26 19 48

22 NAME OF FUNERAL DIRECTOR Frank M. Donahue Charlestown ADDRESS

Received and filed FEB 18 1948 19 48
(Registrar of City or Town where deceased resided)



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

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

Boston

(City or town making return)

COPY OF
CERTIFICATE OF DEATH

Registered No. 916 17

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)

Agata Jevelli

2 FULL NAME

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

(a) Residence. No. 215 Pleasant
(Usual place of abode)

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

Length of stay: In hospital or institution..... years 1 months 22 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 (Give maiden name of wife in full) (or) WIFE of Patsy Jevelli (Husband's name in full)

6 Age of husband or wife if alive years

7 IF STILLBORN, enter that fact here.

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

Usual Occupation: Housewife

Industry or Business:

11 Social Security No.

12 BIRTHPLACE (City) Italy
(State or country)

13 NAME OF FATHER ----- DeNasi

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

15 MAIDEN NAME OF MOTHER -----

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

17 Informant E Jevelli Relationship Son
(Address)

A TRUE COPY

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

DATE FILED Jan. 30 19 48

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Jan. 27/48
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from Dec. 5, 1947, to Jan. 27, 1948

I last saw her alive on Jan. 27, 1948, death is said to have occurred on the date stated above, at 7:10 P.M.

Immediate cause of death: Chronic duodenal ulcer with bleeding Duration 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

(Signed) N A Wilhelm
(Address) P. Bent Brigham Hospital 1-28 19 48

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

DATE OF BURIAL Jan. 30/48 (City or Town) 19

22 NAME OF FUNERAL DIRECTOR E P Caggiano
ADDRESS Winthrop Mass.

Received and filed MAR 9 1948 19

(Registrar of City or Town where deceased resided)

information should be carefully supplied. AGE should be stated EXACTLY. If OCCUPATION should state CAUSE OF DEATH in plain terms, so 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-7-46-19068

PLACE OF DEATH

Suffolk
(County)
Winthrop
(City or Town)



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

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

Registered No.

18

No.

Winthrop Community Hospital

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

2 FULL NAME

James A. Douglass

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

(a) Residence, No.

(Usual place of abode)

184 Gladstone

St.

East Boston

(If nonresident, give city or town and State)

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

Hospital
(Specify whether)

years

months *3*

days

In this community *12* yrs.

mos.

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Male

4 COLOR OR RACE

White

5 SINGLE (write the word)

Married

5a If married, widowed or divorced

HUSBAND of

Frances G. Neville

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

6 Age of husband or wife if alive

years

7 IF STILLBORN, enter that fact here.

8 AGE

70

Years

Months

Days

If less than 1 day

Hours

Minutes

9 Usual

Occupation:

Retired Wire Inspector

10 Industry

or Business:

Boston Fire Dept

11 Social Security No.

None

12 BIRTHPLACE (City)

(State or Country)

East Boston

13 NAME OF FATHER

John J. Douglass

14 BIRTHPLACE OF FATHER (City)

(State or Country)

Ireland

15 MAIDEN NAME OF MOTHER

Elizabeth McLaughlin

16 BIRTHPLACE OF MOTHER (City)

(State or Country)

East Boston

PARENTS

17 Informant (Address)

Frances G. Douglass, wife
184 Gladstone St. E. B.

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

Walter A. 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

February
(Month)

1st
(Day)

1948
(Year)

19 I HEREBY CERTIFY, That I attended deceased from

24 Jan, 1948, to *1 Feb*, 1948

I last saw him alive on *31 Jan*, 1948, death is said to

have occurred on the date stated above, at *1.45 A* m.

Immediate cause of death

Thrombia
Gastro Intestinal Hemorrhage

Due to

Probable Metastatic Carcinoma

Due to

None

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

None

Of autopsy

None

What test confirmed diagnosis? *Blood N.P.N*

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

If so, specify

John F. Cochran

(Signed)

(Address)

Amherst Mass

Date

1 Feb

1948

21 Place of Burial, Cremation or Removal

Holy Cross
(City or Town)

DATE OF BURIAL

Feb 4

1948

22 NAME OF FUNERAL DIRECTOR

Charles H. Reanor

ADDRESS

East Boston

Received and Filed

FEB 3 1948

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

RULES OF PRACTICE

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

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

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

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

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

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

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

Suffolk County
Methuen
Methuen 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. *19*

1 PLACE OF DEATH
No. *Methuen Community Hosp* St. (If death occurred in a hospital or institution, give its NAME instead of street and number)
2 FULL NAME *Mrs Anna Maria Pisano* (If deceased is a married, widowed or divorced woman, give also maiden name.)
(a) Residence. No. *3 Canton Place* St. *East Boston* (If U. S. War Veteran, specify WAR) *no*
(Usual place of abode)
Length of stay: In hospital or institution *None* years months *3* days. In this community *40* yrs. mos. days.
(Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX <i>Female</i>	4 COLOR OR RACE <i>White</i>	5 SINGLE (write the word) <i>Married</i> MARRIED WIDOWED or DIVORCED
5a If married, widowed, or divorced HUSBAND of <i>Antonio Pisano</i> (Give maiden name of wife in full) (or) WIFE of <i>Antonio Pisano</i> (Husband's name in full)		
6 Age of husband or wife if alive <i>36</i> years		
7 IF STILLBORN, enter that fact here.		
8 AGE <i>56</i> Years Months Days If less than 1 day Hours Minutes		
9 Occupation <i>Housework</i>		
10 Industry <i>at home</i>		
11 Social Security No. <i>None</i>		
12 BIRTHPLACE (City) (State or country) <i>Italy</i>		
PARENTS	13 NAME OF FATHER <i>Luigi Fabiano</i>	
	14 BIRTHPLACE OF FATHER (City) (State or country) <i>Italy</i>	
	15 MAIDEN NAME OF MOTHER <i>Maria Casalotto</i>	
16 BIRTHPLACE OF MOTHER (City) (State or country) <i>Italy</i>		
17 Informant (Address) <i>Frank Pisano, Jr.</i> <i>3 Canton Pl. E.B.</i>	Relation, if any	

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH <i>Feb 4, 1948</i> (Month) (Day) (Year)	19 I HEREBY CERTIFY That I attended deceased from <i>127/145</i> , 19 <i>48</i> , to <i>2/4/48</i> , 19 <i>48</i> I last saw <i>her</i> alive on <i>2/4/48</i> , 19 <i>48</i> , death is said to have occurred on the date stated above, at <i>2:05 P.</i> m. Immediate cause of death <i>Acute Dehydration of Heart</i> Due to <i>Chronic Bronchitis</i> <i>1943</i> Due to <i>Emphysema of lungs (obstructive)</i> <i>2/1/48</i> Other conditions <i>Emphysema</i> (Include pregnancy within 3 months of death) Major findings: Of operations: Date of: Of autopsy: What test confirmed diagnosis? <i>autopsy</i>	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 <i>Chronic Bronchitis</i> (Signed) <i>W. P. Costanzo</i> M. D. (Address) <i>238 E. Main St. E.B.</i> Date <i>2/14/1948</i>		
21 <i>St. Michaels Boston</i> Place of Burial, Cremation or Removal. (City or Town) DATE OF BURIAL <i>Feb 7, 1948</i>		
22 NAME OF FUNERAL DIRECTOR <i>Walter S. Baker</i> ADDRESS <i>207 Medford St. E.B.</i>		
Received and filed <i>FEB 7 1948</i> (Registrar)		

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)
H.D. ante Feb. 6/48.
(Official Designation) (Date of Issue of Permit)

GOVERNING THE RETURN OF CERTIFICATES OF DEATH

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

RULES OF PRACTICE

(3) Medical Examiners will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from 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 record in this section for every person aged 10 years and over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework*. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family, cook—hotel*, etc. For a person who had no occupation whatever write *none*.

SPACE FOR ADDITIONAL INFORMATION

PLACE OF DEATH

Suffolk
(County)
Wintthrop
(City or Town)



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

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

Registrar's No. 20

No. 135 Quincy Ave

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

2 FULL NAME Percy Milne

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

(a) Residence. No. 135 Quincy Ave

(Usual place of abode)

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

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

PERSONAL AND STATISTICAL PARTICULARS

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

5a If married, widowed, or divorced

HUSBAND of _____
(Give maiden name of wife in full)

(or) WIFE of Alice M. Lumb
(Husband's name in full)

6 Age of husband or wife if alive 65 years

7 IF STILLBORN, enter that fact here,

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

9 Usual Occupation: Motion Picture Operator

10 Industry or Business: Ball Sq. Somerville

11 Social Security No. 010-65-7256

12 BIRTHPLACE (City)
(State or country) England

13 NAME OF FATHER James Milne

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

15 MAIDEN NAME OF MOTHER Bessie ?

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

17 Informant Mrs. Alice M. Milne Relation Wife
(Address) 135 Quincy Ave Wintthrop Mass

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

Walter H. Baker
(Signature of Agent of Board of Health or other)

Health Officer 2/10/48
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH February 8 1948
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from
Jan 9, 1948, to Feb 6, 1948

I last saw him alive on Feb 5, 1948, death is said to
have occurred on the date stated above, at 1045 G. M.

Immediate cause of death

Coronary Artery Heart Disease

Duration
IMPORTANT

3 years

Due to General Arteriosclerosis

10 years

Due to Chronic Arthritis

16 years

Other conditions
(Include pregnancy within 3 months of death)

IMPORTANT

Major findings:
Of operations none

Physician

Date of _____

Of autopsy none

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 Frank E. Rowe, M. D.

(Address) Rowe Date: Feb 9 1948

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

DATE OF BURIAL Feb. 11 1948

22 NAME OF FUNERAL DIRECTOR Edith M. Merwin

ADDRESS 25 Beach St. Revere, Mass.

Received and filed FEB 13 1948 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

DEATH in plain terms, so 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-7-46-19068

PLACE OF DEATH

Suffolk
(County)

Winthrop
(City or Town)

No. 15 Read St.



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.

21

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

2 FULL NAME Mary J. Flynn (Foley)

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

(a) Residence. No. 15 Read 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 38 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, State or full) (or) WIFE of Daniel J. Flynn (Husband's name in full)

6 Age of husband or wife if alive years

7 IF STILLBORN, enter that fact here.

8 AGE 88 Years Months Days If less than 1 day Hours Minutes

9 Usual Occupation: Housewife

10 Industry or Business: Own Home

11 Social Security No.

12 BIRTHPLACE (City) (State or Country) Ireland

13 NAME OF FATHER John J. Foley

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

15 MAIDEN NAME OF MOTHER Catherine Donahue

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

17 Informant Anna Minton (daughter) (Address) 15 Read 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 (Official Designation) 2/17/48 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH February 16 1948 (Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from July 7, 1947, to February 16, 1948 last saw her alive on February 15, 1948, death is said to have occurred on the date stated above, at 8:00 A. m.

Immediate cause of death

Due to Bronchopneumonia (terminal) 24 hours
Cerebral thrombosis 1 year
Due to Generalized arteriosclerosis years
Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Date of Of autopsy

What test confirmed diagnosis? clinical

20 Was disease or injury in any way related to occupation of deceased? no
If so, specify (Signed) Arthur C. Murray M. D. (Address) Winthrop Mass Date Feb 16 1948

21 St. Joseph's Boston (City or Town) DATE OF BURIAL February 18 1948

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

Received and Filed 19

FEB 24 1948 (Registrar)

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

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

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

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

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

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

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

RULES OF PRACTICE

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

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

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

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

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

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

SPACE FOR ADDITIONAL INFORMATION _____

DATE OF ENTERING MILITARY SERVICE _____

DATE OF DISCHARGE _____

RANK, RATING _____

ORGANIZATION AND OUTFIT _____

SERVICE NUMBER _____

PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)

No. Winthrop Comm. Hospital

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

(City or town making return)

STANDARD

CERTIFICATE OF DEATH

Registrar's Number 22

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

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

(a) Residence. No. 4 Revere St. 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 years months days.
(Before death) (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6 Age of husband or wife if alive years

7 IF STILLBORN, enter that fact here.

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

9 Occupation:

10 Industry or Business:

11 Social Security No.

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

13 NAME OF FATHER Bennie John Uga

14 BIRTHPLACE OF FATHER (City) East St. Louis
(State or country) Illinois

15 MAIDEN NAME OF MOTHER Isabel Herbert

16 BIRTHPLACE OF MOTHER (City) Littleton
(State or country) New Hampshire

17 Informant 261 Lexington St. (Father)
(Address) 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 H. Baker
(Signature of Agent of Board of Health or other)
Health Officer (Official Designation) 2/17/48 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH 2/16/48.
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from 2/14, 1948, to 2/16, 1948.

I last saw him alive on 2/16, 1948, death is said to have occurred on the date stated above, at 1:40 A.M.

Immediate cause of death

Pneumonia
Due to 6 1/2 months.

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?

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

If so, specify (Signed) D. D. Porto M.D.
(Address) 172 Beacon St. Boston Date 2/16 19 48

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

DATE OF BURIAL Feb. 17 19 48

22 NAME OF FUNERAL DIRECTOR D. P. Caggiano

ADDRESS 147 Winthrop St. Winthrop

Received and filed FEB 24 1948 19

A TRUE COPY ATTEST:

(Registrar)

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

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

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

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

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a 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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(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

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

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

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

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

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

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

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

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

1 PLACE OF DEATH

Suffolk
(County)
Winthrop
(City or town)

No. *Winthrop Community Hospital*

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

(a) Residence, No. *11 Pollin Ave*
(Usual place of abode)

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

Registered No. *23*

PHYSICIAN - IMPORTANT

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

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

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

PERSONAL AND STATISTICAL PARTICULARS

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

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

6 Age of husband or wife if alive years

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

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

Usual Occupation: *None*

Industry or Business: *None*

11 Social Security No. *None*

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

13 NAME OF FATHER *Robert H. Stewart*

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

15 MAIDEN NAME OF MOTHER *Gladys Bruthin*

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

17 Informant *Robert H. Stewart (Father)*
(Address) *11 Pollin Ave Nahant*

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 *3/18/48*
(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 *Feb. 17th 1948*
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from *Feb. 17th 1948*, to *Feb. 17th 1948*

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

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

Immediate cause of death.....

Due to *Still Born*

Due to *Complete Premature separation of Placenta*

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) *Louis Seigel* M. D.

(Address) *72 Perry Ave* Date *2/17* 1948

21 *Wardlaw* *Everett*
Place of Burial, Cremation or Removal. (City or town)

DATE OF BURIAL *Feb 18* 1948

22 NAME OF FUNERAL DIRECTOR *Charles H. Treanor*

ADDRESS *East Boston*

Received and filed.....

FEB 24 1948

(Registrar)

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

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

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

The Commonwealth of Massachusetts
OFFICE OF THE 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

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

3 SEX

4 COLOR OR RACE

5 SINGLE (write the word)
MARRIED
WIDOWED
or DIVORCED

18 DATE OF DEATH

MEDICAL CERTIFICATE OF DEATH

5a If married, widowed or divorced
HUSBAND of

(or) WIFE of

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:

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)

19

I HEREBY CERTIFY, That I attended deceased from

I last saw him alive on

have occurred on the date stated above, at

Immediate cause of death

Due to

Due to

Other conditions
(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)

21

Place of Burial, Cremation or Removal

DATE OF BURIAL

22 NAME OF FUNERAL DIRECTOR

ADDRESS

Received and Filed

FEB 24 1948

(Registrar)

19

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

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

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

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

RULES OF PRACTICE

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

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

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

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

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

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

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

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

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

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



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

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

Registered No. 25

1 PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)

No. 104 Bay View Ave.

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

2 FULL NAME Rose Ella (McFarland) Jenner

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

(a) Residence, No. 104 Bay View 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 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
WIDOWED
or DIVORCED Widow

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

6 Age of husband or wife if alive years

7 IF STILLBORN, enter that fact here.

8 AGE 83 Years 10 Months 20 Days | If less than 1 day
Hours Minutes

Usual Occupation: Housewife

Industry or Business: At home

11 Social Security No. None

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

13 NAME OF FATHER Robert McFarland

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

15 MAIDEN NAME OF MOTHER Miller

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

17 Informant Robert Jenner Relation, If any (Son)
(Address) 104 Bay View Ave. Winthrop

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

Walter H. Baker
(Signature of Agent of Board of Health or other)

Health Officer (Official Designation) 2/20/48
(Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH February 20 1948
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from
April 4, 1936, to February 20, 1948
I last saw her alive on February 17, 1948, death is said to
have occurred on the date stated above, at 1 A. m.

Immediate cause of death..... Duration

Carcinoma of stomach 6 mos

Due to Pernicious Anemia 12 years

Due to Atherosclerosis 25 years

Other conditions Uræmia 5 days
(Include pregnancy within 3 months of death)

Major findings: none Physician

Of operations: none 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.....
(Signed) Jacob J. Phelan M.D. M.D.
(Address) 562 Bluff St. Date Feb. 19, 1948

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

DATE OF BURIAL Feb. 21 1948

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

Received and filed FEB 21 1948 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. 35, Sec. 6.

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

RULES OF PRACTICE

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

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

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

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

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

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

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

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

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

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

PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)

No.

55 Beach 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.

26

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

2 FULL NAME Alice Lucinda (Earl) Root *mp*
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence, No. 55 Beach 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 30 yrs. mos. days.
(Before death) (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

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

5a If married, widowed, or divorced
HUSBAND of (Give maiden name of wife in full)
(or) WIFE of John Reynolds Root
(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 5 Months 20 Days | If less than 1 day
Hours Minutes

9 Occupation: Medical Doctor (Retired)

10 Industry
or Business:

11 Social Security No. None

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

13 NAME OF FATHER Stephen O. Earl

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

15 MAIDEN NAME OF MOTHER Lucinda Nettleton

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

17 Informant Carl Root Relation, if any (Son)
(Address) 52 Beach 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)
Walter H. Baker
(Official Designation) (Date of Issue of Permit) 2/24/48

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH February 22 1948
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from
June 20, 1946, to February 22, 1948
I last saw her alive on February 22, 1948, death is said to
have occurred on the date stated above, at 6:40 p.m.

Immediate cause of death.....
Coronary thrombosis
Arteriosclerosis generalized
Due to disease 2 days

Due to arteriosclerosis generalized
and arteriosclerotic heart
disease 7 years

Other conditions Glaucoma, left eye
(Include pregnancy within 3 months of death) 1 year
glaucoma

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 V. Verneft M. D.
(Address) 238 Shore Drive Winthrop Data 2/23 1948

21 Woodlawn Crematory Everett
Place of Burial, Cremation or Removal. (City or Town)
DATE OF BURIAL Feb 25 1948

22 NAME OF FUNERAL DIRECTOR Edward S. O'Brien
ADDRESS Winthrop, Mass.

Received and filed FEB 26 1948 19
(Registrar)

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

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

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

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

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

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RULES OF PRACTICE

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

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

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

SPACE FOR ADDITIONAL INFORMATION

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

Registered No.

27

No.

27 Tilestone Rd

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.)

Annie E. Maynihan

PHYSICIAN-IMPORTANT

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

No

(a) Residence. No.

(Usual place of abode)

27 Tilestone Rd

St.

(If nonresident, give city or town and State)

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

(Specify whether)

years

months

days.

In this community

8 yrs.

mos.

days.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX

4 COLOR OR RACE

5 SINGLE (write the word)

MARRIED
WIDOWED
or DIVORCED

Female

White

Widowed

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

(Give maiden name of wife in full)

(or) WIFE of

Eugene P. Maynihan
(husband's name in full)

6 Age of husband or wife if alive

years

7 IF STILLBORN, enter that fact here.

8 AGE

P5 Years

Months

Days

If less than 1 day
Hours

Minutes

9 Usual
Occupation:

Housework

10 Industry
or Business:

Own Home

11 Social Security No.

None

12 BIRTHPLACE (City)
(State or Country)

East Boston Mass

13 NAME OF
FATHER

Thomas Pendergast

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

Ireland

15 MAIDEN NAME
OF MOTHER

Catherine Matthews

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

Ireland

17 Informant
(Address)Mary Carter (daughter)
27 Tilestone Rd Win.I HEREBY CERTIFY that a satisfactory standard certificate of death was filed
with the BEFORE the burial or transit permit was issued:Walter A. Baker
(Signature of Agent of Board of Health or other)Health officer
(Official Designation)2/26/48
(Date of Issue of Permit)18 DATE OF
DEATHFebruary 23, 1948
(Month) (Day) (Year)

19

I HEREBY CERTIFY,

That I attended deceased from

January 1, 1947, to Feb. 23, 1948
I last saw him alive on 2/22, 1948, death is said to

have occurred on the date stated above, at

6 A. m.

Immediate cause of death

General Hemorrhage

Due to

Chronic hepatitis

Duration

IMPORTANT
1 hour

Due to

Hypertension

1 1/2 yrs
2 yrs

Other conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Date of

Of autopsy

What test confirmed diagnosis?

IMPORTANT

Physician

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

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

If so, specify

George H. Schwartz

(Signed)

9 Princeton St. North

Date 2/24, 1948

M. D.

21

Place of Burial, Cremation or Removal.

DATE OF BURIAL

Holy Cross Malden
Feb 26 194822 NAME OF
FUNERAL DIRECTOR

Charles W. Treanor

ADDRESS

East Boston

Received and Filed

19

FEB 26 1948

(Registrar)

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

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

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

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

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

1 PLACE OF DEATH
Suffolk
(County)
Winthrop
(City or Town)
No. 47 Sunnyside Ave



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

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

Registered No. 28

2 FULL NAME Cornelius T. Sullivan
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(a) Residence. No. 47 Sunnyside Ave St. (If death occurred in a hospital or institution,
(Usual place of abode) (If nonresident, give city or town and State) 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 24 yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

18 DATE OF DEATH Feb. 23 1948
(Month) (Day) (Year)

5a If married, widowed, or divorced
HUSBAND of Julia Barry
(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 22, 1948, to Feb 23, 1948

I last saw him alive on Feb 23, 1948, death is said to

6 Age of husband or wife if alive 62 years

have occurred on the date stated above, at 9:40 A. m. Duration

7 IF STILLBORN, enter that fact here.

Immediate cause of death

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

Cerebral Hemorrhage 48 hrs

9 Usual Occupation: Bookkeeper

Due to Generalized Atherosclerosis years

10 Industry or Business: Hardware, Wholesale

Due to

11 Social Security No. C.N.B.L.

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

Other conditions. —
(Include pregnancy within 8 months of death)

IMPORTANT

IMPORTANT

13 NAME OF FATHER Patrick Sullivan

Major findings: —
Of operations: —

Physician

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

What test confirmed diagnosis? Clinical

Underline the cause to which death should be charged statistically.

15 MAIDEN NAME OF MOTHER Elizabeth Shea

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

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

(Signed) Winthrop, Mass. M. D. Feb 24 1948

(Address) Winthrop, Mass. Date Feb 24 1948

17 Mr. Julia Sullivan (Relation, if any)
Informant (Address) Sunnyside Ave Winthrop

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

DATE OF BURIAL Feb. 26, 1948 19

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

22 NAME OF FUNERAL DIRECTOR Ruby Bros

ADDRESS Winthrop St., Winthrop

Received and filed 1948 19

(Signature of Agent of Board of Health or other)
Health Officer 3/26/48
(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:

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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

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

100m(t)-1-44-13634

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. 29

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

2 FULL NAME Assunta M. Santer
(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 East Eagle St. St. (If nonresident, give city or town and State)

Length of stay: In hospital or institution (Before death) Hospital years months 14 days. In this community 35 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 (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 57 Years Months Days If less than 1 day Hours Minutes

Usual Occupation: Housework

10 Industry or Business: Own Home

11 Social Security No. none

12 BIRTHPLACE (City) Italy (State or country)

13 NAME OF FATHER Not Known N. Cruzia

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

15 MAIDEN NAME OF MOTHER Not Known

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

17 Informant Frank M. Santer Relation, if any (Address) 220 East Eagle 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. Baffes
(Signature of Agent of Board of Health or other)
Health Officer 3/27/48
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Feb 25 1948
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from 2/11, 1948, to 2/25, 1948
I last saw her alive on 2/25, 1948, death is said to have occurred on the date stated above, at 1:40 P. m. Duration

Immediate cause of death: Uremia
Due to nephrosclerosis about 1 year
Hypertension & heart disease 2 years
Due to mild cardiac decomp. 2 weeks
Hypochromic Anemia 1 year.

Other conditions (Include pregnancy within 8 months of death)

Major findings: Of operations

Date of

Of autopsy

What test confirmed diagnosis?

Physician

Underline the cause to which death should be charged statistically.

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

(Signed) P. D. Baffes M. D.
(Address) 98 Beacon St & 20 Date 2/26 1948

21 Place of Burial, Cremation or Removal. Italy - Cross Maiden (City or Town)

DATE OF BURIAL Feb 28 1948

22 NAME OF FUNERAL DIRECTOR Fredrick J. Magrath
ADDRESS 98 N. Ave St East Boston

Received and Filed MAR 1 1948 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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by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or 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.

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

SPACE FOR ADDITIONAL INFORMATION

PLACE OF DEATH

Suffolk
(County)Winthrop
(City or Town)

No. Winthrop Community Hospital

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

Registered No.

30

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

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

PHYSICIAN-IMPORTANT

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

2 FULL NAME Elizabeth G. Smith McNeil
(If deceased is a married, widowed or divorced woman, give also maiden name.)(a) Residence No. 63 Walden St
(Usual place of abode)

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

Length of stay: In hospital or institution—*Ward* years months days. *Hour* in this community 22 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
MARRIED WIDOWED or DIVORCED5a If married, widowed or divorced HUSBAND of (Give maiden name of wife in full) (or) WIFE of Alexander S. McNeil
(Husband's name in full)

6 Age of husband or wife if alive 74 years

7 IF STILLBORN, enter that fact here.

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

9 Usual Occupation Housewife

10 Industry or Business Own Home

11 Social Security No. Cape Breton

12 BIRTHPLACE (City) (State or Country) Cape Breton

13 NAME OF FATHER Alexander Smith

14 BIRTHPLACE OF FATHER (City) (State or Country) Cape Breton

15 MAIDEN NAME OF MOTHER Catherine McNeil

16 BIRTHPLACE OF MOTHER (City) (State or Country) Cape Breton

17 Informant Alexander S. McNeil (Relation, if any) (Address) Cape Breton

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) 2/27/48
(Date of Issue of Permit)18 DATE OF DEATH Feb. 25 1948
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from Feb. 24, 1948 to Feb. 25, 1948

I last saw him alive on Feb. 25, 1948. death is said to have occurred on the date stated above, at 6:15 P. M.

Immediate cause of death Duration
Bunches pneumonia 1 dayDue to Infection
Due to Infection

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Date of

Of autopsy

What test confirmed diagnosis?

20 Was disease or injury in any way related to occupation of deceased? No
If so, specify(Signed) Charles J. McNeil M. D.
(Address) Washington State 2/26/194821 Place of Burial, Cremation or Removal Winthrop Winthrop (City or Town)
DATE OF BURIAL Feb 28 1948 1922 NAME OF FUNERAL DIRECTOR John H. McNeil
ADDRESS Winthrop

Received and Filed 19

MAR 1 1948
(Registrar)

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

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

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

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

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

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

CERTIFICATE OF DEATH

Registered No.

31

1 PLACE OF DEATH
Suffolk County
Winthrop
(City or Town)
No. Winthrop Community Hospital
Boston 3/9/48



2 FULL NAME

Baby Boy Bognamo

(a) Residence. No. 687
(Usual place of abode) Bennington

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)

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

Feb. 25 - 1948
(Month 26) (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

19 I HEREBY CERTIFY,

That I attended deceased from

Feb. 25, 1948, to Feb. 25, 1948

I last saw him alive on

Feb. 26, 1948 death is said to

have occurred on the date stated above, at

15 a. m.

Immediate cause of death

Duration

IMPORTANT

Premature 5 months 4 days

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

IMPORTANT

Major findings:
Of operations

Physician

Underline the cause to which death should be charged statistically.

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 McNamee

M. D.

(Address) 305 Haver St Boston

Date Feb 26 1948

21 Place of Burial, Cremation or Removal

(City or Town)

DATE OF BURIAL

Mar 3

1948

22 NAME OF FUNERAL DIRECTOR

Scaramella Funeral Service

ADDRESS 39 Orleans St East Boston

Received and Filed

MAR 4 1948

19

(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)

Health Officer

3/3/48

(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:

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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

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

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

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

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

PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)

No. 97 Circuit Rd.

Laura (Woodbury) Close

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

(a) Residence, No. 97 Circuit 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 27 yrs. mos. days.
(Before death) (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

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

5a If married, widowed, or divorced HUSBAND of Samuel S. Close (Give maiden name of wife in full)
(or) WIFE of Samuel S. Close (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 0 Months 22 Days | If less than 1 day Hours Minutes

9 Usual Occupation: Housewife

10 Industry or Business: At Home

11 Social Security No. None

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

13 NAME OF FATHER William Woodbury

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

15 MAIDEN NAME OF MOTHER Margaret Neilly

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

17 Informant: Natalee Gilbert Daughter (in law)
(Address) 106 Circuit Rd.

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) 3/1/48 (Date of Issue of Permit)

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

STANDARD
CERTIFICATE OF DEATH

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

Registered No. 32

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 Feb. 26 1948
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from March 1947 to Feb. 26 1948

I last saw her alive on Feb. 26 1948, death is said to have occurred on the date stated above, at 4 P. M.

Immediate cause of death Duration

Pneumonia 1 day

Due to cerebrovascular accident 4 days

Due to arteriosclerosis generalized years

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

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

Date of

Of autopsy

What test confirmed diagnosis?

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

If so, specify (Signed) Josephine Joseph M. D.

(Address) 376 Main St. B. Date 2/10/48

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

DATE OF BURIAL March 1 1948

22 NAME OF FUNERAL DIRECTOR Howard S. Reynolds

ADDRESS 100 Main St.

Received and filed MAR 1 1948 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 should be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required

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

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RULES OF PRACTICE

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

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

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

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

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



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.

33

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

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

(a) Residence. No. 46 WASHINGTON AVE WINTHROP
(Usual place of abode)

(If nonresident, give city or town and State)

Length of stay: In hospital or institution / INSTITUTION years 8 months days. In this community yrs. 8 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 93 Years Months Days If less than 1 day Hours Minutes

9 Usual Occupation: AT HOME

10 Industry or Business: " "

11 Social Security No.

12 BIRTHPLACE (City) BELFAST (State or Country) IRELAND

13 NAME OF FATHER HUGH CORRIGAN

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

15 MAIDEN NAME OF MOTHER MARY BURNS

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

17 31 PRATT AVE BEVERLY (Relation, if any) LILLIAN M. BOYD (NIECE) (Address) 12 SUMMER ST MALDEN

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Walker H. Oakley
(Signature of Agent of Board of Health or other)
Health Officer (Official Designation) 3/1/48 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH February 29, 1948
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from Feb. 25, 1948, to Feb 29, 1948
I last saw her alive on Feb 28, 1948, death is said to have occurred on the date stated above, at 6:30 A. m.

Immediate cause of death Chronic Myocarditis Duration One year IMPORTANT

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations none

Date of

Of autopsy none

What test confirmed diagnosis? Clinical Signs

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

It so, specify Daniel J. O'Brien, M. D.
(Signed) Winthrop Mass (Address) Date Feb 29 1948

21 WYOMING CEMETERY MELROSE
Place of Burial, Cremation or Removal. (City or Town)
DATE OF BURIAL MARCH 2, 1948

22 NAME OF FUNERAL DIRECTOR Wendell W. Dykeman
ADDRESS 23 Gary Ave Belmont

Received and Filed

MAR 1 1948

(Registrar)

19

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

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

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

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

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

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

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

RULES OF PRACTICE

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

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

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

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

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

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

SPACE FOR ADDITIONAL INFORMATION

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

The Commonwealth of Massachusetts

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

Weymouth

(City or town making return)

Registered No. 34

PLACE OF DEATH

Norfolk

(County)

Weymouth

(City or Town)

No. XXXXXX Nursing Home

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

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

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

(a) Residence, No. 380 Pleasant St. Winthrop
(Usual place of abode) (If nonresident, give city or town and State)Length of stay: In hospital or institution years months days In this community yrs. mos. days.
(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 Mar

5a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full)
(or) WIFE 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 Occupation: Office Furniture

Industry or Business:

11 Social Security No. 010-07-6397-A

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

13 NAME OF FATHER Charles Russell

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

15 MAIDEN NAME OF MOTHER Emma Babcock

16 BIRTHPLACE OF MOTHER (City) Rochester N Y
(State or country)17 Informant William Russell Relationship Son any
(Address) Main St Wingham

A TRUE COPY. Chester L. Boyle

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

DATE FILED Town Clerk 2/16/1948 19

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Feb 14 1948
(Month) (Day) (Year)19 I HEREBY CERTIFY, That I attended deceased from 2/11/48 to 2/14/48
I last saw him alive on Feb 14 1948 death is said to have occurred on the date stated above, at 4:45 P.m. Duration
Immediate cause of death

Bronchio Pneumonia 2 Days

Due to

Due to

Other conditions Gen. arterio Sclerosis
(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

(Signed) John P. Reardon M. D.
(Address) Date 1921 PLACE OF BURIAL, CREMATION OR REMOVAL Full 2/16/48
(Cemetery) Winthrop (City or Town)

DATE OF BURIAL Feb 17 1948

22 NAME OF FUNERAL DIRECTOR John Pyne
ADDRESS Wingham

Received and filed Feb 16 1948 19

(Registrar of City or Town where deceased resided)



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-7-46-19068

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.

36

1 PLACE OF DEATH

Winthrop
(City or Town)

No. 26 Jefferson St.

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

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

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

(a) Residence, No. 26 Jefferson St.
(Usual place of abode)

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

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

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

18 DATE OF DEATH March 6 1948
(Month) (Day) (Year)

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

19 I HEREBY CERTIFY, That I attended deceased from Sept 1947, to March 6 1948 I last saw h alive on March 4, 1948, death is said to have occurred on the date stated above, at 4.03 P. m.

6 Age of husband or wife if alive years

Immediate cause of death Duration

7 IF STILLBORN, enter that fact here.

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

Coronary embolism IMPORTANT

Usual 9 Occupation: Housewife

Due to myocarditis 1 yr

Industry 10 or Business: Own Home

Due to arterio sclerosis 1 yr

11 Social Security No.

Other conditions Diabetes mellitus 1 yr

12 BIRTHPLACE (City) Belfast (State or Country) Me

(Include pregnancy within 3 months of death) IMPORTANT

13 NAME OF FATHER George Wentworth

Major findings: Of operations Physician

14 BIRTHPLACE OF FATHER (City) Waldo (State or Country) Me.

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

15 MAIDEN NAME OF MOTHER Lydia A. Johnson

What test confirmed diagnosis?

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

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

17 Informant John Cassens (Relation, if any) Son (Address) 26 Jefferson St.

If so, specify (Signed) Charles F. Mahoney M. D.

(Address) Washington St Date 3-8-1948

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

DATE OF BURIAL March 9 1948 19

Walter J. Baker (Signature of Agent of Board of Health or other)

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

Health Officer (Official Designation) 3/8/48 (Date of Issue of Permit)

Received and Filed 19

MAR 10 1948 (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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by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

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RULES OF PRACTICE

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

STANDARD

CERTIFICATE OF DEATH

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

Registered No. 37

No.

Winthrop Community Hospital

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

2 FULL NAME

Margaret E. Napier

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

(a) Residence, No.

154 Bowdoin

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

4 days

In this community 17 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

Dennis Napier
(Husband's name in full)

6 Age of husband or wife if alive

years

7 IF STILLBORN, enter that fact here.

8 AGE

64

Years

Months

Days

If less than 1 day

Hours

Minutes

Usual

9 Occupation:

Housework

Industry

10 or Business:

Own Home

11 Social Security No.

None

12 BIRTHPLACE (City)

(State or Country)

Boston

PARENTS

13 NAME OF
FATHER

John Gunnarson

14 BIRTHPLACE OF
FATHER (City)

(State or Country)

Sweden

15 MAIDEN NAME
OF MOTHER

Mary Dalay

16 BIRTHPLACE OF
MOTHER (City)

(State or Country)

Ireland

17 Informant
(Address)Kelin Sullivan (Daughter)
154 Bowdoin St WmI HEREBY CERTIFY that a satisfactory standard certificate of death was filed
with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF
DEATH

Mar

6

48

(Month)

(Day)

(Year)

19

I HEREBY CERTIFY, That I attended deceased from

December 22, 1943, to March 6, 1948

I last saw her alive on March 6, 1948 death is said to

have occurred on the date stated above, at 11:35 p.m.

Immediate cause of death

Duration

IMPORTANT

Cerebral Embolus

5 days

Due to

Mitral Stenosis

6 years

Due to

Other conditions Terminal Broncho

3 days

(Include pregnancy within 3 months of death)

Pneumonia

IMPORTANT

Major findings:

Of operations none

Physician

Date of

Of autopsy none

What test confirmed diagnosis: clinical & lab

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

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

If so, specify

(Signed) Jacob J. Abrams M.D.

(Address) 582 Cherry St Date 3/7/48

21 Winthrop Winthrop Mass

DATE OF BURIAL

Mar 10 1948

22 NAME OF

FUNERAL DIRECTOR

Charles H. Treanor

ADDRESS

East Boston

Received and Filed

MAR 13 1948

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

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.

38

Suffolk
(County)
Winthrop
(City or Town)

No *16 Sunset Road*

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

2 FULL NAME

Cornelius J. Hickey

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

PHYSICIAN-IMPORTANT

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

(a) Residence. No.

16 Clark Court, Brookline

(Usual place of abode)

(If nonresident, give city or town and State)

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

(Specify whether)

No. years

months

days

In this community *60* yrs. ☒ mos. ☒ days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE (write the word)

MARRIED
WIDOWED
or DIVORCED18 DATE OF
DEATH

MEDICAL CERTIFICATE OF DEATH

*Male. White.**Widowed.**March 8 1948*
(Month) (Day) (Year)59 If married, widowed or divorced
HUSBAND of

(Give maiden name of wife in full)

*Catherine F. Donovan*I HEREBY CERTIFY, That I attended deceased from
March 1, 1948, to March 8, 1948

(or) WIFE of

(Husband's name in full)

I last saw him alive on *March 8, 1948*, death is said tohave occurred on the date stated above, at *3:00 A. m.*

6 Age of husband or wife if alive

✓ years

7 IF STILLBORN, enter that fact here.

8 AGE

84 years*✓* Months*✓* Days

If less than 1 day

Hours

Minutes

9 Occupation:

*Blacksmith.*10 Industry
or Business:*Retired.*11 Social Security No. *✓*12 BIRTHPLACE (City)
(State or Country)*Cork, Ireland.*13 NAME OF
FATHER*John J. Hickey.*14 BIRTHPLACE OF
FATHER (City)
(State or Country)*Cork, Ireland.*15 MAIDEN NAME
OF MOTHER*unknown*16 BIRTHPLACE OF
MOTHER (City)
(State or Country)*unknown*

17

Maiden
(Address)*Miss Mary Hickey, Daughter,
16 Clark Court, Brookline*

21 Place of Burial, Cremation or Removal

Calvary, Boston
(City or Town)

DATE OF BURIAL

*March 11, 1948.*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) *3/10/48*22 NAME OF
FUNERAL DIRECTOR*Martin C. Kelly*
ADDRESS *509 Centre Street, J.P.*

Received and Filed

MAR 13 1948

(Registrar)

19

IMPORTANT

IMPORTANT

Physician

Underline
the cause to
which death
should be
charged statistically.

Probable coronary occlusion hours
Due to Arteriosclerotic Heart Disease years
Due to Generalized Arteriosclerosis years
Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Date of

Of autopsy

What test confirmed diagnosis? *clinical*20 Was disease or injury in any way related to occupation of deceased? *no*
If so, specify(Signature) *Arthur C. Murray* M. D.(Address) *Winthrop, Mass* Date *9 March 1948*

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

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

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

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

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

GOVERNING THE

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

No undertaker or other person shall hurry or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been hurried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or, if there is no such board, from the clerk of the town, within the period of time, 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 septiceamia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the 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 entries under this section for every person aged 10 years and over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as *at school or at home*. For a woman whose only occupation was that of home housework, write *housework*. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

SPACE FOR ADDITIONAL INFORMATION.....

The Commonwealth of Massachusetts

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

Danvers

(City or town making return)

Registered No. 40

Essex
(County)
Danvers
(City or Town)

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

2 FULL NAME C. Henry Lenth
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(a) Residence, No. 102 Shore Drive, Winthrop, Mass. St.
(Usual place of abode)
(If nonresident, give city or town and State)
Length of stay: In hospital or institution years months 5 days. In this community yrs. moe. 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 March 9 1948
(Month) (Day) (Year)

5a If married, widowed, or divorced Charlotte Rausch
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. 4, 1948, to Mar. 9, 1948.
I last saw him alive on Mar. 9, 1948 death is said to have occurred on the date stated above, at 3:00p m. Duration

6 Age of husband or wife if alive years

Immediate cause of death.....

7 IF STILLBORN, enter that fact here.

Bronchopneumonia 1 day.
Cancer of Stomach 1 yr.

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

Due to.....

Usual Occupation: Meat cutter

Due to.....

Industry or Business:

11 Social Security No. Cannot be learned

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

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

Physician

13 NAME OF FATHER George Lenth

Major findings:
Of operations.....
Date of.....

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

Of autopsy.....

15 MAIDEN NAME OF MOTHER Henrietta Stuck

What test confirmed diagnosis? Clinical

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

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

17 Informant Mary K. McPhillips (Relation, if any)
(Address) Hathorne, Mass.

If so, specify Francis A. Sullivan
(Signed) Hathorne, Mass. Date 3/12 1948
(Address)

21 PLACE OF BURIAL, Woodlawn Cem., Everett
CREMATION OR REMOVAL (Cemetery) (City or Town)

A TRUE COPY.

DATE OF BURIAL Mar. 12 1948

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

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

DATE FILED March 15 1948

Received and filed APR 7 1948 19

(Registrar of City or Town where deceased resided)

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

Winthrop
(City or town making return)

Suffolk
(County)

Winthrop
(City or Town)



STANDARD
CERTIFICATE OF DEATH

Registrar's Number 41

No. 153 Winthrop St. St. (If death occurred in a hospital or institution give its NAME instead of street and number)

2 FULL NAME David Belcher
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(a) Residence. No. 153 Winthrop St. St. (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 (Before death) (Specify whether) years months days. In this community 82 years 8 months 24 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 Nina Allen (Give maiden name of wife in full)
(or) WIFE OF (Husband's name in full)

6 Age of husband or wife if alive years

7 IF STILLBORN, enter that fact here.

8 AGE 82 Years 8 Months 24 Days If less than 1 day Hours Minutes

Usual Occupation: retired

Industry or Business: postle superintendent

11 Social Security No. none

12 BIRTHPLACE (City) (State or country) Winthrop

13 NAME OF FATHER Warren Belcher

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

15 MAIDEN NAME OF MOTHER Bethia Harding

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

17 Informant David Ernest Belcher son (Address) 58 Wellington Road, Medford

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

Walter H. Mallick
(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit) 3/12/48

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH March 10 1948
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from

I last saw h alive on 19 death is said to have occurred on the date stated above, at 2 P.M.

Immediate cause of death

CHRONIC EMBOLISM
CORONARY EMBOLISM
in E. coronary
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) Charles J. Frushong M.D.
(Address) 10 Bond St. Boston Date 3-11-1948

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

DATE OF BURIAL March 12 1948 19

22 NAME OF FUNERAL DIRECTOR Alfred B. March

ADDRESS 174 Winthrop St. Winthrop

Received and filed MAR 12 1948 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. G. L. Chap. 46, Sec. 10.

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

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

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

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

RULES OF PRACTICE

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

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

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

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

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

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

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

See 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

1 PLACE OF DEATH

Suffolk
(County)

Winthrop
(City or Town)

No. 41 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. 42

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

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

(a) Residence, No. Orleans
(Usual place of abode)

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

PHYSICIAN - IMPORTANT

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

Length of stay: In hospital or institution years months days. In this community yrs. 10 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 Mary B Chase
HUSBAND 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 69 Years 11 Months 9 Days | If less than 1 day
Hours Minutes

Usual Occupation: Retired

Industry or Business: Innkeeper

11 Social Security No. None
12 BIRTHPLACE (City) Somerville
(State or country) Mass.

13 NAME OF FATHER Roderick Kelley

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

15 MAIDEN NAME OF MOTHER Agnes Sullivan

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

17 Informant (Address) Burton Kelley (Son)
Orleans 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. Baker, Jr.
(Signature of Agent of Board of Health or other)

Health Officer 3/11/48
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH March 10 1948
(Month) (Day) (Year)

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

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

Immediate cause of death: coronary embolism

Due to: distant myocarditis

Due to: mitral valve insufficiency

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

Major findings: Of operations

Date of

Of autopsy

What test confirmed diagnosis?

20 Was disease or injury in any way related to occupation of deceased?
If so, specify: (Signed) Charles J. Johnson, M. D.
(Address) Boston, Mass. Date 3-10-1948

21 Place of Burial, Cremation or Removal: East Dennis Mass.
(City or Town)

DATE OF BURIAL March 13 1948

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

Received and filed MAR 13 1948

(Registrar)

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

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

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

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

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

Registered No.

43

No. 29 Perkins

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

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

(a) Residence. No.

(Usual place of abode)

St.

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

Length of stay: in hospital or institution

(Before death)

(Specify whether)

years

months

days

In this community

7 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

Give maiden name of wife in full

(Husband's name in full)

6 Age of husband or wife if alive

47

years

7 IF STILLBORN, enter that fact here.

8

AGE 43

Years

Months

Days

If less than 1 day

Hours

Minutes

Usual

9 Occupation:

Housewife

Industry

10 or Business:

at Home

11 Social Security No.

none

12 BIRTHPLACE (City)
(State or country)

Boston Mass

13 NAME OF
FATHER

Jacob Saklach

14 BIRTHPLACE OF
FATHER (City)

Russia

(State or country)

15 MAIDEN NAME
OF MOTHER

Mary (cannot be learned)

16 BIRTHPLACE OF
MOTHER (City)

Russia

(State or country)

PARENTS

17 Informant
(Address)Momi Canner
29 Perkins St. Winthrop

Residence of 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
DEATHMarch 12th

1948

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY, That I attended deceased from
April 1945 to March 12, 1948I last saw him alive on 3/12, 1948, death is said to
have occurred on the date stated above, at 12:35 P. M.

Immediate cause of death

Generalized carcinomatosis
Due to Carcinoma of breast

Duration

IMPORTANT

6 mos

1 year

Due to

Other conditions

(Include pregnancy within 3 months of death)

IMPORTANT

Major findings:

Of operations

+ biopsies

Date of 1946-1947

Of autopsy

Biopsies + clinical

What test confirmed diagnosis?

Physician

Underline
the cause to
which death
should be
charged statistically.

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

If so, specify

(Signed)

(Address)

21

Place of Burial, Cremation or Removal.

(City or Town)

DATE OF BURIAL

March 14

1948

22 NAME OF
FUNERAL DIRECTOR

ADDRESS

Received and filed

19

MAR 13 1948

(Registrar)

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

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

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

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

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

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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

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)-1-44-13694

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



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

STANDARD
 CERTIFICATE OF DEATH

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

Registered No. 44

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

2 FULL NAME Deloris Maria Imbornone
 (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. 43 Jarvis St.
 (Usual place of abode)

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

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

8 AGE Years 2 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

13 NAME OF
 FATHER Domenic Imbornone

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

15 MAIDEN NAME
 OF MOTHER Mary Martinoli

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

17 Informant Domenic Imbornone Relation (father)
 (Address) 43 Jarvis St. 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) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH March 15, 1948
 (Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from
 March 13, 1948, to March 15, 1948
 I last saw him alive on March 14, 1948, death is said to
 have occurred on the date stated above, at 12:30 AM. Duration

Immediate cause of death: Atherosclerosis
 Due to Atherosclerosis

Due to
 Other conditions (Include pregnancy within 8 months of death)
 Major findings: Of operations
 Date of
 Of autopsy
 What test confirmed diagnosis? Blood - 11-1-48

20 Was disease or injury in any way related to occupation of deceased?
 If so, specify (Signed) M. D.
 (Address) 1405 - 1st St. Date 3/17/48 1948

21 Holy Cross Malden
 Place of Burial, Cremation or Removal (City or Town)
 DATE OF BURIAL March 16 - 48 19

22 NAME OF FUNERAL DIRECTOR Vincent DeMarco
 ADDRESS 9 Chelsea St. East Boston

Received and filed MAR 23 1948 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

terms, so 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.

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

STANDARD
CERTIFICATE OF DEATH

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

Registered No. 45

1 PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)

No. Winthrop Community Hospital

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

2 FULL NAME Henrietta (Fuller) Paine

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

(a) Residence. No. 23 Cliff Ave.

(Usual place of abode)

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

Length of stay: In hospital or institution Hosp. years months 20 days. In this community 70 yrs. mos. days.
(Before death) (Specify whether)

PHYSICIAN - IMPORTANT

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

PERSONAL AND STATISTICAL PARTICULARS

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

5a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

George F. Paine

(Husband's name in full)

6 Age of husband or wife if alive years

7 IF STILLBORN, enter that fact here.

8 AGE 96 Years 10 Months 13 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) Boston
(State or country) Mass

13 NAME OF
FATHER Richard Fuller

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

15 MAIDEN NAME
OF MOTHER Charlotte ?

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

PARENTS

17 Informant Leon A Paine Son, Relation, if any
(Address) 23 Cliff Ave. Winthrop, Mass.

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

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH March 17, 1948
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from
February 27, 1948 to March 17, 1948

I last saw her alive on March 17, 1948, death is said to
have occurred on the date stated above, at 2:45 A.M.

Immediate cause of death

Duration
IMPORTANT 20 days

Due to Bronchopneumonia 3 years

Due to Arteriosclerosis 3 years

Other conditions Chronic myocarditis

(Include pregnancy within 3 months of death)

Major findings: Of operations none Physician

Date of Underline the cause to which death should be charged statistically.
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 Trautwein, M. D.
(Signed) 562 Cherry St. Winthrop March 17, 1948
(Address)

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

DATE OF BURIAL March 19, 1948

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

Received and filed 19

MAR 23 1948

(Registrar)

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

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

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

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

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

RUTLAND

(City or town making return)

COPY OF
CERTIFICATE OF DEATH

Registered No.

46

WORCESTER

(County)

RUTLAND

(City or Town)

Jewish Tuberculosis Hospital

No.

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

2 FULL NAME Karl Johnson

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

57 Beacon

(a) Residence, No.

(Usual place of abode)

St.

Winthrop, Mass.

(If nonresident, give city or town and State)

Length of stay: In hospital or institution Sanatorium

(Before death)

(Specify whether)

years

months 13 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.

8 AGE 51 Years 1 Months 2 Days | If less than 1 day
Hours MinutesUsual
9 Occupation: Kitchen helperIndustry
10 or Business:

11 Social Security No.

12 BIRTHPLACE (City) Sweden
(State or country)13 NAME OF
FATHER

Frank Johnson

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

Sweden

15 MAIDEN NAME
OF MOTHER

Anna (not known)

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

Sweden

17 Hospital Records

Informant
(Address)

(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

March 18, 1948

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY, That I attended deceased from
March 5, 1948 to March 18, 1948I last saw him alive on March 18, 1948, death is said to
have occurred on the date stated above, at 5:55 p. m.

Duration

Immediate cause of death

Tuberculosis of the lungs

Due to

Due to

Other conditions Tuberculosis of intestines
(Include pregnancy within 3 months of death)

Physician

Major findings:

Of operations

Date of

Of autopsy

What test confirmed diagnosis? X-ray and sputum

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

If so, specify

(Signed)

Heinz J. Lorge

(Address)

Rutland, Mass.

Date 3/18/48 M. D.

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

DATE OF BURIAL

March 22, 1948

19

22 NAME OF
FUNERAL DIRECTOR

ADDRESS

Maurice V. Kirby

Winthrop, Mass.

Received and filed

APR 3 1948

19

(Registrar of City or Town where deceased resided)

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

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-7-46-19068

PLACE OF DEATH

Suffolk
(County)Wentworth
(City or Town)

No. 268 River Road



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

Registered No.

47

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

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

Helen Susan Porter

PHYSICIAN-IMPORTANT

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

no

(a) Residence. No.

(Usual place of abode)

268 River Road

St.

Wentworth, 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

1

yrs.

4

mos.

22

days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE (write the word)

MARRIED
WIDOWED
or DIVORCED

Female

White

Single

5a If married, widowed or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

6 Age of husband or wife if alive

years

7 IF STILLBORN, enter that fact here.

8

AGE

1

Years

4

Months

22

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)

Wentworth, Mass

13 NAME OF

FATHER

Daniel Porter

14 BIRTHPLACE OF

FATHER (City)

(State or Country)

Lithuania

15 MAIDEN NAME

OF MOTHER

Eva Cohen

16 BIRTHPLACE OF

MOTHER (City)

(State or Country)

Boston, Mass

PARENTS

17 Informant

(Address)

Herbert Cohen

(Relationship)

268 River Rd. Wentworth

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)

3/19/48
(Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH

March

18

1948

(Month)

(Day)

(Year)

19

HEREBY CERTIFY,

That I attended deceased from

3/12/48

to

3/18/48

1948

I last saw him alive on

3/15/48

1948

death is said to

have occurred on the date stated above, at

6:30 P. M.

Immediate cause of death

Acute Upper Resp. Infection

Duration

1 wk.

Due to

Congenital Heart Disease

16 mos.

Due to

Medical Examiner Declined Jurisdiction. C.L.

Other conditions

(Include pregnancy within 3 months of death)

IMPORTANT

Major findings:

Of operations

Physician

Date of

Of autopsy

What test confirmed diagnosis?

Clinical

Underline
the cause to
which death
should be
charged statistically.

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

no

If so, specify

(Signed)

Charles Liberman, M. D.

(Address) 26 Waverley Way and W. 3/18/48

21

Wentworth

Place of Burial, Cremation or Removal.

Enderbury, Mass

DATE OF BURIAL

March

19

1948

22 NAME OF

FUNERAL DIRECTOR

Benjamin Birnback

ADDRESS

10 Washington St. Dorchester

Received and Filed

19

MAR 23 1948

(Registrar)

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

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

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

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

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

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

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

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

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



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

STANDARD
CERTIFICATE OF DEATH

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

Registered No. **48**

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

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

(a) Residence, No. 24 Edgehill Rd St. (If nonresident, give city or town and State)
(Usual place of abode)

Length of stay: In hospital or institution 2 years months 5 days. In this community 72 yrs. mos. days.
(Before death) (Specify whether)

PHYSICIAN - IMPORTANT

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

PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH	
3 SEX Male	4 COLOR OR RACE White	5 SINGLE (write the word) MARRIED WIDOWED or DIVORCED Married	18 DATE OF DEATH March 19 1948 (Month) (Day) (Year)	
5a If married, widowed, or divorced HUSBAND of Agnes Robin (Give maiden name of wife in full)			19 I HEREBY CERTIFY, That I attended deceased from March 15 1948, to March 19, 1948	
(or) WIFE of (Husband's name in full)			I last saw him alive on March 19, 1948 death is said to have occurred on the date stated above, at 2:15 P. m.	
6 Age of husband or wife if alive 78 years			Immediate cause of death Cerebral thrombosis	
7 IF STILLBORN, enter that fact here.			Due to postural left tub.	
8 AGE 80 Years Months Days If less than 1 day Hours Minutes			Due to arteriosclerosis	
9 Usual Occupation Retired Supt. Streets			Other conditions (Include pregnancy within 3 months of death)	
10 Industry or Business Town of Winthron			Major findings: No. 3. Unwed person Of operations: Unwed left tub. Underline the cause to which death should be charged statistically. Date of 3/18/48	
11 Social Security No.			What test confirmed diagnosis?	
12 BIRTHPLACE (City) Ireland (State or country)			20 Was disease or injury in any way related to occupation of deceased? If so, specify	
13 NAME OF FATHER Bartholomew Mahaney			(Signed) Chas. J. Mahaney M. D. (Address) 13-115 Date 3-19-48	
14 BIRTHPLACE OF FATHER (City) Ireland (State or country)			21 Winthron, Winthron Place of Burial, Cremation or Removal. (City or Town)	
15 MAIDEN NAME OF MOTHER Mary McCarthy			DATE OF BURIAL Mar. 22 1948 19	
16 BIRTHPLACE OF MOTHER (City) Ireland (State or country)			22 NAME OF FUNERAL DIRECTOR John H. O'Malley ADDRESS Winthron	
17 Informant Francis Mahaney (Son) (Address) 65 Ingleside Ave			Received and filed MAR 23 1948 19 (Registrar)	
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) 3/20/48				

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

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

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

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

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

1 PLACE OF DEATH
 {
 S. H. H. 2000
 (County)
 W. 1000
 (City or Town)
 No. 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. 49

2 FULL NAME Mary T. Oliver nee King
 (If deceased is a married, widowed or divorced woman, give also maiden name.)
 (a) Residence, No. 40 Wetherbee Ave. St. Revere
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of stay: In hospital or institution 17 days. In this community yrs. mos. days.
 (Before death) (Specify whether)

PHYSICIAN - IMPORTANT

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

PERSONAL AND STATISTICAL PARTICULARS

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 March 20 1948
 (Month) (Day) (Year)

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

19 I HEREBY CERTIFY, That I attended deceased from
 March 1, 1948, to March 20, 1948
 I last saw her alive on March 19, 1948, death is said to
 have occurred on the date stated above, at 4:15 A. M.

6 Age of husband or wife if alive years

Immediate cause of death

7 IF STILLBORN, enter that fact here.

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

Carcinoma of Recto Sigmoid
 Duration 6 mos
 IMPORTANT

9 Usual Occupation: housewife

Due to

10 Industry or Business: at home

Due to

11 Social Security No.

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

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

Major findings:
 Of operations sigmoidoscopic Exam
 Date of March 17-48
 Of autopsy
 What test confirmed diagnosis? Roentgenography
 Physician Underline the cause to which death should be charged statistically.

13 NAME OF FATHER John King
 14 BIRTHPLACE OF FATHER (City) Ireland
 (State or country)

15 MAIEN NAME OF MOTHER Mary Wallace

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

17 Informant Josephine King (Relation, if any)
 (Address) 40 Wetherbee Ave Revere

20 Was disease or injury in any way related to occupation of deceased? No
 If so, specify John J. Collins MD
 (Signed) M. D.
 (Address) Revere Mass. Date Mar 22 1948

21 Place of Burial, Cremation or Removal Calvary Cemetery N. H.
 (City or Town)
 DATE OF BURIAL March 23 1948

22 NAME OF FUNERAL DIRECTOR T. Vincent Murray
 ADDRESS Revere Mass.

Received and filed 19

MAR 23 1948

(Registrar)

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

Walter J. Parker
 (Signature of Agent of Board of Health or other)
 Health Officer 3/22/48
 (Official Designation) (Date of Issue of Permit)

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

RETURN OF CERTIFICATES OF DEATH

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

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

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

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

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

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

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

PLACE OF DEATH

Suffolk
(County)

Winthrop
(City or Town)

No. **18 Marshall Street**

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

(e) Residence. No. **18 Marshall St** St. **MA**
(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 **Married**

5a If married, widowed, or divorced
HUSBAND of **Edmund B Remick**
(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 **73** Years **11** Months **12** Days | If less than 1 day
Hours _____ Minutes _____

9 Usual Occupation: **Housewife**

10 Industry or Business: **Own home**

11 Social Security No. **None**

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

13 NAME OF FATHER **William B Corbett**

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

15 MAIDEN NAME OF MOTHER **Unable to obtain**

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

17 Informant (Address) **Edmund B Corbett (Husband)**
18 Marshall St. Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me **BEFORE** the burial or transfer permit was issued:
Walter Draker
(Signature of Agent of Board of Health or other)

HO. **3 2 2/88**
(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.

50

Registered No. _____

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

PHYSICIAN - IMPORTANT

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

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH **March 20 1948**
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from
Feb. 1, 19**48**, to **March 19**, 19**48**
I last saw h. **alive** on **March 19**, 19**48**, death is said to
have occurred on the date stated above, at **2 A** m. Duration
Immediate cause of death: **Carcinoma metastasis**
Carcinoma heart **1 yr**
Due to **CARCINOMA**

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: **Carcinoma** M. D.
(Signed) **Christopherson** (Address) **Winthrop** Date **3-20 1948**

21 **Woodlawn** **Wellesley**
Place of Burial, Cremation or Removal. (City or Town)
DATE OF BURIAL **March 22 1948**

22 NAME OF FUNERAL DIRECTOR **Howard Draper**
ADDRESS **Winthrop**

Received and filed **19**
MAR 23 1948
(Registrar)

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

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

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

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

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

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

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

RULES OF PRACTICE

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

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

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

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

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

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

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE _____

DATE OF DISCHARGE _____

RANK, RATING _____

ORGANIZATION AND OUTFIT _____

SERVICE NUMBER _____

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

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

PLACE OF DEATH

Suffolk
(County)
Winthrop
(City or Town)
No. *44 Underhill*



The Commonwealth of Massachusetts
OFFICE OF THE 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**

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

(a) Residence, No. *44 Underhill* St. (If nonresident, give city or town and State)

Length of stay: In hospital or institution (Before death) years months days. In this community *4* 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 *Dora Marcus*
(Give maiden name of wife in full) *s*
(or) WIFE of (Husband's name in full)

6 Age of husband or wife if alive *60* years

7 IF STILLBORN, enter that fact here.

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

9 Occupation: *retired*

10 Industry or Business: *Shoe Worker*

11 Social Security No. *None*

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

13 NAME OF FATHER *Pinous Saunders*

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

15 MAIDEN NAME OF MOTHER *Freda Katalov*

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

17 Informant *Dora Saunders* (Relation, if any)
(Address) *44 Underhill 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. Bakley
(Signature of Agent of Board of Health or other)
Health Officer (Official Designation) *3/21/48* (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH *March 20 1948*
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from
Febr. 13th, 19*46*, to *March 20*, 19*48*

I last saw him alive on *March 20*, 19*48*, death is said to
have occurred on the date stated above, at *9:05* P. m.

Immediate cause of death

Malignant peritonitis with axites **IMPORTANT** *3 weeks*
Due to *Disseminated carcinomatosis* *26 mos*
Due to *Recurrent carcinoma of colon* *3 years*

Other conditions
(Include pregnancy within 3 months of death)

Major findings: *Carcinomatosis*
Of operations *Dec. 1947*

Of autopsy *Pathological*
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 *Phil. P. Weirast*
(Signed) *238 Shore Drive* (Address) *3/20* (Date) *1948* M. D.

21 *Frederick Underhill*
Place of Burial, Cremation or Removal (City or Town)
DATE OF BURIAL *Mar 21* 19*48*

22 NAME OF FUNERAL DIRECTOR *Philip J. Jannace*
ADDRESS *Lyons St. Boston*

Received and filed *MAR 23 1948* 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.

100M-7-46-19068

PLACE OF DEATH

Suffolk
(County)

Winthrop
(City or Town)

No. 260 Bowdoin 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.

52

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

2 FULL NAME Clotilde E. Jones

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

(a) Residence. No. 260 Bowdoin St
(Usual place of abode)

St.

(If nonresident, give city or town and State)

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

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 Single

18 DATE OF DEATH March 22, 1948
(Month) (Day) (Year)

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

19 I HEREBY CERTIFY, That I attended deceased from March 1, 1948 to March 22, 1948
I last saw him alive on March 22, 1948 death is said to have occurred on the date stated above, at 10:30 A.M.

6 Age of husband or wife if alive years

7 IF STILLBORN, enter that fact here.

8 AGE 62 Years Months Days If less than 1 day Hours Minutes

Immediate cause of death Cerebral thrombosis Duration 1 day

9 Occupation: Lawyer

Due to hypertension

IMPORTANT

3 yrs.

10 Industry or Business: Law

Due to

11 Social Security No.

Other conditions (Include pregnancy within 3 months of death)

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

Major findings: Of operations

13 NAME OF FATHER James A Jones

Date of

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

Of autopsy

15 MAIDEN NAME OF MOTHER Ann Callahan

What test confirmed diagnosis?

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

20 Was disease or injury in any way related to occupation of deceased? If so, specify Cerebral thrombosis M. O.
(Signed) (Address) (Date) 3-22-1948

17 Informant Gertrude Jones (Relationship) (Address) 260 Bowdoin St Winthrop

21 St Joseph's Boston Mass
Place of Burial, Cremation or Removal (City or Town)
DATE OF BURIAL March 24 1948

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, Jr.
(Signature of Agent of Board of Health or other Health Officer)

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

Health Officer 3/23/48
(Official Designation) (Date of Issue of Permit)

Received and Filed 19

MAR 25 1948

(Registrar)

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

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

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

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

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

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

The Commonwealth of Massachusetts

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

Registrar's No.

53

PLACE OF DEATH

Suffolk
(County)Boston
(City or Town)

No.

Lithuanian Home Hospital

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

2 FULL NAME

Rose A. Murphy

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

(a) Residence. No.

155 Mt. Ave. Revere

St.

(If nonresident, give city or town and State)

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

(Specify whether)

years

months 10 days.

In this community 4 yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE (write the word)
MARRIED
WIDOWED
or DIVORCED

5a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

Charles A. Murphy

(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:

Homeloid

11 Social Security No.

12 BIRTHPLACE (City)
(State or country)Bangor
Maine13 NAME OF
FATHER

Hugh Sullivan

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

Ireland

15 MAIDEN NAME
OF MOTHER

Margaret McCann

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

Ireland

17

Informant
(Address)

Cecil Murphy

Relation, if any

(son)

was filed with me BEFORE the burial or transit permit was issued:

I HEREBY CERTIFY that a satisfactory standard certificate of death

Walter J. Wakeley
(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 23

1948

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY That I attended deceased from

December 20, 1947, to March 22, 1948

I last saw him alive on March 22, 1948, death is said to

have occurred on the date stated above, at 5:15 A. M.

Immediate cause of death

Chronic Myocarditis

Duration
IMPORTANT

4 yrs

Due to

Generalized arteriosclerosis

4 yrs

Due to

Chronic Inter. Nephritis

8 yrs

Due to

Bronchial asthma

15 yrs

Other conditions
(Include pregnancy within 3 months of death)

Pericarditis

5 yrs

Major findings:
Of operations.

Physician

Date of

Of autopsy

What test confirmed diagnosis?

Chemical

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) Harold Myerson, M. D.

(Address) 670 Badger Ave. date 3-24 1948

21

Holy Cross

Malden

Place of Burial, Cremation or Removal.

(City or Town)

DATE OF BURIAL March 23

1948

22 NAME OF

FUNERAL DIRECTOR

ADDRESS

R. J. De Nill
Revere

Received and filed

19

MAR 29 1948

(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:

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

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

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

SPACE FOR ADDITIONAL INFORMATION

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

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

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

STANDARD
CERTIFICATE OF DEATH

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

Registered No. 54

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

(a) Residence. No. 95 Sagamore Ave. St. Winthrop Mass.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or institution 2 years months 6 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 Married
MARRIED WIDOWED or DIVORCED

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

6 Age of husband or wife if alive 73 years

7 IF STILLBORN, enter that fact here.

8 AGE 68 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) Lithuania
(State or country)

13 NAME OF FATHER Jacob Levi

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

15 MAIDEN NAME OF MOTHER (Cannot be learned)

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

17 Informant: Daniel Sisson (Relationship) (Address) 95 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.

Walter D. Baker
(Signature of Agent of Board of Health or other)

H.O. (Official Designation) 3/25/48 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH March 24 1948
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from Sept. 1947, to 24 Mar. 1948
I last saw him alive on 24 Mar. 1948 death is said to have occurred on the date stated above, at 11:45 A.M.

Immediate cause of death

Brain Tumor

Due to

Due to

Other conditions: Broncho-pneumonia 2 days
(Include pregnancy within 3 months of death)

Major findings: Glioblastoma of Left Temporal Frontal Lobe Date of Nov. 1947
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 Charles Sherman M. D.
(Signed) (Address) 26 Waverley Way, W. Winthrop Mass. Date 3/27/1948

21 Place of Burial, Cremation or Removal. Winthrop Mass.
DATE OF BURIAL March 25 1948

22 NAME OF FUNERAL DIRECTOR Benjamin P. Pinalach
ADDRESS 10 Washington St. Dorchester

Received and filed MAR 25 1948 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. 117A Locust Street

The Commonwealth of Massachusetts



OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD
CERTIFICATE OF DEATH

Winthrop
(City or town making return)

Registrar's Number

55

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

2 FULL NAME George Franklin Garland M.D.
(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. 117A Locust 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 14 years months days.

PERSONAL AND STATISTICAL PARTICULARS

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

5a If married, widowed, or divorced HUSBAND OF Laura V. Colburn
(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 80 Years 5 Months 19 Days If less than 1 day Hours Minutes

Usual Occupation: retired

10 Industry or Business: physician

11 Social Security No. none

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

13 NAME OF FATHER John Garland

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

15 MAIDEN NAME OF MOTHER Ellen Watt

16 BIRTHPLACE OF MOTHER (City) Canada P.Q.
(State or country)

17 Informant Laura V. Garland Relation wife
(Address) 117A Locust St, Winthrop

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

Walter H. Baker
(Signature of Agent of Board of Health or other)
(Official Designation) Health Officer (Date of Issue of Permit) 3/3/148

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH March 28 1948
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from Aug. 11, 1947 to Mar. 28, 1948

I last saw him alive on Mar 27, 1948, death is said to have occurred on the date stated above, at 8:30 P.M.

Immediate cause of death Chronic myocarditis, with right ventricular failure 40 years

Due to 2 Ventricular

Due to

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

Major findings: None

Of operations

Date of

Of autopsy None

What test confirmed diagnosis? clinical

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

If so, specify

(Signed) Lydia W. Dickinson M.D.

(Address) Winthrop, Mass Date 3.29.1948

21 Mt Peake Cemetery, Waltham
(City or Town)

DATE OF BURIAL March 31, 1948 19

22 NAME OF FUNERAL DIRECTOR Alfred B. Marsh

ADDRESS 174 Winthrop St, Winthrop

Received and filed APR 1 1948 19

A TRUE COPY ATTEST: (Registrar)

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

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

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

1

PLACE OF DEATH

Suffolk.
(County)
Winthrop
(City or Town)



The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

(City or town making return)

STANDARD
CERTIFICATE OF DEATH

Registrar's Number

56

No. *282*

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

2 FULL NAME

Louisa Lizza Nee Santoro
(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) *N*

(a) Residence. No. *282*

(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 *5* years

months

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

Michael Lizza
(Husband's name in full)

6 Age of husband or wife if alive

years

7 IF STILLBORN, enter that fact here.

8

AGE *96* Years *8* Months

Days

If less than 1 day

Hours

Minutes

Usual

9 Occupation:

Housewife

Industry

10 or Business:

11 Social Security No.

12 BIRTHPLACE (City)
(State or country)

Beneventi
Italy

13 NAME OF FATHER

John Santoro

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

Beneventi
Italy

15 MAIDEN NAME OF MOTHER

Unknown.

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

Beneventi
Italy

17 Informant (Address)

Wm. J. J. J. J.

Relation, if any

Daughter

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

Walter H. Baker
(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit) *3/30/48*

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH

March 29, 1948
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from

Jan. 2, 1947, to Feb. 15, 1948

I last saw him alive on *Feb. 15, 1948*, death is said to

have occurred on the date stated above, at *12:15 A.M.*

Immediate cause of death

Hypertensive coronary disease

Due to

Hypertension and coronary disease

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) *John J. J. J.* M.D.
(Address) *52 N. W. St. B. B.* Date *3/29/48*

21 Place of Burial, Cremation or Removal

Holy Cross *Malden*
(City or Town)

DATE OF BURIAL

March 31, 1948

22 NAME OF FUNERAL DIRECTOR

James H. J. J.
ADDRESS *147 W. W. St. W. W.*

Received and filed

APR 1 1948

19

(Registrar)

A TRUE COPY ATTEST:

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

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

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

terms, so 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. 45, 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. 57

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. 6 Wave Way Ave.

2 FULL NAME
Annie Spunt
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(a) Residence. No. 6 Wave Way Ave. St. Winthrop, Mass.
(Usual place of abode)
(If nonresident, give city or town and State)
Length of stay: In hospital or institution years months days.
(Before death) (Specify whether) In this community 40 yrs. mo. days.

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

PHYSICIAN - IMPORTANT

(Was deceased a U. S. War Veteran, if so specify WAR) No
(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female
4 COLOR OR RACE White
5 SINGLE (write the word) MARRIED Married
5a If married, widowed, or divorced HUSBAND of Samuel Spunt (Give maiden name of wife in full) (Husband's name in full)
(or) WIFE of
6 Age of husband or wife if alive 77 years
7 IF STILLBORN, enter that fact here.
8 AGE 77 Years Months Days | If less than 1 day Hours Minutes
9 Occupation: Housewife
10 or Business: none
11 Social Security No. none
12 BIRTHPLACE (City) (State or country) Austria
13 NAME OF FATHER Mordecai Eckelstein
14 BIRTHPLACE OF FATHER (City) (State or country) Austria
15 MAIDEN NAME OF MOTHER Baile (cannot be learned)
16 BIRTHPLACE OF MOTHER (City) (State or country) Austria
17 Informant (Address) Harry Spunt, 167 Fuller St. Brookline
(Beligion, 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. Baker
(Signature of Agent of Board of Health or other)
Health Officer (Official Designation) 313 148
(Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH March 29 1948
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from Sept. 1947, to 29 Mar. 1948.
I last saw her alive on 29 Mar. 1948, death is said to have occurred on the date stated above, at 7:30 P. M.
Immediate cause of death

Cerebral Hemorrhage 3 days
Due to Gen. & Cerebral Atherosclerosis 5 yrs.
Due to

Other conditions (Include pregnancy within 3 months of death)

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

20 Was disease or injury in any way related to occupation of deceased? No
If so, specify Charles Liberman, M. D.
(Signed) (Address) 6 Wave Way Ave. Winthrop, Mass. Date 29 Mar. 1948
21 Winthrop Place of Burial, Cremation or Removal. (City or Town)
DATE OF BURIAL March 31 1948

22 NAME OF FUNERAL DIRECTOR Benjamin Beninbach
ADDRESS 10 Washington St. Norchester

Received and filed APR 1 1948 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

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)



The Commonwealth of Massachusetts
OFFICE OF THE 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. 42 Sunnyside Ave

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

2 FULL NAME John P. Riley
(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) nm

(a) Residence No. 42 Sunnyside 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 80 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 Ellen Harris
(Give maiden name of wife in full)
(or) WIFE of
(Husband's name in full)

6 Age of husband or wife if alive years

7 IF STILLBORN, enter that fact here.

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

9 Occupation: Teamster

10 Industry or Business: Retired

11 Social Security No. none

12 BIRTHPLACE (City) St. John
(State or country) N. B.

13 NAME OF FATHER John Riley

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

15 MAIDEN NAME OF MOTHER Mary Catter

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

17 Informant Mary Ryan
(Address) 42 Sunnyside 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 3/22/48
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH March 20 1948
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from
March 13, 1948, to March 19, 1948.
I last saw him alive on March 19, 1948 death is said to
have occurred on the date stated above, at 12:30 A.M.

Immediate cause of death

Myocardial heart
disease

Due to arteriosclerosis

generalized

Due to senility

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Date of

Of autopsy

What test confirmed diagnosis?

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

(Signed) Joseph P. Greene M. D.
(Address) 336 Summer St. Date 3/20 1948

21 Place of Burial, Cremation or Removal. Malden
DATE OF BURIAL March 23 1948

22 NAME OF FUNERAL DIRECTOR Frederick J. Magrath
ADDRESS East Boston

Received and filed MAR 23 1948 19

(Registrar)

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

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

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

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

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

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

SPACE FOR ADDITIONAL INFORMATION

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

25M-(1)-11-42 10746

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. 9 59

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)

2 FULL NAME William J. Kennedy

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

64 Moore

St. Winthrop

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

(a) Residence, No.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of stay: In hospital or institution (Before death) - years 2 months 4 days. (Specify whether)

In this community yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

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

9 Usual Occupation: Laborer

10 Industry or Business:

Not learned

11 Social Security No.

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

13 NAME OF FATHER

Thomas Kennedy

14 BIRTHPLACE OF FATHER (City)

Not learned

(State or country)

Ireland

15 MAIDEN NAME OF MOTHER

Mary (not learned)

16 BIRTHPLACE OF MOTHER (City)

Not learned

(State or country)

Ireland

17 Informant (Address)

Hospital Records

(Relation, if any)

A TRUE COPY.

ATTEST:

C. Winthrop Houghton Supt. (Registrar of city or town where death occurred)

DATE FILED

Jan. 15 1948

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Jan. 15 1948 (Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from Nov. 11 1947 to Jan. 15 1948

I last saw him alive on Jan. 15 1948, death is said to have occurred on the date stated above, at 1:30 A.M.

Immediate cause of death Arteriosclerotic Heart Dis. Yrs.

Due to Generalized Arteriosclerosis Yrs.

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Date of

Of autopsy Clinical

What test confirmed diagnosis? Clinical

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

If so, specify no

(Signed) H.B. Grainger M. D. (Address) T.S.H. & I., Tewksbury Date 1/15/48

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

DATE OF BURIAL Jan. 19 1948

22 NAME OF FUNERAL DIRECTOR John F. O'Maley ADDRESS 70 Atlantic St., Winthrop

Received and filed MAY 5 1948 (Registrar of City or Town where deceased resided)

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

50m-(b)-6-44-14607

PLACE OF DEATH

Suffolk

(County)

Boston

(City or Town)

No.

Beth Israel Hospital

Freda Levy

2 FULL NAME

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

(a) Residence, No.

53 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

14 days

In this community

ysr.

mos.

days

(Before death)

(Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

F

4 COLOR OR RACE

W

5 SINGLE (write the word)

MARRIED

WIDOWED

or DIVORCED

Widowed

5a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

Samuel Levy

(Husband's name in full)

6 Age of husband or wife if alive

years

7 IF STILLBORN, enter that fact here.

8

AGE

63

Years

Months

Days

If less than 1 day

Hours

Minutes

Usual

9 Occupation:

Housewife

Industry

10 or Business:

11 Social Security No.

None

12 BIRTHPLACE (City)

Russia

(State or country)

13 NAME OF

FATHER

Samuel Schwam

14 BIRTHPLACE OF

FATHER (City)

Russia

(State or country)

15 MAIDEN NAME

OF MOTHER

Gertrude ----

16 BIRTHPLACE OF

MOTHER (City)

Russia

(State or country)

PARENTS

17

Informant

(Address)

Hyman Levy

Relation, if any

Son

ATTEST: *Michael J. Manning*

ATTEST:

(Registrar of city or town where death occurred)

DATE FILED

March 1

19

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY

DIVISION OF VITAL STATISTICS

COPY OF

CERTIFICATE OF DEATH

Boston

(City or town making return)

1965

60

Registered No.

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

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

St.

(If nonresident, give city or town and State)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF

DEATH

Feb. 25/48

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY, That I attended deceased from

Feb. 11

148

to

Feb. 25

19 48

I last saw him/her alive on

Feb. 25

1948

death is said to

have occurred on the date stated above, at

9:30AM

m.

Duration

Immediate cause of death

Pulmonary fibrosis

Bronchiectasis

10 Yrs

5 Yrs

Due to

R.L.L. Lobar pneumonia

3 Wks.

Other conditions

(Include pregnancy within 3 months of death)

Physician

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? No

If so, specify

Frank Ratner

M. D.

(Signed)

Beth Israel Hospt

Date 2-25-19 48

(Address)

21 PLACE OF BURIAL

CREMATION OR REMOVAL

Abramson (Lebanon)

(Cemetery)

West Roxbury

DATE OF BURIAL

Feb. 27/48

19

22 NAME OF

FUNERAL DIRECTOR

B. F. Solomon

ADDRESS

Brookline Mass.

Received and filed

APR 13 1948

19

(Registrar of City or Town where deceased resided)

Wm. P. Adams

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

The Commonwealth of Massachusetts

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

BOSTON

(City or town making return)

Registered No. 216261

PLACE OF DEATH

Suffolk

(County)

Boston

(City or Town)

No. Carney Hospital

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

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

{ (If U. S. War Veteran, specify WAR) 2

(a) Residence, No. 20 Wilshire
(Usual place of abode)St. Winthrop
(If nonresident, give city or town and State)Length of stay: In hospital or institution years 1 months days. In this community yrs. 1 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 24 Years Months Days If less than 1 day Hours Minutes

9 Usual Occupation: farmer

10 Industry or Business: Farm

11 Social Security No. none

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

13 NAME OF FATHER Vincent Oliva

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

15 MAIDEN NAME OF MOTHER Vincenza Miranda

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

A TRUE COPY.

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

DATE FILED 3/5/48 19

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Mar. 1/48
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from 1/30/48, 19, to 3/1/48, 19, I last saw him alive on 3/1/48, 19, death is said to have occurred on the date stated above, at 4 55a m. Duration

Immediate cause of death.

Uremia

Due to bilateral hypoplastic kidneys

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 P Fotopoulos M. D.
(Address) Carney Hosp Date 3/1/4821 PLACE OF BURIAL, CREMATION OR REMOVAL Winthrop-Winthrop
(Cemetery) (City or Town)

DATE OF BURIAL 3/4/48 19

22 NAME OF FUNERAL DIRECTOR S Rocco
ADDRESS Everett

Received and filed 3-29-1948 19

(Registrar of City or Town where deceased resided)

By Tel "Probably congenital disease of kidneys" Dr. Fotopoulos

Date of entering military service 3/19/43

Date of discharge 3/13/46

Rank Rating PFC

Org and outfit Bat B 897th F A Bat.

Service No. 31305024

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. 2758 62

PLACE OF DEATH

1

(County)

(City or Town)

No. Mass. Gen. Hosp. The Baker Mem. St. { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Cecile M. Cotter
(If deceased is a married, widowed or divorced woman, give also maiden name.){ (If U. S.
War Veteran,
specify WAR)(a) Residence. No. 54 Center St. Winthrop
(Usual place of abode) (If nonresident, give city or town and State)Length of stay: In hospital or institution. years months 25 days. In this community yrs. mos. 25 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 Married5a If married, widowed, or divorced
HUSBAND of (Give maiden name of wife in full)
(or) WIFE of Cecile M. Cotter
(Husband's name in full)

6 Age of husband or wife if alive 75 years

7 IF STILLBORN, enter that fact here.

8 AGE 73 Years Months Days | If less than 1 day
Hours MinutesUsual
9 Occupation: HousewifeIndustry
10 or Business:

11 Social Security No.

12 BIRTHPLACE (City) Boston
(State or country)

13 NAME OF FATHER William Flaherty

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

15 MAIDEN NAME OF MOTHER Catherine Merrigan

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

A TRUE COPY.

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

DATE FILED 3/11/48 19

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH March 8/48
(Month) (Day) (Year)19 I HEREBY CERTIFY, That I attended deceased from
2/12/48, 19 to 3/8/48, 19
I last saw h.e. alive on 3/8/48, 19, death is said to
have occurred on the date stated above, at 5 45A M.Immediate cause of death
Carcinomatosis general 1 yr

Due to carcinoma 1t breast

Due to
Other conditions.
(Include pregnancy within 3 months of death)
Major findings: Exploratory laparotomy
Of operations. Date of 2/27/48

Of autopsy

What test confirmed diagnosis?

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

If so, specify T S Thorndike M. D.
(Signed) (Address) Mass. Gen. Hosp. Date 1921 PLACE OF BURIAL, Winthrop Winthrop
CREMATION OR REMOVAL (Cemetery) (City or Town)

DATE OF BURIAL 3/12/48 19

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

Received and filed APR 22 1948 19

(Registrar of City or Town where deceased resided)

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

Copies of returns of deaths recorded during the previous month which occurred in your city or town in case the deceased resided in another city or town at the time of death should be made forthwith and transmitted on Form R-303 to the clerk of the city or town in which the deceased resided. (See Chap. 46, Sec. 12, G. L.)

50m-(b)-6-44-14607

PLACE OF DEATH

Suffolk

(County)

Boston

(City or Town)

No. Beth Israel 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. 2410 63

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

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

(a) Residence. No. 17 Cutler
(Usual place of abode)

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

Length of stay: In hospital or institution. years months 12 days. In this community yrs. mos. 12 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 Samuel Cohen (Husband's name in full)

6 Age of husband or wife if alive years

7 IF STILLBORN, enter that fact here.

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

Usual Occupation: Housewife

Industry or Business: At Home

11 Social Security No. ---

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

13 NAME OF FATHER Abraham Levy

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

15 MAIDEN NAME OF MOTHER ---

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

17 Informant Mrs E Sandler Daughter
(Address)

A TRUE COPY. Michael Danning
ATTEST: (Registrar of city or town where death occurred)

DATE FILED March 15 19 48

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH March 10/48
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from Feb. 28, 19 48, to March 9, 19 48. I last saw her alive on March 9, 19 48, death is said to have occurred on the date stated above, at 2:20AM m.

Immediate cause of death. Cerebro vascular accident Duration 5-6 Days

Due to Cerebral arterio sclerosis Years

Due to Hypertension Years

Other conditions Congestive heart failure Years
(Include pregnancy within 3 months of death)

Major findings: None Of operations. Date of. Underline the cause to which death should be charged statistically.

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) M W Hamolsky (Address) Beth Israel Hospt Date 3-10 19 48

21 PLACE OF BURIAL, Tifereth Israel of Winthrop
CREMATION OR REMOVAL (Cemetery) Everett Mass.
(City or town)

DATE OF BURIAL March 11/48 19

22 NAME OF FUNERAL DIRECTOR L Levine
ADDRESS Brookline Mass.

Received and filed APR 23 1948 19

(Registrar of City or Town where deceased resided)

The Commonwealth of Massachusetts

Boston

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

(City or town making return)

COPY OF
CERTIFICATE OF DEATH

Registered No. 2400 64

PLACE OF DEATH

Suffolk

(County)

Boston

(City or Town)

No. Starr Nursing Home

St. (If death occurred in a hospital or institution,
give its NAME instead of street and number)2 FULL NAME Philip Schiff
(If deceased is a married, widowed or divorced woman, give also maiden name.)(If U. S.
War Veteran,
specify WAR)(a) Residence. No. 271 Shirley
(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 days. In this community yrs. mos. days.
(Before death) (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX M 4 COLOR OR RACE W 5 SINGLE (write the word)
MARRIED Widowed or DIVORCED Married5a If married, widowed, or divorced Lizzie Strachun
HUSBAND of (Give maiden name of wife in full)
(or) WIFE of (Husband's name in full)

6 Age of husband or wife if alive 63 years

7 IF STILLBORN, enter that fact here.

8 AGE 61 Years Months Days If less than 1 day
Hours Minutes

9 Usual Occupation: Printer

10 Industry or Business: Print Shop

11 Social Security No. 021-20-2685

12 BIRTHPLACE (City) Russia
(State or country)

13 NAME OF FATHER Louis Schiff

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 L Schiff, Son
(Address)

TRUE COPY.

DATE FILED March 15/48
(Registrar of city or town where death occurred)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH March 10/48
(Month) (Day) (Year)19 I HEREBY CERTIFY, That I attended deceased from
Nov. 10, 1947, to March 10 1948
I last saw him alive on March 10 1948 death is said to
have occurred on the date stated above, at 1:30P m.

Immediate cause of death Cachexia and emaciation May/47

Due to Carcinoma of sigmoid

Due to Metastases to liver

Other conditions (Include pregnancy within 3 months of death)

Major findings: Adenoca. sigmoid

Of operations: Date of May 1947

Of autopsy Path. exam.

What test confirmed diagnosis? No

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

If so, specify H Bengloff M. D.

(Signed) Boston Mass. Date 3-10-48

21 PLACE OF BURIAL, Int Worker's Order Cem.
CREMATION OR REMOVAL (Cemetery) (City or Town) Everett

DATE OF BURIAL March 11/48

22 NAME OF FUNERAL DIRECTOR L Schlossberg
ADDRESS Mattapan Mass.

Received and filed APR 22 1948

(Registrar of City or Town where deceased resided)

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

The Commonwealth of Massachusetts

Boston

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

(City or town making return)

COPY OF
CERTIFICATE OF DEATH

Registered No. 25365

PLACE OF DEATH

Suffolk

(County)

Boston

(City or Town)

No. Glenside Hospital

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

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

(a) Residence, No. 90 Sagamore Road
(Usual place of abode)

St. Winthrop Mass.

(If nonresident, give city or town and State)

Length of stay: In hospital or institution years 1 months 26 days
(Before death) (Specify whether) In this community yrs. 1 mos. 26 days.

PERSONAL AND STATISTICAL PARTICULARS

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

5a If married, widowed, or divorced HUSBAND of (Give maiden name in full) (or) WIFE 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 Occupation: At Home

Industry or Business:

11 Social Security No. None

12 BIRTHPLACE (City) Jamaica Plain Mass.
(State or country)

13 NAME OF FATHER Anton Mosman

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

15 MAIDEN NAME OF MOTHER Adeline Reynolds

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

17 Informant J A Eaton (Address) Relation, if any son

A TRUE COPY.

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

DATE FILED March 19 19 48

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH March 13/48
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from Jan. 15 19 48, to March 13 19 48
I last saw h. er alive on March 12 19 48 death is said to have occurred on the date stated above, at 3 AM m.

Immediate cause of death Broncho pneumonia Days

Due to Generalized arterio sclerosis Yrs

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations Date of

Of autopsy Clinical findings

What test confirmed diagnosis? No

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

If so, specify

(Signed) J F Murphy M. D.
(Address) Glenside Hospital Date 3-13-48

21 PLACE OF BURIAL, CREMATION OR REMOVAL Forest Hills Cremation
(Cemetery) (City or town)

DATE OF BURIAL March 16/48 19

22 NAME OF FUNERAL DIRECTOR Robert Bell
ADDRESS Brookline Mass.

Received and filed. 19

(Registrar of City or Town where deceased resided)

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

REVERE

(City or town making return)

COPY OF
CERTIFICATE OF DEATH

Registered No.

66

PLACE OF DEATH

Suffolk
(County)Revere
(City or Town)

No. Revere General Hospital

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

2 FULL NAME

Edith S. Salmon (Deverell)

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

(a) Residence. No.

88 Winthrop

St.

Winthrop, Mass.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of stay: In hospital or institution

Hospital

- years - months 7 days.

(Before death)

(Specify whether)

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)

Female

White

MARRIED
WIDOWED
or DIVORCED Widowed

5a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

Harold S. Salmon

(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:

Housewife

Industry

10 or Business:

Own Home

11 Social Security No.

None

12 BIRTHPLACE (City)

(State or country)

England

PARENTS

13 NAME OF
FATHER

Francis Deverell

14 BIRTHPLACE OF
FATHER (City)

(State or country)

England

15 MAIDEN NAME
OF MOTHER

Annie Atterton

16 BIRTHPLACE OF
MOTHER (City)

(State or country)

England

17 Informant
(Address)

Edith Salmon

Relation if any

(Daughter)

88 Winthrop St Winthrop

A TRUE COPY.

ATTEST:

(Registrar of city or town where death occurred)

DATE FILED

March 22, 1948

18 DATE OF
DEATHMarch 13, 1948
(Month) (Day) (Year)19 I HEREBY CERTIFY, That I attended deceased from
Mar. 8, 1948, to Mar. 13, 1948I last saw her alive on Mar. 13, 1948, death is said to
have occurred on the date stated above, at 11:45 P. M.

Immediate cause of death

Bronchopneumonia

(Terminal)

Duration

2 days

Due to

Cerebrovascular

accident

6 days

Due to

arteriosclerosis

generalized. Hypertension
essential

years

Other conditions

(Include pregnancy within 3 months of death)

Physician

Major findings:

Of operations

Date of

Of autopsy

What test confirmed diagnosis?

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

If so, specify

(Signed)

Joseph Gregorie

M. D.

(Address)

200 Washington Ave.

Winthrop Date 3/15, 1948

21 PLACE OF BURIAL, CREMATION OR REMOVAL

Arlington Cemetery

(Cemetery)

Arlington Va.

DATE OF BURIAL

March 17

1948

22 NAME OF

FUNERAL DIRECTOR

Howard S. Reynolds

ADDRESS

Winthrop, Mass.

Received and filed

APR 15 1948

19

(Registrar of City or Town where deceased resided)

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

Westborough

(City or town making return)

COPY OF
CERTIFICATE OF DEATH

Registered No. 62 67

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

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

St. Winthrop, Mass.

(If nonresident, give city or town and State)

Length of stay: In hospital or institution (Before death) Hospital 47 years 6 months 29 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 84 Years 4 Months 1 Days | If less than 1 day
Hours Minutes

Usual Occupation: Glazier

Industry
10 or Business:

11 Social Security No.

12 BIRTHPLACE (City)
(State or country) Ireland

PARENTS 13 NAME OF FATHER Richard Stephenson

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

15 MAIDEN NAME OF MOTHER --- Buttler

16 BIRTHPLACE OF MOTHER (City)
(State or country) Ireland17 Informant Westborough State (Relation, if any)
(Address) Hospital records

A TRUE COPY.

ATTEST:

(Registrar of city or town where death occurred)

DATE FILED March 31 1948

18 DATE OF DEATH March 17, 1948
(Month) (Day) (Year)19 I HEREBY CERTIFY, That I attended deceased from
March 22, 1947, to March 17, 1948.
I last saw him alive on March 17, 1948, death is said to
have occurred on the date stated above, at 4:00 p.m.

Immediate cause of death

General Arteriosclerosis

Due to

Due to

Other conditions none
(Include pregnancy within 3 months of death)Major findings:
Of operations none

Date of

Of autopsy none

What test confirmed diagnosis? Clinical Findings

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

If so, specify

(Signed) Lee W. Darrah M.D.

(Address) Westboro, Mass. Date 3-17-1948

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

DATE OF BURIAL March 19 1948

22 NAME OF FUNERAL DIRECTOR Irving W. Harper
ADDRESS Westboro, Mass.

Received and filed APR 13 1948 19

(Registrar of City or Town where deceased resided)

Copies of returns of deaths recorded during the year of 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-303 to the clerk of the city or town in which the deceased resided. (See Chap. 46, Sec. 12, G. L.)

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

25m. (d) 6-43-12056

The Commonwealth of Massachusetts

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

Boston

(City or town making return)

2828 68

Registered No.

PLACE OF DEATH

Suffolk

(County)

Boston

(City or Town)

No. Naval Fargo Barracks

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

Francis P Gilfoyle

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

(a) Residence. No. 872 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 WIDOWED or DIVORCED Married

5a If married, widowed, or divorced Winifred J Boyle HUSBAND 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 45 Years Months Days If less than 1 day Hours Minutes

Usual Occupation: Clerk

10 Industry or Business: Post Office Dept.

11 Social Security No. Unknown

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

13 NAME OF FATHER Michael J Gilfoyle

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

15 MAIDEN NAME OF MOTHER Mary Leary

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

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

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

DATE FILED March 26 19 48

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH March 22/48

(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

Sudden death

20 Accident, suicide, or homicide (specify) Sudden death 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) A R Moritz (Address) 25 Shattuck St Date 3-23 19 48

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

DATE OF BURIAL March 25/48 19

23 NAME OF FUNERAL DIRECTOR F X McArdle ADDRESS Charlestown Mass.

Received and filed 19

MAY 5 1948 (Registrar of City or Town where deceased resided)

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

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

PLACE OF DEATH

Suffolk
(County)

Winthrop
(City or Town)

No. Community Hospital

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD
CERTIFICATE OF DEATH

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

Registrar's No. 69

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

(a) Residence. No. 19 Green St. Revere St.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or Institution 3 weeks years months 7 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 widow

5a If married, widowed, or divorced
HUSBAND of (Give maiden name of wife in full)
(or) WIFE of Daniel Buckley
(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: At Home

Industry
10 or Business: Household

11 Social Security No.

12 BIRTHPLACE (City) Ireland
(State or country)

13 NAME OF
FATHER Daniel O. Leary

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

15 MAIDEN NAME
OF MOTHER Mary Scanlan

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

17 Informant Ann F. Kelley Relation, if any
(Address) 7 Pratt St. Revere

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 4/2/48
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF
DEATH April 1 1948
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from
March 18, 1948, to April 1, 1948

I last saw her alive on April 1, 1948, death is said to
have occurred on the date stated above, at 8.00 P. M.

Immediate cause of death: Cancer of the Right Lung Duration
IMPORTANT 8 weeks

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? X-Ray

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

If so, specify John F. Collins M. D.
(Signed) (Address) Revere Mass Date April 2, 1948

21 St. Joseph West Roxbury
Place of Burial, Cremation or Removal. (City or Town)

DATE OF BURIAL April 5 1948

22 NAME OF
FUNERAL DIRECTOR R. J. Du Mill
ADDRESS Revere

Received and filed APR 6 1948 19

(Registrar)

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

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

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

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

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

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

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

Derivative in plain terms, so that it may be properly certified. Exact statement of OCCURANCE 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-7-46-19068

PLACE OF DEATH

Suffolk
(County)Winthrop
(City or Town)

No. 63 Crest Ave



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

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

Registered No.

70

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

2 FULL NAME Mary Agnes Epps (Ready)
(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. 63 Crest Ave
(Usual place of abode)

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

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

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

6 Age of husband or wife if alive 74 years

7 IF STILLBORN, enter that fact here.

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

9 Occupation: Usual Housewife

10 or Business: Industry Own Home

11 Social Security No.

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

13 NAME OF FATHER Michael J Ready

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

15 MAIDEN NAME OF MOTHER Ellen Fleming

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

17 Informant Agnes Epps (Relationship) Daughter (Address) 63 Crest Ave Winthrop

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

Walter J. Baker (Signature of Agent of Board of Health or other) Health Officer (Official Designation) 4/3/48 (Date of Issue of Permit)

18 DATE OF DEATH April 2 1948 (Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from Jan 1, 1947 to April 2, 1948. I last saw him alive on April 7, 1948. death is said to have occurred on the date stated above, at 7:15 A.M.

Immediate cause of death

Due to Broncho-Pneumonia
Due to Central Hemorrhage
Due to Hypertension

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Date of

Of autopsy

What test confirmed diagnosis?

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

If so, specify (Signed) George H. Kennedy (Address) 19 Plymouth St EOB Date 4/2/48 M. D. 1948

21 Calvary Boston Place of Burial, Cremation or Removal DATE OF BURIAL April 5 1948

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

Received and Filed

APR 6 1948

(Registrar)

Duration 1 day 5 days 2 yrs. 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 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

DEATH in plain terms, so 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-7-46-19068

PLACE OF DEATH

Suffolk
(County)Winthrop
(City or Town)

No. 30 Fremont St



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

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

Registered No.

71

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

(a) Residence. No. 30 Fremont St 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 47 yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE (write the word) Married
MARRIED
WIDDED
or DIVORCED
5a If married, widowed or divorced
HUSBAND of Nellie R McCarthy
(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 78 Years Months Days If less than 1 day Hours Minutes

9 Usual Occupation: Carpenter

10 Industry or Business: Builder

11 Social Security No.

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

13 NAME OF FATHER Charles Lavoix

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

15 MAIDEN NAME OF MOTHER Edmire Cyr

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

17 Informant Charles Lavoix (Son)
(Address) 30 Fremont 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 of Board of Health or other)

Health Officer (Official Designation) 4/5/48 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH April 3 1948
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from March 19 to April 2, 1948
I last saw him alive on April 3, 1948 death is said to have occurred on the date stated above, at 3:30 P. M.

Immediate cause of death

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Date of

Of autopsy

What test confirmed diagnosis?

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

If so, specify (Signed) J. J. Mahoney, M. D.
(Address) Winthrop Date 4-5-1948

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

DATE OF BURIAL April 6 1948 19

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

Received and Filed 19

APR 6 1948
(Registrar)

Duration
IMPORTANT

IMPORTANT

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

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

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

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

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

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

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

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. **72**

PLACE OF DEATH

Suffolk
(County)
Winthrop
(City or Town)

No. **394 Shirley**

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

PHYSICIAN-IMPORTANT

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

{ (Was deceased a
U. S. War Veteran,
if so specify WAR) **None**

(a) Residence. No. **394 Shirley**
(Usual place of abode)

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

Length of stay: In hospital or institution **None** years months days. In this community **12** 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

5a If married, widowed or divorced

HUSBAND of **Ada Steinen**
(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 **73** Years Months Days If less than 1 day
Hours Minutes

9 Occupation: **Retired Waste Material Dealer**

Industry **Waste Material**

10 or Business: **Waste Material**

11 Social Security No. **None**

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

13 NAME OF FATHER

Bernard Brass

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

Russia

15 MAIDEN NAME OF MOTHER

Florence (E. B. K.)

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

Russia

17 Informant **Harry Brass** (Relation, if any)
(Address) **11 Sea Foam 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 K. Baker
(Signature of Agent of Board of Health or other)

Health Officer (Official Designation) **4/5-48** (Date of Issue of Permit)

18 DATE OF DEATH **April 5 1948**
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from
Nov 11 1947 to **April 5 1948**
I last saw him alive on **April 5 1948**, death is said to
have occurred on the date stated above, at **4:50 A.M.**

Immediate cause of death.

Cardiac Failure

Due to **Coronary Heart Disease**

Due to **Cancer of Esophagus**

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations.

Date of **Biopsy**

What test confirmed diagnosis?

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

If so, specify (Signed) **Bernard Brass** M. D.
(Address) **394 Shirley St. Winthrop** Date **April 5 1948**

21 **Burial** (City or Town)
Place of Burial, Cremation or Removal. **Chelsea**
DATE OF BURIAL **April 5 1948**

22 NAME OF FUNERAL DIRECTOR **H. J. Joy**
ADDRESS **157 Washington Ave. Chelsea**

Received and Filed **APR 5 1948** 19.

(Registrar)

Duration
IMPORTANT

3 hrs.

15 yrs

7 mos

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, deferred as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death... Gen. Laws, Chap. 46, Sec. 9.

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

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

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

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

PLACE OF DEATH 1 <i>Suffolk</i> (County) <i>Winthrop</i> (City or Town) No. <i>Winthrop Community Bldg.</i> 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, 73 Registered No.	
2 FULL NAME <i>(Female) Chandler</i> (If deceased is a married, widowed or divorced woman, give also maiden name.) (e) Residence, No. <i>73 Andrews Ave</i> St. (If nonresident, give city or town and State) (Usual place of abode)		Length of stay: In hospital or institution years months days. In this community yrs. mos. days. (Before death) (Specify whether)		PHYSICIAN - IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR)	
PERSONAL AND STATISTICAL PARTICULARS					
3 SEX <i>Female</i>	4 COLOR OR RACE <i>White</i>	5 SINGLE (write the word) MARRIED <i>W</i> 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. <i>Stillborn</i>					
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) <i>Winthrop</i> (State or country)					
PARENTS 13 NAME OF FATHER <i>George F. Chandler, Jr.</i> 14 BIRTHPLACE OF FATHER (City) <i>West Roxbury</i> (State or country) <i>Mass.</i> 15 MAIDEN NAME OF MOTHER <i>Phyllis</i> 16 BIRTHPLACE OF MOTHER (City) <i>Boston</i> (State or country) <i>Mass.</i>					
17 Informant <i>Walter E. Chandler, Jr.</i> Relation, if any <i>Son</i> (Address) <i>73 Andrews Ave</i>					
I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued: <i>Walter E. Chandler, Jr.</i> (Signature of Agent of Board of Health or other) Health Officer (Official Designation) <i>4/13/48</i> (Date of Issue of Permit)					
MEDICAL CERTIFICATE OF DEATH 18 DATE OF DEATH <i>April 11 1948</i> (Month) (Day) (Year) 19 I HEREBY CERTIFY, That I attended deceased from <i>April 11 1948</i> to <i>April 11 1948</i> I last saw him alive on 19 death is said to have occurred on the date stated above, at m. Immediate cause of death <i>Stillborn (full term)</i> Due to <i>Asphyxiation (knot in cord)</i> Due to <i>Asphyxiation cord</i> Other conditions (Include pregnancy within 3 months of death) Major findings: Of operations <i>none</i> Date of Of autopsy What test confirmed diagnosis? 20 Was disease or injury in any way related to occupation of deceased? If so, specify (Signed) <i>G. E. Baker, M.D.</i> (Address) <i>67 Essex St. Boston, Mass. 1948</i> 21 Place of Burial, Cremation or Removal <i>Winthrop Community Bldg.</i> (City or Town) DATE OF BURIAL <i>4-13-48</i> 19 22 NAME OF FUNERAL DIRECTOR <i>Therese King</i> ADDRESS <i>111 Union St. Boston, Mass.</i> Received and filed <i>APR 13 1948</i> 19 (Registrar)					

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

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

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

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

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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

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

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

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

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



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

STANDARD
CERTIFICATE OF DEATH

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

Registered No. 7284

1 PLACE OF DEATH
Suffolk
(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 Richard De Simone (Masciello)
(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. 22 Almont Street
(Usual place of abode)

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

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

years months 1 1/2 days. In this community 3 yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX FE 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 Masciello
(Give maiden name of wife or husband)
(Husband's name in full)

6 Age of husband or wife if alive years

7 IF STILL BORN, enter that fact here.

8 AGE 74 Years 7 Months 9 Days | If less than 1 day
Hours Minutes

9 Occupation: Housewife

Industry
10 or Business: -

11 Social Security No. -

12 BIRTHPLACE (City)
(State or country) Mirabella Italy

13 NAME OF FATHER Prisco De Simone

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

15 MAIDEN NAME OF MOTHER Maria Cappuccino

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

17 Informant Louis Sazzano (Signature)
(Address) 22 Almont 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 R. Baker
(Signature of Agent of Board of Health or other)

Health Officer (Official Designation) 4/16/48 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH April 15, 1948
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from
April 10, 1948 to April 15, 1948
I last saw him alive on April 15, 1948; death is said to
have occurred on the date stated above, at 11:00 m.

Immediate cause of death

Pulmonary Edema
Due to Coronary Thrombosis
Left Heart Failure
Due to Arteriosclerosis, Hypertension
Hypertensive Heart Disease

Other conditions
(Include pregnancy within 3 months of death)

Major findings:

Of operations

Date of

Of autopsy

What test confirmed diagnosis Chemical

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

(Signed) Samuel E. Baker M. D.
(Address) 147 Wintthrop St Wintthrop Date 4/15 1948

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

DATE OF BURIAL Apr 19 1948

22 NAME OF FUNERAL DIRECTOR Ernest Ploegmans
ADDRESS 147 Wintthrop St Wintthrop

Received and filed APR 16 1948 1948

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

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

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RULES OF PRACTICE

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

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

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

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

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

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

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

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

1 PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)

No.

30 Atlantic 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.

75

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

2 FULL NAME William Edward Kelly

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

(a) Residence, No. 30 Atlantic 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 26 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 Lillian Conohan

(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 79 Years 5 Months 9 Days | If less than 1 day Hours Minutes

Usual Occupation: Retired

Industry or Business: Bridge Worker

11 Social Security No. 010-20-0202

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

13 NAME OF FATHER

William Kelly

14 BIRTHPLACE OF FATHER (City)

(State or country)

Nova Scotia

15 MAIDEN NAME OF MOTHER

Ethelam Rhodes

16 BIRTHPLACE OF MOTHER (City)

(State or country)

Nova Scotia

PARENTS

17 Informant (Address) Lillian Kelly, Wife 30 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:

(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 19 1948
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from Jan. 17, 1945, to April 19, 1948

I last saw him alive on April 17, 1948, death is said to have occurred on the date stated above, at 7:30 A. M.

Immediate cause of death

Coronary Thrombosis

Due to

Due to Myocardial

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Date of

Of autopsy

What test confirmed diagnosis?

Duration

IMPORTANT

2 day

2 yrs

IMPORTANT

Physician

Underline the cause to which death should be charged statistically.

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

If so, specify (Signed) Louis J. Salerno, M. D.

(Address) 75 Pleasant St. Date April 21, 1948

21 Winthrop Winthrop

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

DATE OF BURIAL April 21 1948

22 NAME OF FUNERAL DIRECTOR Howard S. Reynolds

ADDRESS Winthrop Mass

Received and filed April 19, 1948

APR 21 1948

(Registrar)

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GOVERNING THE

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

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

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

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

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

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

RULES OF PRACTICE

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

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

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

(3) **Medical Examiners** will investigate and certify to all deaths 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 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)-1-1-45-15510

1 PLACE OF DEATH

Suffolk County
Wrentham
(City or Town)

No. *255* *Main*



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

STANDARD
CERTIFICATE OF DEATH

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

Registered No. *76*

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

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

(a) Residence. No. *No. Berwick Maine* St. *(Maine)*
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or institution *1* years months days. In this community *3* 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 *Married*

5a If married, widowed, or divorced
HUSBAND of *Clara E. Erickson*
(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. *L*

8 AGE *67* Years *5* Months *19* Days | If less than 1 day
Hours Minutes

Usual Occupation: *Retired - Farmer*

Industry or Business: *Own farm.*

11 Social Security No. *None*

12 BIRTHPLACE (City) *Byggsjö -*
(State or country) *Sweden*

PARENTS

13 NAME OF FATHER *Neilson Sundstrom*

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

15-MAIDEN NAME OF MOTHER *Mitilda Johnson*

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

17 Informant (Address) *Mrs. Clara Sundstrom (Wife)*
No. Berwick, Maine

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) *4/23/48* (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH *April 23, 1948*
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from
Sept 6, 19*45*, to *April 23*, 19*48*.

I last saw him alive on *April 23*, 19*48*, death is said to
have occurred on the date stated above, at *7 am* m.

Immediate cause of death _____ Duration

Pulmonary Edema *April 19/48*
Due to *Cerebral Hemorrhage* *May 1944*

Due to *Hypertension* *1940*
Hypertensive heart disease

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? *Autopsy Exam*

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

(Signed) *James E. Schmitt* M. D.
(Address) *100 Highland Ave., Somerville, Mass.* Date *4/23*, 19*48*

21 *Hillside* *No. Berwick, Maine*
Place of Burial, Cremation or Removal. (City or Town)
DATE OF BURIAL *April 25*, 19*48*

22 NAME OF FUNERAL DIRECTOR *David Fudge & Son, Inc.*
ADDRESS *100 Highland Ave., Somerville, Mass.*

Received and filed *APR 23 1948* 19
(Registrar)

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

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

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

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

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

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

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

RULES OF PRACTICE

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

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

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

(3) **Medical Examiners** will investigate and certify to all deaths 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 extracts from the laws on back of certificate.

Section 10, requires physicians to insert a recital to that effect.

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

1 PLACE OF DEATH

Suffolk
(County)

Winthrop
(City or Town)

No. Winthrop Community Hospital



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

STANDARD
CERTIFICATE OF DEATH

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

Registered No. 77

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

2 FULL NAME

Baby (boy) Butore Butare

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

(a) Residence, No. 45 Pearl St.
(Usual place of abode)

St. Medford
(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

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 1 Days If less than 1 day Hours Minutes

Usual
9 Occupation:

Industry
10 or Business:

11 Social Security No.

12 BIRTHPLACE (City)
(State or country) Winthrop

13 NAME OF

FATHER Joseph Butore

14 BIRTHPLACE OF

FATHER (City) Boston
(State or country)

15 MAIDEN NAME

OF MOTHER Louise Alderizzio

16 BIRTHPLACE OF

MOTHER (City) Haverhill, Mass.
(State or country)

PARENTS

17 Informant Joseph Butore (Relationship, if any)
(Address) 45 Pearl St. Medford

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)
(Date of Issue of Permit) 4/30/48

MEDICAL CERTIFICATE OF DEATH

18 DATE OF
DEATH

April 24 48
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from

April 23 1948 to April 24 1948

I last saw him alive on April 23, 1948, death is said to
have occurred on the date stated above, at 4:28 p.m.

Immediate cause of death:

Defective
Cholelithiasis

Due to

Prematurity, 6 1/2 mo

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy Date of

What test confirmed diagnosis? Clinical findings

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

(Signed) Louis Schuchman M. D.
(Address) 93... Date 4/24 1948

21 St. Michael Cemetery Boston

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

DATE OF BURIAL April 28 - 48

22 NAME OF
FUNERAL DIRECTOR Vincent Caputo

ADDRESS 9 Chelsea St. East Boston

Received and filed MAY 3 1948

(Registrar)

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

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

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

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

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RULES OF PRACTICE

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

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

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- (1)-6-43-12056

PLACE OF DEATH

Saffolk
(County)
Winthrop
(City or Town)
No. 47 Bellevue Ave.



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. 78

2 FULL NAME Louis L. Palmer
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(a) Residence No. 47 Bellevue Ave 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 30 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)

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 Maude S Scott (Give maiden name of wife in full) (or) WIFE 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 11 Months 27 Days If less than 1 day Hours.....Minutes		
9 Occupation: Superintendent		
10 Industry or Business: Gas & Light Co.		
11 Social Security No. 023-10-6991		
12 BIRTHPLACE (City) East Boston (State or country) Mass.		

PARENTS

13 NAME OF FATHER Leavitt Palmer
14 BIRTHPLACE OF FATHER (City) Hingham (State or country) Mass.
15 MAIDEN NAME OF MOTHER Unable to obtain
16 BIRTHPLACE OF MOTHER (City) Hingham (State or country) Mass.
17 Informant Willis Johnson Nephew (Address) 47 Bellevue Ave. Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Walter H. Palmer
(Signature of Agent of Board of Health or other)
(Official Designation) (Date of Issue of Permit) 2/29/48

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH April - 27 - 1948 (Month) (Day) (Year)	19 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows: (If an injury was involved, state fully.) Cancer of Neck Pathologic Fractures of Cervical Vertebrae Asteris Sclerotic Heart Disease
20 Accident, suicide, or homicide (specify) Date of occurrence 19 Where did injury occur? (City or town and State) Did injury occur in or about home, on farm, in industrial place, or in public place? (Specify type of place) Manner of Injury Nature of Injury While at work? Was there an autopsy?	21 Was disease or injury in any way related to occupation of deceased? If so, specify (Signed) M. J. Scott (Address) Boston April 28 - 1948
22 Hingham Hingham Place of Burial, Cremation or Removal. (City or Town) DATE OF BURIAL April 30 1948	23 NAME OF FUNERAL DIRECTOR ADDRESS Received and filed 19 MAY 3 1948 (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. 40, Sec. 9.

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

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

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

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

BOSTON

(City or town making return)

COPY OF
CERTIFICATE OF DEATH

Registered No.

4077

PLACE OF DEATH

SUFFOLK
COUNTY
BOSTON

(City or Town)

No. Mass. General Hospital

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

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

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

(a) Residence. No. 46 Winthrop
(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 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 Widow
or DIVORCED

18 DATE OF DEATH April 28, 1948
(Month) (Day) (Year)

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

19 I HEREBY CERTIFY, That attended deceased from
Apr 27, 1948, to Apr 28, 1948
I last saw her alive on Apr 28, 1948 death is said to
have occurred on the date stated above, at 1:08 A.m. Duration

6 Age of husband or wife if alive years

Immediate cause of death Congestive heart failure 1 day

7 IF STILLBORN, enter that fact here.

8 AGE 56 Years 11 Months Days If less than 1 day
Hours Minutes

Due to Coronary thrombosis 2 days

9 Occupation: Housewife

Due to

10 Industry or Business:

Other conditions Acute gastro-duodenitis
(Include pregnancy within months of death) Physician
Diabetes mellitus

11 Social Security No.

Major findings: None
Of operations

12 BIRTHPLACE (City) Phila
(State or country) Pa

Date of
Or autopsy As above
What test confirmed diagnosis? Autopsy

13 NAME OF FATHER James Gaynor
14 BIRTHPLACE OF FATHER (City) Phila
(State or country) Pa

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

15 MAIDEN NAME OF MOTHER Annie Coyle

If so, specify W T S Thorndike
(Signed) Asst Dir MGH Date 4/28/48 M. D.

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

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

17 Informant Mrs. Anna DiLorenzo Relation, if any
(Address) 46 Winthrop St Winthrop

DATE OF BURIAL May 1 1948 19

A TRUE COPY

ATTEST: Michael Manning

(Registrar of city or town where death occurred)

DATE FILED May 3 1948

Received and filed MAY 21 1948 19

(Registrar of City or Town where deceased resided)

resided in another city or town at the time of death should be made forthwith and transmitted on Form R-302 to the clerk of the city or town in which the deceased resided. (See Chap. 46, Sec. 12, G. L.)

The Commonwealth of Massachusetts

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

Chelsea

(City or town making return)

Registered No.

30

Suffolk

(County)

Chelsea

(City or Town)

No. Chelsea Memorial Hospital

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

2 FULL NAME Catherine Ann Ronayne

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

(a) Residence, No. 42 Wordsworth Ave.

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 4 days.

In this community

yrs.

mos. 4 days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE (write the word)

Female

White

MARRIED
WIDOWED
or DIVORCED Single

5a If married, widowed, or divorced

HUSBAND of (Give maiden name of wife in full)

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

6 Age of husband or wife if alive years

7 IF STILLBORN, enter that fact here.

8 AGE Years Months 4 Days | If less than 1 day
Hours MinutesUsual
9 Occupation:Industry
10 or Business:

11 Social Security No.

12 BIRTHPLACE (City) Chelsea
(State or country) Mass.13 NAME OF
FATHER14 BIRTHPLACE OF
FATHER (City)
(State or country) Mass.15 MAIDEN NAME
OF MOTHER Ann Harrington16 BIRTHPLACE OF
MOTHER (City) East Boston
(State or country) Mass.17 Informant (Address) 42 Wordsworth Ave., Winthrop
Relation, if any (Father)

A TRUE COPY.

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

DATE FILED 19

MEDICAL CERTIFICATE OF DEATH

18 DATE OF
DEATH

April 28, 1948

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY, That I attended deceased from
April 24, 1948 to April 28, 1948I last saw her alive on April 28, 1948, death is said to
have occurred on the date stated above, at 8:15 A. m.

Immediate cause of death

Prematurity

Duration

4 days

Due to Atelectasis

Aspiration of Mucous

Due to Subarachnoid Hemorrhage

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Date of 4/30/48

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) Dante L. Adelizzi

M. D.

(Address) East Boston

Date 5/1 19 48

21 PLACE OF BURIAL

CREMATION OR REMOVAL Winthrop

(Cemetery)

Winthrop
(City or Town)

DATE OF BURIAL May 4 1948

22 NAME OF

FUNERAL DIRECTOR Kirby Bros.

ADDRESS Winthrop

Received and filed

19

(Registrar of City or Town where deceased resided)



MAY 22 1943 IN

DEATH in plain terms, so 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-10-47-22153

Suffolk

(County)

Winthrop

(City or Town)

No. 115 Locust St

PLACE OF DEATH

1



The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD

CERTIFICATE OF DEATH

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

Registered No. 81

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

2 FULL NAME Justin C B. Pinkham

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

PHYSICIAN-IMPORTANT

U. S. War Veteran,

if so specify WAR.

(a) Residence. No. 115 Locust St.

(Usual place of abode)

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

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

(Before death)

(Specify whether)

In this community 35 yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Male

4 COLOR OR RACE

White

5 SINGLE (write the word)

MARRIED

WIDOWED

or DIVORCED Married

5a If married, widowed or divorced
HUSBAND of Mary L. Sullivan

(Give maiden name of wife in full)

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

6 Age of husband or wife if alive. 60 years

7 IF STILLBORN, enter that fact here.

8 AGE 61 Years Months Days If less than 1 day
Hours Minutes

9 Occupation: Usual Painter

10 Industry or Business: House

11 Social Security No. 025--12--1988

12 BIRTHPLACE (City) Boothbay
(State or Country) Me.13 NAME OF
FATHER

Wesley Pinkham

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

Boothbay

Me.

15 MAIDEN NAME
OF MOTHER

Francena Hodgton

16 BIRTHPLACE OF
MOTHER (City)
(State or Country)

Boothbay

Me.

PARENTS

17 Informant Mary Pinkham (Relationship of any)
(Address) 115 Locust StI HEREBY CERTIFY that a satisfactory standard certificate of death
was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation) Health Officer (Date of Issue of Permit) 5/3/48

MEDICAL CERTIFICATE OF DEATH

18 DATE OF
DEATHMAY 1st 1948
(Month) (Day) (Year)19 I HEREBY CERTIFY, That I attended deceased from
May 1, 1948, to May 5, 1948I last saw him alive on May 1, 1948, death is said to
have occurred on the date stated above, at 5:05 p.m.

Duration

Immediate cause of death.

Cerebral hemorrhage 2 hours

Due to Hypertension unknown

Due to Generalized arterio-sclerosis unknown

Other conditions: Medical examiner waived jurisdiction

Major findings:

Of operations

IMPORTANT

Underline
the cause to
which death
should be
charged sta-
tistically.

Date of

Of autopsy. Clinical

What test confirmed diagnosis?

20 Was disease or injury in any way related to occupation of deceased? No

If so, specify Paul P. Weinstock M. D.
(Signed) 238 Shore Street, Boston, 1948
(Address)

21 Place of Burial, Cremation or Removal. City or Town

DATE OF BURIAL May 4 1948

22 NAME OF
FUNERAL DIRECTOR John F. O'Malley

ADDRESS Winthrop

Received and Filed MAY 5 1948

(Registrar)

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required

by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or 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 _____

entire of that it may be properly recorded. Exact statement of OCCURRENCE 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

chelsea 6/7/48

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. 82

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH (County) Winthrop (City or Town) Winthrop No. Winthrop Comm. Hosp St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME BABY GIRL TATELBAUM (If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 41 Cottage St. Chelsea (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 <u>F</u>	4 COLOR OR RACE <u>white</u>	5 SINGLE (write the word) MARRIED WIDOWED or DIVORCED	18 DATE OF DEATH <u>May 2 - 1948</u> (Month) (Day) (Year)	
5a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full) (or) WIFE of (Husband's name in full)			19 I HEREBY CERTIFY, That I attended deceased from 19, 40, 19 I last saw h. alive on 19, death is said to have occurred on the date stated above, at m. Immediate cause of death	
6 Age of husband or wife if alive years			Duration	
7 IF STILLBORN, enter that fact here. <u>STILL BORN</u>			FETAL DEATH IN UTERO <u>about 1 wk.</u>	
8 AGE Years Months Days If less than 1 day Hours Minutes			Due to	
9 Occupation: Usual			Due to	
10 Industry or Business:			Other conditions (Include pregnancy within 3 months of death)	
11 Social Security No.			Major findings: Of operations	
12 BIRTHPLACE (City) (State or country) <u>Winthrop</u>			Date of	
PARENTS	13 NAME OF FATHER <u>Morris Tattelbaum</u>		Of autopsy	
	14 BIRTHPLACE OF FATHER (City) (State or country) <u>Russia</u>		What test confirmed diagnosis <u>Physical findings</u>	
	15 MAIDEN NAME OF MOTHER <u>Freda Solznick</u>		20 Was disease or injury in any way related to occupation of deceased? If so, specify (Signed) <u>James O. ...</u> M. D. (Address) <u>998 ...</u> 1948	
	16 BIRTHPLACE OF MOTHER (City) (State or country) <u>Chelsea Mass.</u>		21 Mount <u>Mount Lebanon Custom Tailor</u> Place of Burial, Cremation or Removal (City or Town) DATE OF BURIAL <u>Before 12 West 47th St</u> 1948	
17 Informant (Address) <u>Isaac Solznick (uncle) 335 Bainbridge St. Malden</u>	Relation, if any		22 NAME OF FUNERAL DIRECTOR <u>James H. ...</u> ADDRESS <u>1272 Blue Hill Ave. Matt.</u>	
I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued: <u>Walter H. Gakker</u> (Signature of Agent of Board of Health or other) Health Officer <u>5/3/48</u> (Official Designation) (Date of Issue of Permit)				

Received and filed APR 5 1948 19
MAY 5 1948 (Registrar)

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, 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:

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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.

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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 fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen 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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SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

1 { PLACE OF DEATH
 Suffolk *Boston* 6/2/48
 (County)
 Winthrop
 (City or Town)
 No. 93 Hermon St.,



The Commonwealth of Massachusetts
 OFFICE OF THE SECRETARY
 DIVISION OF VITAL STATISTICS
 STANDARD
 CERTIFICATE OF DEATH

To be filed for burial permit
 with Board of Health
 or its Agent.

Registered No. 81

2 FULL NAME Ella Elizabeth Robertson (nee! Ward)
 (If deceased is a married, widowed or divorced woman, give also maiden name.)
 (a) Residence, No. 12 Princeton St. St. East Boston, 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 53 yrs. mos. days.
 (Before death) (Specify whether)

PHYSICIAN - IMPORTANT

(Was deceased a
 U. S. War Veteran,
 if so specify WAR)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX Female 4 COLOR OR RACE White 5 SINGLE (write the word)
 MARRIED
 WIDOWED
 or DIVORCED Widow
 5a If married, widowed, or divorced
 HUSBAND of Artemis Robertson
 (Give maiden name of wife in full)
 (or) WIFE of Artemis Robertson
 (Husband's name in full)

18 DATE OF DEATH May 7 1948
 (Month) (Day) (Year)

6 Age of husband or wife if alive — years

19 I HEREBY CERTIFY, That I attended deceased from
January 1948, 1948, to May 7 1948, 1948
 I last saw h. alive on May 7 1948, 1948, death is said to
 have occurred on the date stated above, at 11:00 P. m.

7 IF STILLBORN, enter that fact here.

Immediate cause of death Carcinomatosis Duration 5 mos

8 AGE 75 Years 5 Months — Days | If less than 1 day
 Hours — Minutes

Due to Carcinoma of colon and uterus

9 Occupation: none

Due to Hypertension unknown

10 Industry or Business: at home

Other conditions Hypertension unknown

11 Social Security No. none

Due to Hypertension unknown

12 BIRTHPLACE (City) Harcourt
 (State or country) New Brunswick

Due to Hypertension unknown

Other conditions Hypertension unknown

13 NAME OF FATHER John D. Ward

Due to Hypertension unknown

Other conditions Hypertension unknown

14 BIRTHPLACE OF FATHER (City) Bass River
 (State or country) New Brunswick

Due to Hypertension unknown

Other conditions Hypertension unknown

15 MAIDEN NAME OF MOTHER Henrietta McPherson

Due to Hypertension unknown

Other conditions Hypertension unknown

16 BIRTHPLACE OF MOTHER (City) Unknown
 (State or country) New Brunswick

Due to Hypertension unknown

Other conditions Hypertension unknown

17 Informant Frank H. Robertson (son) Relation, if any
 (Address) 65 Cushing St., Cambridge

Due to Hypertension unknown

Other conditions Hypertension unknown

I HEREBY CERTIFY that a satisfactory standard certificate of death was
 filed with me BEFORE the burial or transit permit was issued:

Due to Hypertension unknown

Other conditions Hypertension unknown

Walter A. Parker
 (Signature of Agent of Board of Health or other)

Due to Hypertension unknown

Other conditions Hypertension unknown

Health Officer 5/10/48
 (Official Designation) (Date of Issue of Permit)

21 Woodlawn Everett
 Place of Burial, Cremation or Removal. (City or Town)

DATE OF BURIAL May 11 1948

22 NAME OF FUNERAL DIRECTOR L. E. Parker

ADDRESS 300 Meridian St., E. Boston

Received and filed 19

MAY 13 1948

(Registrar)

EXTRACTS FROM THE LAWS OF THE
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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

Exact statement of OCCUPATION is very important.
 DEATH in plain terms, so that it may be properly classified.
 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-10-47-22153



The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD

CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent

Registered No. **85**

1 PLACE OF DEATH
 {
 Suffolk (County)
 Winthrop (City or Town)

No. 105 Cottage Ave

St. { (If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME Letitia Beaudoin (Brugnani)
 (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. 105 Cottage Ave
 (Usual place of abode)

St. (If nonresident, give city or town and State)

Length of stay: In hospital or institution (Before death) (Specify whether) years months days. In this community 25 yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

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 George F. Beaudoin
 (Husband's name in full) 48

6 Age of husband or wife if alive. 48 years

7 IF STILLBORN, enter that fact here.

8 AGE 39 Years Months Days If less than 1 day
 Hours Minutes

9 Occupation: Usual Housewife

Industry
 10 or Business:

11 Social Security No. 033-22-8722

12 BIRTHPLACE (City) Boston
 (State or Country) Mass

13 NAME OF FATHER Hector Brugnani

14 BIRTHPLACE OF FATHER (City) Italy
 (State or Country)

15 MAIDEN NAME OF MOTHER Eugenia Faure

16 BIRTHPLACE OF MOTHER (City) France
 (State or Country)

17 Informant George F. Beaudoin (Relation) husband
 (Address) 105 Cottage Ave Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death
 was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

Health Officer (Official Designation) 5/10/48 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH May 8 1948
 (Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from
 4/29/48, 19 to May 5, 1948

I last saw him alive on May 7, 1948 death is said to
 have occurred on the date stated above, at 6 A. m.

Immediate cause of death Metastatic

metastatic carcinoma
 lung

Due to carcinoma heart

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: C A heart
 Of operations Date of 4/1/48

Of autopsy

What test confirmed diagnosis? lung

20 Was disease or injury in any way related to occupation of deceased?

If so, specify (Signed) Charles J. Baker M. D.
 (Address) Winthrop Date 5-8-48

21 Winthrop Winthrop
 Place of Burial, Cremation or Removal (City or Town)
 DATE OF BURIAL May 10 1948

22 NAME OF FUNERAL DIRECTOR John F. Moley
 ADDRESS Winthrop Mass

Received and Filed May 13 1948

(Registrar)

IMPORTANT

Underline
 the cause to
 which death
 should be
 charged sta-
 tistically.

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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

100m-(g)-1-45-15510

1. If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, require physicians to insert a recital to that effect.

2. Exact statement of occupation is very important. See instructions and extracts from the laws on back of certificate.

Suffolk

(County)

Winthrop

(City or Town)

No. 86 Sagamore 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.

86

St. (If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME Benjamin Lewis Almeda
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence, No. 86 Sagamore Ave.
(Usual place of abode)

St. (If nonresident, give city or town and State)

Length of stay: In hospital or institution years months days. In this community 40 yrs. mos. days.
(Before death) (Specify whether)

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 Mary A Hendrick
HUSBAND of (Give maiden name of wife in full)
(or) WIFE of (Husband's name in full)

6 Age of husband or wife if alive years

7 IF STILLBORN, enter that fact here.

8 AGE 80 Years 2 Months 0 Days | If less than 1 day
Hours Minutes

9 Usual Occupation: Salesman

10 Industry or Business: Hardware

11 Social Security No. 031-05-7909

12 BIRTHPLACE (City) Boston
(State or country) Mass.

13 NAME OF FATHER John Almeda

14 BIRTHPLACE OF FATHER (City) Portugal
(State or country)

15 MAIDEN NAME OF MOTHER MARCELINA MARTIN

16 BIRTHPLACE OF MOTHER (City) Portugal
(State or country)

17 Informant (Address) Walter B Almeda Son
277 S. Main St Cohasset Mass.

I HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:

Walter B. Almeda
(Signature of Agent of Board of Health or other)

Health Officer 5/11/48
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH May 9 1948
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from
May 25, 1940 to May 9, 1948

I last saw him alive on May 8, 1948, death is said to
have occurred on the date stated above, at 8:30 A.M. Duration

Immediate cause of death

Pyelo-nephritis
(Bilateral)

IMPORTANT

1 year

Due to Chemia

4 days

Due to Arteriosclerosis

3 years

Due to Senility

6 mos

Other conditions (Include pregnancy within 3 months of death)

None

IMPORTANT

Physician

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? If so, specify Jacob J. Almeda

(Signed) (Address) 562 Shirley St Date 5/10/48

21 Winthrop Winthrop
Place of Burial, Cremation or Removal (City or Town)

DATE OF BURIAL May 11 1948

22 NAME OF FUNERAL DIRECTOR Howard S. Reynolds
ADDRESS Winthrop Mass.

Received and filed MAY 13 1948 19

(Registrar)

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required

by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

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(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by 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. 87

PLACE OF DEATH
1 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 Guarino*
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN-IMPORTANT

(a) Residence. No. *243 Boston Street* St. *Worcester, 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.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX *Female* 4 COLOR OR RACE *White* 5 SINGLE (write the word) *Single*
MARRIED
WIDOWED
OR DIVORCED

18 DATE OF DEATH *May 9 1948*
(Month) (Day) (Year)

5a If married, widowed or divorced
HUSBAND of: (Give maiden name of wife in full)
(or) WIFE of (Husband's name in full)

19 I HEREBY CERTIFY, That I attended deceased from
, 19 , to , 19
I last saw h alive on , 19 , death is said to
have occurred on the date stated above, at m.

6 Age of husband or wife if alive years

Immediate cause of death

7 IF STILLBORN, enter that fact here. *Still Born*
8 AGE Years Months Days If less than 1 day Hours Minutes

Still born

9 Occupation: *none*

Due to *Mongolian Idiot*

10 Industry or Business: *none*

11 Social Security No. *none*

12 BIRTHPLACE (City) *Winthrop, Mass.*
(State or Country)

Other conditions
(Include pregnancy within 3 months of death)

13 NAME OF FATHER *Salvatore Guarino*

Major findings:
Of operations

14 BIRTHPLACE OF FATHER (City) *Boston, Mass.*
(State or Country)

Date of

15 MAIDEN NAME OF MOTHER *Anna Guarino*

Of autopsy

16 BIRTHPLACE OF MOTHER (City) *Boston, Mass.*
(State or Country)

What test confirmed diagnosis? *clinical*

17 Informant *Salvatore Guarino (Father)*
(Address) *243 Boston St. Worcester, Mass.*

20 Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) *Charles Saluni*, M. O.
(Address) *342 1/2 Avenue A, Boston* Date *5/10/1948*

21 *St. Michael's, Postindale, Mass.*
Place of Burial, Cremation or Removal (City or Town)

DATE OF BURIAL *May 10, 1948* 19

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed
with me BEFORE the burial or transit permit was issued:

22 NAME OF FUNERAL DIRECTOR *Fred Nello Russo*
ADDRESS *25 Prince Street, Boston, Mass.*

(Signature of Agent of Board of Health or other)
Walter H. Baker

Received and Filed 19

(Official Designation) *Health Officer* (Date of Issue of Permit) *5/10/48*

MAY 13 1948

(Registrar)

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required

by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

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RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

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(3) **Medical Examiners** will investigate and certify to all deaths 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. 88

No. Winthrop Community Hosp. St. (If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME Jane T. Lally
(If deceased in a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN - IMPORTANT

(a) Residence, No. 137 Court Rd. St. Winthrop
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: in hospital or institution 11 wks. years 1 months 9 days. In this community 12 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 75 Years Months Days If less than 1 day
Hours Minutes

9 Occupation: at home

Industry " "

10 or Business: none

11 Social Security No. none

12 BIRTHPLACE (City) Boston
(State or country) Mass.

13 NAME OF FATHER Patrick J. Lally

14 BIRTHPLACE OF FATHER (City) Ireland
(State or country)

15 MAIDEN NAME OF MOTHER Margaret Norton

16 BIRTHPLACE OF MOTHER (City) Ireland
(State or country)

17 Informant Margaret F. Lally (Address) 431 Washington St. Brookline
(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:

Walter H. Baker
(Signature of Agent of Board of Health of other)

Health Officer 5/11/48
(Official Designation) (Date of issue of Permit)

18 DATE OF DEATH May 10, 1948
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from
3-31, 1948, to 5-10, 1948
I last saw him alive on 5-9, 1948, death is said to
have occurred on the date stated above, at 5:45 a.m.

Immediate cause of death Chronic edema 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 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) P. J. Winthrop M. D.
(Address) 431 Washington St. Date 5-10-1948

21 Calvary Cem. Boston
Place of Burial, Cremation or Removal. (City or Town)

DATE OF BURIAL May 12, 1948

22 NAME OF FUNERAL DIRECTOR Edw. M. Fitzgibbon
ADDRESS 1428 Dorchester Ave. Boston

Received and filed MAY 13, 1948 19

(Registrar)

EXTRACTS FROM THE LAWS OF THE
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GOVERNING THE

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A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required

by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

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. 445489

1 PLACE OF DEATH
SUFFOLK
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 Vincent Fischer
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S. War Veteran, WW I specify WAR)

(a) Residence, No. 22 Pleasant Pk Rd 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 25 yrs. mos. days.
(Before death) (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX Male 4 COLOR OR RACE White 5 SINGLE (write the word) MARRIED WIDOWED or DIVORCED Married

18 DATE OF DEATH May 11 1948
(Month) (Day) (Year)

5a If married, widowed, or divorced HUSBAND of Minnie Pantuosco
(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 7, 1948, to May 11, 1948

I last saw him alive on May 11, 1948, death is said to have occurred on the date stated above, at 2:05 P.m.

6 Age of husband or wife if alive 48 years

Immediate cause of death

7 IF STILLBORN, enter that fact here.

8 AGE 57 Years 11 Months Days If less than 1 day Hours Minutes

Due to Surgical shock 3 hrs

Usual Occupation: Shoe worker

Due to Carcinoma of stomach 4 mo

Industry or Business: Shoe business

11 Social Security No. 029-09-3978

12 BIRTHPLACE (City) Italy
(State or country)

Other conditions (Include pregnancy within 3 months of death)

Physician

Underline the cause to which death should be charged statistically.

13 NAME OF FATHER Vincent Fischer

Major findings: Sub-total
Of operations: Gastrectomy Date of 5/11/48

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 M. D.
(Signed) (Address) B. C. H. Date 5/12/48

21 PLACE OF BURIAL, CREMATION OR REMOVAL Winthrop Winthrop
Cemetery (City or Town)
DATE OF BURIAL May 14 1948 19

22 NAME OF FUNERAL DIRECTOR E P Cagliano
ADDRESS Winthrop

Received and filed MAY 21 1948 19
(Registrar of City or Town where deceased resided)

17 Informant Minnie Fischer Relation, if any (Wife)
(Address) 22 Pleasant Pk Rd Winthrop
A TRUE COPY Michael J. Manning
ATTEST (Registrar of City or Town where death occurred)
DATE FILED May 27 1948 19

Date of entering military service June 24 1918

Date of discharge Jan 24 1919

Rank, rating Private

Organization and outfit Co E 42 Infantry Camp Upton N Y

Service number 2726727

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. 4424 90

PLACE OF DEATH

Suffolk

(County)

Boston

(City or Town)

No. Mass. General Hospital

St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Lena Rahlan
(If deceased is a married, widowed or divorced woman, give also maiden name.)(a) Residence No. 149 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 1 days. In this community 11 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 Married
WIDOWED
or DIVORCED18 DATE OF DEATH May 11/48
(Month) (Day) (Year)5a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full) Harry Rahlan
(or) WIFE of (Husband's name in full)19 I HEREBY CERTIFY, That I attended deceased from May 10, 1948, to May 11, 1948
I last saw her alive on May 11, 1948, death is said to have occurred on the date stated above, at 7:30 P.m.

6 Age of husband or wife if alive 41 years

Immediate cause of death Brain tumor
Duration At least 1 Month

7 IF STILLBORN, enter that fact here.

8 AGE 40 Years Months Days | If less than 1 day Hours Minutes

Type undetermined

Usual Occupation: Housewife

Due to

10 or Business:

Other conditions (Include pregnancy within 3 months of death)

11 Social Security No.

12 BIRTHPLACE (City) England
(State or country)Major findings: Craniotomy May 10/48
Of operations Date of

Physician

Underline the cause to which death should be charged statistically.

13 NAME OF FATHER Benjamin Babson

14 BIRTHPLACE OF FATHER (City) Russia
(State or country)

Of autopsy autopsy

What test confirmed diagnosis? No

20 Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) F Haase Jr.

(Address) Mass. General Hospt Date 5-12, 1948

17 Informant Father (Relation, if any)
(Address)21 PLACE OF BURIAL, Burial of Boston-Woburn Mass.
CREMATION OR REMOVAL (City or Town)

DATE OF BURIAL May 12/48 19

A TRUE COPY.

22 NAME OF FUNERAL DIRECTOR B Birnbach
ADDRESS Dorchester Mass.

ATTEST: (Registrar of city or town where death occurred)

Received and filed MAY 21 1948 19

DATE FILED May 14 19 48

(Registrar of City or Town where deceased resided)



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. 91

1

PLACE OF DEATH

St. (If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence, No. 356 Beach St., Revere, Mass. 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

3. SEX Male 4. COLOR OR RACE White 5. SINGLE (write the word) MARRIED WIDOWED or DIVORCED

5a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full)
(or) WIFE of (Husband's name in full)

6 Age of husband or wife if alive years

7 IF STILLBORN, enter that fact here. Stillborn

8 AGE Years Months Days If less than 1 day Hours Minutes

9 Occupation:

10 Industry or Business:

11 Social Security No.

12 BIRTHPLACE (City) Winthrop
(State or country) Mass.

PARENTS

13 NAME OF FATHER John F. Pepi

14 BIRTHPLACE OF FATHER (City) Salerno
(State or country) Italy

15 MAIDEN NAME OF MOTHER Dorothy Gillis

16 BIRTHPLACE OF MOTHER (City) Revere
(State or country) Mass.17 Informant John F. Pepi (Relation, if any)
(Address) 356 Beach St., Revere, Mass. (Father)

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH May 14 1948
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from 19 to 19
I last saw him alive on 19, death is said to have occurred on the date stated above, at m.

Immediate cause of death FETAL DEATH IN UTERO
Duration about 1 week

Dua 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) Dr. James O. Nelson M. D.
(Address) 199 Shoreway, Revere, Mass. Date 5/14/48

21 Holy Cross Cemetery Malden
Place of Burial, Cremation or Removal (City or Town)
DATE OF BURIAL May 14 1948

22 NAME OF FUNERAL DIRECTOR William E. Lepi
ADDRESS 971 Saratoga St. East Boston.

Received and filed 19

MAY 17 1948

(Registrar)

extracts from the laws on back of certificate.
If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required

by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a 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

on back of certificate.
If deceased was a U. S. War Veteran, G. L., Chap. 48, Sec. 10, requires physicians to insert a recital to that effect.

100m-(c)-3-46-18278

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

Winthrop
(City or town making return)

Registrar's Number

92

No. Bay View Nursing Home, 41 Washington Ave (If death occurred in a hospital or institution give its NAME instead of street and number)

2 FULL NAME William Patten Gerrish
(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. 98 Bellevue Avenue St. (If nonresident, give city or town and State)

Winthrop Community Hospital 3 months

Length of stay: In hospital or institution (Before death) Nursing Home (Specify whether) 3 months 3 days. In this community 38 years months 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 Caroline Edith Walker (Give maiden name of wife in full)

(or) WIFE 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 8 Months 5 Days If less than 1 day Hours Minutes

Usual Occupation: retired

Industry or Business: stockman, Rust Craft Card Co.

11 Social Security No. 021-09-1677

12 BIRTHPLACE (City) Chelsea (State or country) Mass.

13 NAME OF FATHER William Gerrish

14 BIRTHPLACE OF FATHER (City) Chelsea (State or country) Mass.

15 MAIDEN NAME OF MOTHER Emily Patten

16 BIRTHPLACE OF MOTHER (City) Charleston (State or country) Mass.

17 Informant George H. Gerrish (Address) 1134 Franklin St. Melrose 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:

Walter A. Baker (Signature of Agent of Board of Health or other Health Officer) 5/18/48 (Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH May 15 1948 (Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from February 7, 1948 to May 11, 1948

I last saw him alive on May 11, 1948, death is said to have occurred on the date stated above, at 8:30 P. M.

Immediate cause of death Cardiac decompensation 4 mos

Due to Chronic Myocarditis 2 yrs.

Due to

Other conditions (Include pregnancy within 3 months of death) Important

Major findings: Of operations Physician

Date of Underline the cause to which death should be charged statistically.

Of autopsy

What test confirmed diagnosis?

20 Was disease or injury in any way related to occupation of deceased? No.

If so, specify

(Signed) Edward J. Trauger M.D. (Address) 30 Orlando Ave Date 5-17-1948

21 Woodlawn Cemetery Everett (City or Town)

DATE OF BURIAL May 18, 1948 19

22 NAME OF FUNERAL DIRECTOR Alfred B. Marsh

ADDRESS 174 Winthrop St. Winthrop

Received and filed MAY 20 1948 19

A TRUE COPY ATTEST:

(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.

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of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

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RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only, as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e.g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of house housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by 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.

93

2 FULL NAME

James J. Mc Gee

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 49 Bates Ave.

(Usual place of abode)

St.

Winthrop

(If nonresident, give city or town and State)

Length of stay: In hospital or institution (Before death)

Hosp.

(Specify whether)

years

months

3 days.

In this community 23 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:

Agnes M. St. John

(Give maiden name of wife in full)

(or) WIFE 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 13 Days

If less than 1 day
Hours Minutes

Minutes

Usual

9 Occupation:

Retired

Industry

10 or Business:

Marine Engineer

11 Social Security No. 018-12-4881

12 BIRTHPLACE (City)
(State or Country)St. John's
Newfoundland

PARENTS

13 NAME OF
FATHER

Thomas Mc Gee

14 BIRTHPLACE OF
FATHER (City)
(State or Country)St. John's
Newfoundland15 MAIDEN NAME
OF MOTHER

Sarah Gushue

16 BIRTHPLACE OF
MOTHER (City)
(State or Country)St. John's
Nfld17 Informant
(Address)

Dorothy Mc Gee (Daughter)

49 Bates Ave Widowed

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)

5/17/48

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)18 DATE OF
DEATHMay 16 1948
(Month) (Day) (Year)

19

I HEREBY CERTIFY,

That I attended deceased from

May 12, 1948, to May 16, 1948

I last saw him alive on May 16, 1948, death is said to have occurred on the date stated above, at 3:15 m.

Immediate cause of death

Duration

IMPORTANT

Due to

Pulmonary Embolism (1)

Due to

Systemic edema
Post operative hernia
operation
hernia

Other conditions

(Include pregnancy within 3 months of death)

IMPORTANT

Major findings:
Of operations

Physician

Underline
the cause to
which death
should be
charged statistically.

Of autopsy

What test confirmed diagnosis?

20 Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed)

(Address)

Winthrop
Winthrop Cemetery
Winthrop
May 19 1948

21

Place of Burial, Cremation or Removal

(City or Town)

DATE OF BURIAL

1948

22 NAME OF
FUNERAL DIRECTORPaul J. Kelly
11 Meridian St. E. Boston

Received and Filed

19

MAY 18 1948

(Registrar)

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required

by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or 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 Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by 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 *Chelsea*
(County) *6/7/48*
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.

94

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 *Betty Girl Dornfield*
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. *176 Ash*
(Usual place of abode)

St. *Chelsea*
(If nonresident, give city or town and State)

Length of stay: In hospital or institution *2 days*
(Before death) (Specify whether)

years months / days In this community yrs. mo. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX *F* 4 COLOR OR RACE *W.* 5 SINGLE (write the word)
MARRIED
WIDOWED
or DIVORCED *S.*

5a If married, widowed, or divorced
HUSBAND of _____
(Give maiden name of wife in full)
(or) WIFE 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) *Winthrop Mass.*
(State or country)

13 NAME OF FATHER *Joseph Dornfield*

14 BIRTHPLACE OF FATHER (City) *Lynn Mass.*
(State or country)

15 MAIDEN NAME OF MOTHER *Sylvia Poveman*

16 BIRTHPLACE OF MOTHER (City) *Russia*
(State or country)

17 Informant (Address) *Joseph Dornfield* Relation, if any *father*
26 Ash St. Chelsea

I HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transfer permit was issued:

Walker H. Baker
(Signature of Agent of Board of Health or other)

Health Officer (Official Designation) *5/18/48* (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH *May 18 1948*
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from
May 17 1948, to *May 18 1948*
I last saw her alive on *May 18 1948* death is said to
have occurred on the date stated above, at *14 A. M.*

Immediate cause of death *Heart failure*
with intracranial pressure
use intracranial pressure
Due to *Breech Presentation*

Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Date of _____
Of autopsy _____
What test confirmed diagnosis? *Heart Exam*

20 Was disease or injury in any way related to occupation of deceased? *No*
If so, specify *William Shivers*

(Signed) *W. Shivers* M. D.
(Address) *19 Shivers* Date *5/18/48*

21 *Chelsea*
Place of Burial, Cremation or Removal (City or Town)

DATE OF BURIAL *May 18 1948*

22 NAME OF FUNERAL DIRECTOR *Philip Hyman*
ADDRESS *Lynn Mass*

Received and filed *MAY 20 1948*

(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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RULES OF PRACTICE

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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. **95**

1 PLACE OF DEATH
Suffolk
(County)
Waltham
(City or Town)
No. **Community Hosp**

2 FULL NAME **Gastner J. Galpin**
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence, No. **24 Salem Ave** St. **Salmon**
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or institution **Hosp** years months **6** days. In this community 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)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX **Male** 4 COLOR OR RACE **White** 5 SINGLE (write the word)
MARRIED **Widow**
WIDOWED
or DIVORCED

18 DATE OF DEATH **May 19 1948**
(Month) (Day) (Year)

5a If married, widowed, or divorced
HUSBAND of **J. Galpin**
(Give maiden name or wife in full)
(or) WIFE of **Albert J. Galpin**
(Husband's name in full)

19 I HEREBY CERTIFY, That I attended deceased from
July 1947, to **19 May 1948**
Last saw him alive on **19 May 1948** death is said to
have occurred on the date stated above, at **4:35 P. M.**

6 Age of husband or wife if alive **73** years

Immediate cause of death

7 IF STILLBORN, enter that fact here.

8 AGE **73** Years Months Days If less than 1 day
Hours Minutes

Acute Cardiac Decompensation **1 wk.**
Due to **Enteroviral Heart** **2 yrs.**
Disease

9 Occupation: **at home**

Due to **Uremia (terminal)** **1 wk.**

10 Industry or Business: **house work**

Other conditions **Diabetes mellitus** **20 yrs.**
(Include pregnancy within 3 months of death)

11 Social Security No.

Major findings:
Of operations
Date of
Of autopsy
What test confirmed diagnosis? **Clinical**

12 BIRTHPLACE (City)
(State or country) **Cambridge Mass**

13 NAME OF FATHER **George Burdick**

14 BIRTHPLACE OF FATHER (City)
(State or country) **Boston Mass.**

15 MAIDEN NAME OF MOTHER **Unknown**

16 BIRTHPLACE OF MOTHER (City)
(State or country) **Unknown**

17 Informant **Miss Alice Casper** **Physician**
(Address) **24 Salem Ave Waltham**

20 Was disease or injury in any way related to occupation of deceased? **No**
If so, specify

(Signed) **P. Liberman** M. D.
(Address) **26 Waverley Ave** Date **5/19/1948**

21 **Waltham** Place of Burial, Cremation or Removal. (City or Town)

DATE OF BURIAL **May 23 1948**

22 NAME OF FUNERAL DIRECTOR **W P Carley**
ADDRESS **Waltham Mass**

Received and filed **MAY 21 1948** 19

I HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:

Walter A. Bakke
(Signature of Agent of Board of Health or other)

Public Officer (Official Designation) **5/21/48** (Date of Issue of Permit)

(Registrar)

EXTRACTS FROM THE LAWS OF THE
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GOVERNING THE

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A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required

by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

PLACE OF DEATH

Suffolk
(County)Winthrop
(City or Town)

No. 60 Quincy Ave.



The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

Registered No.

96

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 Genieva Gertrude Grady
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence, No. 60 Quincy Ave.
(Usual place of abode)

St. (If nonresident, give city or town and State)

Length of stay: In hospital or institution (Before death) (Specify whether) years months days. In this community 36 yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female	4 COLOR OR RACE White	5 SINGLE (write the word) MARRIED WIDOWED or DIVORCED Single
5a If married, widowed or divorced HUSBAND of... (Give maiden name of wife in full) (or) WIFE of... (Husband's name in full)		
6 Age of husband or wife if alive years		
7 IF STILLBORN, enter that fact here.		
8 AGE 36 Years Months Days If less than 1 day Hours Minutes		
9 Usual Occupation: Stenographer		
10 Industry or Business: Law		
11 Social Security No. 025-09-5782		
12 BIRTHPLACE (City) Winthrop (State or Country) Mass		
13 NAME OF FATHER James J. Grady		
14 BIRTHPLACE OF FATHER (City) East Boston (State or Country) Mass		
15 MAIDEN NAME OF MOTHER Catherine E. Boylan		
16 BIRTHPLACE OF MOTHER (City) West Roxbury (State or Country) Mass		

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH May 19 1948 (Month) (Day) (Year)	19 I HEREBY CERTIFY, That I attended deceased from April 19, 1948, to May 19, 1948 I last saw her alive on May 16, 1948, death is said to have occurred on the date stated above, at 5:10 P m. Immediate cause of death Cerebral Hemorrhage 12 hrs Due to Essential Hypertension 10 years Due to Other conditions — (Include pregnancy within 3 months of death)	Duration IMPORTANT Physician Underline the cause to which death should be charged statistically.
Major findings: Of operations —	Date of —	
Of autopsy —	What test confirmed diagnosis? clinical	
20 Was disease or injury in any way related to occupation of deceased? no If so, specify (Signed) Arthur C. Murray, D. (Address) Winthrop Mass Date May 20 1948	21 Place of Burial, Cremation or Removal Winthrop Winthrop DATE OF BURIAL May 22, 1948	
22 NAME OF FUNERAL DIRECTOR John F. O'Malley ADDRESS Winthrop Mass	Received and Filed MAY 21 1948	19

(Registrar)

17 Informant Daniel Grady (Brother)
(Address) 60 Quincy Ave Winthrop
I HEREBY CERTIFY that a satisfactory standard certificate of death was filed
with me BEFORE the burial or transit permit was issued:
Walter S. Baker
(Signature of Agent of Board of Health or other)
Health Officer (Official Designation) 5/21/48
(Date of Issue of Permit)

**EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE**

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required

by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE _____

DATE OF DISCHARGE _____

RANK, RATING _____

ORGANIZATION AND OUTFIT _____

SERVICE NUMBER _____

1 PLACE OF DEATH { Suffolk (County) Winthrop (City or Town) No. 137 W th Shore Drive		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. 97	
2 FULL NAME Samuel Maysles (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. 137 W th 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 days. In this community 1 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 Julia Cohen (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 62 Years Months Days If less than 1 day Hours Minutes					
9 Occupation: Time Keeper					
10 Industry or Business: Bernstein & Cooper - So. Boston					
11 Social Security No. 025-01-5665					
12 BIRTHPLACE (City) (State or country) Russia					
PARENTS	13 NAME OF FATHER Harry Abraham Maysles				
	14 BIRTHPLACE OF FATHER (City) (State or country) Russia				
	15 MAIDEN NAME OF MOTHER Rachael (Cannot be named)				
	16 BIRTHPLACE OF MOTHER (City) (State or country) Russia				
17 Informant Milton Maysles (Address) 100 Willowood St. Woburn					
I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued: Walter H. Beckley (Signature of Agent of Board of Health or other) (Official Designation) Health Officer (Date of Issue of Permit) 5/20/48					
MEDICAL CERTIFICATE OF DEATH					
18 DATE OF DEATH May 19 1948 (Month) (Day) (Year)					
19 I HEREBY CERTIFY, That I attended deceased from 19 .. to 19 .. I last saw him alive on May 19, 1948 death is said to have occurred on the date stated above, at 8 P.M. Immediate cause of death Atherosclerotic coronary Due to Due to M. S. virus Other conditions (Include pregnancy within 3 months of death) metastatic 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. S. virus (Address) 100 Willowood St. Woburn Date 5/22/48 M. O.					
21 Mr. Peterson - Confirmed ex. W. Peterson Place of Burial, Cremation or Removal (City or Town) DATE OF BURIAL May 20 1948					
22 NAME OF FUNERAL DIRECTOR Benjamin Bernbach ADDRESS 10 Washington St. Woburn Received and filed MAY 21 1948 19 (Registrar)					

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required

by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

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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

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. 98

1 PLACE OF DEATH { Suffolk (County)
Winthrop (City or Town)
No. 46 Lowell Road St. { (If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME Helen M. Moran { (If deceased is a married, widowed or divorced woman, give also maiden name.)
(a) Residence, No. 46 Lowell Road 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 6 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 (Give maiden name of wife in full)
(or) WIFE of Joseph E. Moran (Husband's name in full)

6 Age of husband or wife if alive 52 years

7 IF STILLBORN, enter that fact here.

8 AGE 44 Years Months Days If less than 1 day
Hours Minutes

9 Usual Occupation: Housework

10 Industry or Business: Own Home

11 Social Security No. none

12 BIRTHPLACE (City) East Boston (State or country) Mass

13 NAME OF FATHER Thomas Fahey

14 BIRTHPLACE OF FATHER (City) Conception Bay (State or country) N.H.

15 MAIDEN NAME OF MOTHER Johanne M. Griffin

16 BIRTHPLACE OF MOTHER (City) Ireland (State or country)

17 Informant Joseph E. Moran (Address) 46 Lowell Road Winthrop (Signature) (Official Designation) (Date of Issue of Permit) 5/21/49

18 DATE OF DEATH May 19 1948
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from
May 9 1948, to May 19 1948
I last saw her alive on May 18 1948, death is said to
have occurred on the date stated above, at 4.00 A. m.

Immediate cause of death Metastatic Carcinoma May 22-1947

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Adenocarcinoma of
Of operations Right Breast Date of June 3-1947
Of autopsy
What test confirmed diagnosis? Biopsy

20 Was disease or injury in any way related to occupation of deceased? No
If so, specify (Job 7 Cochine
(Signed) (Address) Revere Mass Date May 20 1948 M. D.

21 Holy Cross Maiden
Place of Burial, Cremation or Removal (City or Town)
DATE OF BURIAL May 22 1948

22 NAME OF FUNERAL DIRECTOR Rudnik J Magrath
ADDRESS East Boston

Received and filed MAY 21 1948 19
(Registrar)

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 5/21/49
(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 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

No.

(City or Town)

34 Willow Ave.

2 FULL NAME

(If deceased in a married, widowed or divorced woman, give also maiden name.)

(a) Residence, No.

(Usual place of abode)

St.

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Registered No.

99

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD
CERTIFICATE OF DEATH



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

James G. Stacy

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

6 Age of husband or wife if alive

73

years

7 IF STILLBORN, enter that fact here.

8

AGE 68 Years 3 Months 7 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)

Brooklyn, New York

(State or country)

13 NAME OF
FATHER

Joshua Shaw

14 BIRTHPLACE OF
FATHER (City)

Worcester, Mass.

(State or country)

15 MAIDEN NAME
OF MOTHER

Emeline Stark

16 BIRTHPLACE OF
MOTHER (City)

Worcester, Mass.

(State or country)

17

Informant
(Address)Emeline J. Jorgensen
34 Willow Ave.

Relation, if any

(Relationship)

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, Jr.

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF
DEATH

May 22

(Month)

1948

(Day)

(Year)

19 I HEREBY CERTIFY, That I attended deceased from

May 12, 1948, to May 22, 1948

I last saw her alive on May 20, 1948, death is said to

have occurred on the date stated above, at 8:15 P.M.

Immediate cause of death, Carcinoma

of cervix

Duration

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?

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) Joseph S. Sorensen

(Address) 336 Summer St. Date 5/22 1948

21 Sheentland, Sheentland, N. H.

Place of Burial, Cremation or Removal. (City or Town)

DATE OF BURIAL May 23 1948

22 NAME OF FUNERAL DIRECTOR J. C. Wood

ADDRESS Portsmouth, N. H.

Received and filed 19

JUN 1 1948

(Registrar)

**EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
RETURN OF CERTIFICATES OF DEATH**

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required

by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or 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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The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

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(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE _____

DATE OF DISCHARGE _____

RANK, RATING _____

ORGANIZATION AND OUTFIT _____

SERVICE NUMBER _____

on back of certificate.
If deceased was a U. S. War Veteran, G. L., Chap. 48, Sec. 10, requires physicians to insert a recital to that effect.

100m-(c)-3-46-18278

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

Winthrop
(City or town making return)

Registrar's Number

190

No. Winthrop Community Hospital

St. (If death occurred in a hospital or institution give its NAME instead of street and number)

2 FULL NAME John Prince Cushman
(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. 73 Otis Street
(Usual place of abode)

St. (If nonresident, give city or town and State)

Length of stay: In hospital or institution hospital years months 5 days. In this community 25 years months days.
(Before death) (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX male 4 COLOR OR RACE white 5 SINGLE (write the word) MARRIED WIDOWED or DIVORCED married

5a If married, widowed, or divorced HUSBAND OF Helen Estey
(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 6 Months 27 Days If less than 1 day Hours Minutes

Usual Occupation: Builder and Ship joiner

Industry or Business: Frank Cushman & Son

11 Social Security No. none

12 BIRTHPLACE (City) East Boston
(State or country) Mass.

13 NAME OF FATHER Frank Cushman

14 BIRTHPLACE OF FATHER (City) East Boston
(State or country) Mass.

15 MAIDEN NAME OF MOTHER Carrie Prince

16 BIRTHPLACE OF MOTHER (City) Boston
(State or country) Mass.

17 Informant Mrs. J. P. Cushman Relation of any
(Address) 73 Otis St. Winthrop, Mass. wife

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued.

Walter D. Baker
(Signature of Agent of Public Health or other)

H.O. 3/29/48
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH May 27 1948
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from

October 24- 1944, to May 27- 1945

I last saw him alive on May 27- 1945, death is said to have occurred on the date stated above, at 832 P. M.

Immediate cause of death Cerebral Hemorrhage 5 days
Duration Important

Due to Arterio Sclerosis years

Due to

Other conditions Cardiac Decompensation 2 days
(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.

What test confirmed diagnosis?

20 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) 3/29/48 M. D.
(Address) 200 Washington Ave Date 5-29-1948

21 Mount Auburn Cambridge, Mass.
Place of Burial, Cremation or Removal. (City or Town)

DATE OF BURIAL June 1, 1948 19

22 NAME OF FUNERAL DIRECTOR Alfred B. Marsh
ADDRESS 174 Winthrop St. Winthrop.

Received and filed JUN 3 1948 19

A TRUE COPY ATTEST:

(Registrar)

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten

of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or 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.....

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.

4927
101

1 PLACE OF DEATH

No. Beth Israel Hospital

St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Shepard I Aronson
(If deceased is a married, widowed or divorced woman, give also maiden name.)(a) Residence, No. 17 Irwin St. Winthrop Mass.
(Usual place of abode) (If nonresident, give city or town and State)Length of stay: In hospital or Institution. years months days. In this community yrs. mos. days.
(Before death) (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX M 4 COLOR OR RACE W 5 SINGLE (write the word) MARRIED Widowed
WIDOWED
or DIVORCED5a If married, widowed, or divorced Rose Pinkofsky
HUSBAND of (Give maiden name of wife in full)
(or) WIFE of (Husband's name in full)

6 Age of husband or wife if alive years

7 IF STILLBORN, enter that fact here.

8 AGE 75 Years 6 Months Days | If less than 1 day Hours Minutes

Usual Occupation: Mfr. Leather Goods

Industry Retired
10 or Business:

11 Social Security No.

12 BIRTHPLACE (City) Russia
(State or country)

13 NAME OF FATHER Motel L Aronson

14 BIRTHPLACE OF FATHER (City) Russia
(State or country)

15 MAIDEN NAME OF MOTHER Gertrude Shapiro

16 BIRTHPLACE OF MOTHER (City) Russia
(State or country)17 Informant M Aronson Relation Son
(Address)

A TRUE COPY

ATTEST:

(Registrar of city or town where death occurred)

DATE FILED

June 2 1948

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH May 29/48
(Month) (Day) (Year)19 I HEREBY CERTIFY, That I attended deceased from May 25, 1948, to May 29, 1948.
I last saw him alive on May 25, 1948 death is said to have occurred on the date stated above, at 9:45AM m.

Immediate cause of death Carcinoma of the prostate 3 Yrs

Due to

Due to

Other conditions Congestive failure
(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 As above autopsy

What test confirmed diagnosis? autopsy

20 Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) J Presbery M.D.

(Address) 330 Brookline Ave. 5-29-48

21 PLACE OF BURIAL, Tifereth Israel

CREMATION OR REMOVAL (Cemetery) May 30/48 (City or Town)

DATE OF BURIAL 19

22 NAME OF FUNERAL DIRECTOR L Levine
ADDRESS Brookline Mass.

Received and filed JUN 7 1948 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. **102**

1 PLACE OF DEATH
Suffolk
(County)
Wintthrop
(City or Town)
No. *34 Beacon St*

SL (If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME *Theresa C Miller Kelley*
(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. *24 Beacon St* St. _____
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or institution _____ years _____ months _____ days. In this community *45* yrs. _____ mos. _____ days.
(Before death) (Specify whether)

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 *May 30 48*
(Month) (Day) (Year)

5a If married, widowed, or divorced
HUSBAND of _____
(Give maiden name of wife in full)
(or) WIFE of *John H. Kelley*
(Husband's name in full)

19 I HEREBY CERTIFY, That I attended deceased from
April, 19 *47*, to *May 30*, 19 *48*
I last saw her alive on *May 30*, 19 *48*, death is said to
have occurred on the date stated above, at *3:50 P. m.*

6 Age of husband or wife if alive *77* years

Immediate cause of death _____ Duration _____

7 IF STILLBORN, enter that fact here.

Cancer of colon - metastatic **IMPORTANT**

8 AGE *78* Years _____ Months _____ Days _____ If less than 1 day
Hours _____ Minutes _____

Due to _____

Usual Occupation: *Home Housewife*

Due to _____

Industry or Business: *Home*

Other conditions *suppurative heart disease*
(Include pregnancy within 3 months of death)

11 Social Security No. _____

Major findings:
Of operations _____

12 BIRTHPLACE (City) _____
(State or country)

Date of _____

13 NAME OF FATHER *William Miller*

Of autopsy _____

14 BIRTHPLACE OF FATHER (City) _____
(State or country)

What test confirmed diagnosis? _____

15 MAIDEN NAME OF MOTHER *Catherine (Unborn)*

20 Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____

16 BIRTHPLACE OF MOTHER (City) _____
(State or country)

(Signed) *Joseph J. Greco* M. D.
(Address) *386 Summer St.* Date *5/27/48*

17 Informant *John H. Kelley* Relation *Husband*

21 Place of Burial, Cremation or Removal *Winthrop*
(City or Town)

I HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:

DATE OF BURIAL *June 2 1948*

(Signature of Agent of Board of Health or other)
Walter A. Walker

22 NAME OF FUNERAL DIRECTOR *Walter A. Walker*
ADDRESS *240 Winthrop St. Winthrop*

(Official Designation) (Date of Issue of Permit) *6/2/48*

Received and filed *JUL 3 1948* (Registrar)

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required

by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

WRITE PLAINLY, WITH UNFADING BLACK INK - THIS IS A PERMANENT RECORD
 Copies of returns of deaths recorded during the previous month which occurred in your city or town in case the deceased resided in another city or town at the time of death should be made forthwith and transmitted on Form R-302 to the clerk of the city or town in which the deceased resided. (See Chap. 46, Sec. 12, G. L.)

50m (c)-1-41-4667

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
 DIVISION OF VITAL STATISTICS

COPY OF
 CERTIFICATE OF DEATH

Lynn

(City or town making return)

Registered No. 490 103

1 PLACE OF DEATH

Essex

(County)

Lynn

(City or Town)

No. Lynn Hospital

St. { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Margaret F. McKenna

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 64 Somerset Ave.

(Usual place of abode)

St. Winthrop

(If nonresident, give city or town and State)

Length of stay: In hospital or institution hosp. years months days. In this community 54 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 Single

5a If married, widowed, or divorced
 HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

6 Age of husband or wife if alive years

7 IF STILLBORN, enter that fact here.

8 AGE 54 Years Months Days If less than 1 day Hours Minutes

Usual
 9 Occupation: At home

Industry
 10 or Business: ---

11 Social Security No. none

12 BIRTHPLACE (City)
 (State or country) Everett
 Mass.

13 NAME OF
 FATHER William McKenna

14 BIRTHPLACE OF
 FATHER (City)
 (State or country) Ireland

15 MAIDEN NAME
 OF MOTHER Alice Mullen

16 BIRTHPLACE OF
 MOTHER (City)
 (State or country) Everett
 Mass.

17 Informant M. E. McKenna (brother)
 (Address) 64 Somerset Ave., Winthrop

A TRUE COPY.

ATTEST: Registrar of city or town where death occurred

DATE FILED May 14 1948

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH April 11, 1948

(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased, from April 9, 1948 to April 11, 1948

I last saw her alive on 4/11 1948 death is said to have occurred on the date stated above, at 9:50 p. m.

Duration

Immediate cause of death.

Acute coronary occlusion

Due to Arterio sclerosis

Due to

Other conditions.
 (Include pregnancy within 3 months of death)

Physician

Major findings:
 Of operations

Underline the cause to which death should be charged statistically.

Of autopsy
 What test confirmed diagnosis? Usual

20 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Albert Covner

(Address) Lynn, Mass.

Date 4/12 1948

21 PLACE OF BURIAL, Holy Cross Malden

CREMATION OR REMOVAL (City or Town)

DATE OF BURIAL April 13 1948

22 NAME OF FUNERAL DIRECTOR Frank M. Donahue
 ADDRESS 10 Monument Ave.

Received and filed Charlestown, May 14 1948

(Registrar of City or Town where deceased resided)

СТМЭРАР

DEVIN
(Contd)



..... er

ON OF VITAL STATISTICS
OF THE SECRETARY
(City or town making return)

Copies of returns of deaths recorded during the previous month which occurred in your city or town in case the deceased resided in another city or town at the time of death should be made forthwith and transmitted on Form R-302 to the clerk of the city or town in which the deceased resided. (See Chap. 46, Sec. 12, G. L.)

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

COPY OF
CERTIFICATE OF DEATH

REVERE

(City or town making return)

Registered No.

104

PLACE OF DEATH

Suffolk

(County)

Revere

(City or Town)

No. 289 Endicott Ave.

St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Joseph L. Eldridge

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No.

(Usual place of abode)

434 Revere

St.

Winthrop

(If nonresident, give city or town and State)

Length of stay: In hospital or institution none

(Before death)

(Specify whether)

years

months

days

In this community 29 yrs. - mos. - days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE (write the word)

Male

White

MARRIED
WIDOWED
or DIVORCED

Married

5a If married, widowed, or divorced

HUSBAND of

Mary Keenan

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

6 Age of husband or wife if alive

59

years

7 IF STILLBORN, enter that fact here.

8

AGE 60

Years

Months

Days

If less than 1 day

Hours

Minutes

Usual

9 Occupation:

Cable Splicer (Retired)

Industry

10 or Business:

N. E. Tel. & Tel. Co.

11 Social Security No.

12 BIRTHPLACE (City)

(State or country)

England

13 NAME OF

FATHER

Richard Eldridge

14 BIRTHPLACE OF

FATHER (City)

(State or country)

England

15 MAIDEN NAME

OF MOTHER

Emila Sheredian

16 BIRTHPLACE OF

MOTHER (City)

(State or country)

Wales

17

Informant

Mary Eldridge

(Relation, if any)

(Address)

434 Revere St. Winthrop

A TRUE COPY.

ATTEST:

(Registrar of city or town where death occurred)

DATE FILED

May 10, 1948

MEDICAL CERTIFICATE OF DEATH

18 DATE OF

DEATH

May

2

1948

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY, That I attended deceased from

March

19

47

to

May

2

19

48

I last saw him

alive on

May

2

19

48

death is said to

have occurred on the date stated above, at

2:10

A

m.

Duration

Immediate cause of death

Carcinomatosis

1 Year

Due to

Carcinoma of stomach

? Years

Due to

Other conditions Generalized arteriosclerosis

(Include pregnancy within 3 months of death)

and A.S. Heart disease

Physician

2 years

Major findings:

Carcinoma of stomach

Of operations

Mass. Gen. Hospital Date of July 1947

Underline

the cause to

which death

should be

charged sta-

tistically.

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

5/3

19

48

21 PLACE OF BURIAL,

CREMATION OR REMOVAL

Winthrop

Winthrop

(Cemetery)

(City or Town)

DATE OF BURIAL

May 5

1948

22 NAME OF

FUNERAL DIRECTOR

Kirby Bros.

ADDRESS

210 Winthrop St., Winthrop

Received and filed

JUN 14 1948

19

(Registrar of City or Town where deceased resided)

WRITE PLAINLY, WITH UNFADING BLACK INK - THIS IS A PERMANENT RECORD
 Copies of returns of deaths recorded during the previous month which occurred in your city or town in case the deceased resided in another city or town at the time of death should be made forthwith and transmitted on Form R-302 to the clerk of the city or town in which the deceased resided. (See Chap. 46, Sec. 12, G. L.)

50m (e)-1-41-4667

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
 DIVISION OF VITAL STATISTICS

COPY OF
 CERTIFICATE OF DEATH

BROOKLINE
 (City or town making return)

Registered No. **39105**

1 PLACE OF DEATH

NORFOLK
 (County)

BROOKLINE
 (City or Town)

No. **Booth Memorial Hospital**

St. { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME **Baby Girl Rodonsky**
 (If deceased is a married, widowed or divorced woman, give also maiden name.)

{ (If U. S. War Veteran, specify WAR)

(a) Residence. No. **264 River Road**
 (Usual place of abode)

St. **Winthrop, Massachusetts**
 (If nonresident, give city or town and State)

Length of stay: In hospital or institution..... years months days. In this community yrs. mos. days.
 (Before death) (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX **Female** 4 COLOR OR RACE **White** 5 SINGLE (write the word) **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 Occupation:
 Usual

10 Industry or Business:

11 Social Security No.

12 BIRTHPLACE (City) **Brookline**
 (State or country) **Massachusetts**

13 NAME OF FATHER **Abraham Rodonsky**

14 BIRTHPLACE OF FATHER (City) **Boston**
 (State or country) **Massachusetts**

15 MAIDEN NAME OF MOTHER **Mona Abrams**

16 BIRTHPLACE OF MOTHER (City) **South Boston**
 (State or country) **Massachusetts**

17 Informant **Mrs. Mona Rodonsky** (Address) **264 River Road, Winthrop, Mass.**
 (Address) (Relation, if any)

A TRUE COPY.

ATTEST: **Arthur J. Shivers**
 (Registrar of city or town where death occurred)

DATE FILED **May 14 19 48**

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH **May 12 1948**
 (Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from **May 10 1948** to **May 12 1948**
 I last saw her alive on **May 12 1948** death is said to have occurred on the date stated above, at **5:25 p.m.** Duration

Immediate cause of death.....

Due to **Cerebral Anoxemia** **2 days**

Due to **Separation of normally implanted placenta** **2 hrs**

Other conditions **Prolapse of cord** Physician
 (Include pregnancy within 3 months of death)

Major findings: **cerebral hemorrhages** Underline
 Of operations **cerebral hemorrhages** the cause to which death should be charged statistically.

Date of **May 13 1948**

Of autopsy.....

What test confirmed diagnosis?.....

20 Was disease or injury in any way related to occupation of deceased?.....

If so, specify.....
 (Signed) **Louis Albert** M. D.
 (Address) **475 Commonwealth Ave** Date **5-12 1948**

21 PLACE OF BURIAL, CREMATION OR REMOVAL **Agudath Israel, W. Roxbury**
 (Cemetery) (City or Town)

DATE OF BURIAL **May 14 1948**

22 NAME OF FUNERAL DIRECTOR **Benjamin Birnbach**
 ADDRESS **10 Washington St., Dorchester**

Received and filed..... **19**

(Registrar of City or Town where deceased resided)

Copies of returns of deaths recorded during the previous month which occurred in your city or town in and the deceased resided in another city or town at the time of death should be made forthwith and transmitted on Form R-302 to the clerk of the city or town in which the deceased resided. (See Chap. 40, Sec. 12, G. L.)

25M-(f)-11-42 10746

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.

51606

PLACE OF DEATH

SUFFOLK
BOSTON
(County)



(City or Town)

No.

394 Ashmont St

St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Mary J Redmond

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence, No.

91 Plummer Ave.

St.

Winthrop Mass.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of stay: In hospital or Institution

(Before death)

(Specify whether)

years

months

days

In this community

48 yrs.

mos.

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

F

4 COLOR OR RACE

W

5 SINGLE (write the word)

MARRIED

WIDOWED

or DIVORCED

Married

5a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

Francis J Redmond

(Husband's name in full)

6 Age of husband or wife if alive

48

years

7 IF STILLBORN, enter that fact here.

8

AGE

48

Years

Months

Days

If less than 1 day

Hours

Minutes

Usual

9 Occupation:

Housework

Industry

10 or Business:

Own Home

11 Social Security No.

None

12 BIRTHPLACE (City)

East Boston Mass.

(State or country)

13 NAME OF

FATHER

John McGunigle

14 BIRTHPLACE OF

FATHER (City)

New York City New York

(State or country)

15 MAIDEN NAME

OF MOTHER

Mary J McAdams

16 BIRTHPLACE OF

MOTHER (City)

Boston Mass.

(State or country)

17

Informant

Husband

(Relation, if any)

(Address)

A TRUE COPY

ATTEST

(Registrar of city or town where death occurred)

DATE FILED

June 9

1948

MEDICAL CERTIFICATE OF DEATH

18 DATE OF

DEATH

June 6/48

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY, That I attended deceased from

June 6

1948

to

Viewed

19

I last saw him alive on

19

death is said to

have occurred on the date stated above, at

5:15 PM

m.

Duration

Immediate cause of death

Cerebral Hemorrhage

Unknown

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)

F F Maloof

(Address)

Health Dept.

Date

6-6

19

48

21 PLACE OF BURIAL

Winthrop Cem-Winthrop Mass.

CREMATION OR REMOVAL

June 9/48

(City or Town)

DATE OF BURIAL

19

22 NAME OF

FUNERAL DIRECTOR

F J Magrath

ADDRESS

East Boston Mass.

Received and filed

JUN 21 1948

19

(Registrar of City or Town where deceased resided)

Entered Service July 20,1918 Discharged July 20,1920
Yeoman(F)2nd class provisional U.S.Naval Reserve Force
Service No. None

DEATH in plain terms, so 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-7-46-19068

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. 107

No.

19 Buchanan

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.)

Ruben Beck

PHYSICIAN-IMPORTANT

(Was deceased a
U. S. War Veteran,
if so specify WAR)

(a) Residence. No.

(Usual place of abode)

19 Buchanan

St.

Winthrop, Mass.
(If nonresident, give city or town and State)

Length of stay: In hospital or institution

(Before death)

(Specify whether)

years

months

days.

In this community 25 yrs.

mos.

days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Male

4 COLOR OR RACE

White

5 SINGLE (write the word)

MARRIED
WIDOWED
or DIVORCED

Married

5a If married, widowed or divorced
HUSBAND of

Bella Sklar

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

6 Age of husband or wife if alive

66

years

7 IF STILLBORN, enter that fact here.

8 AGE

70 Years

Months

Days

If less than 1 day

Hours

Minutes

9 Usual
Occupation:

Variety Store

10 Industry
or Business:

Retired

11 Social Security No.

none

12 BIRTHPLACE (City)

(State or Country)

Russia

13 NAME OF
FATHER

Raphael Beck

14 BIRTHPLACE OF
FATHER (City)

(State or Country)

Russia

15 MAIDEN NAME
OF MOTHER

Rose (Carnant to)

16 BIRTHPLACE OF
MOTHER (City)

(State or Country)

Russia

17 Informant
(Address)Morris Elperin Son & Law
19 Buchanan 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. Baker

(Signature of Agent of Board of Health or other)

Official Designation

(Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF
DEATHJune 8 1948
(Month) (Day) (Year)

19

I HEREBY CERTIFY, That I attended deceased from

Jan 25 1941, to June 8 1948

I last saw him alive on June 5, 1948, death is said to
have occurred on the date stated above, at 8 A. M.

Immediate cause of death

Acute Coronary Occlusion 1-2 hrs.

Due to

Atherosclerosis 8 years

Due to

Auricular fibrillation 3 years

Due to

Parkinson's Disease 5 years

Other conditions

Prostatic Hypertrophy 3 years
Chronic Interstitial Nephritis 2 yearsMajor findings:
Of operations

Interstitia

Physician

Of autopsy

none

Date of

What test confirmed diagnosis?

clinical & laboratory

20 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Jacob J. Abrams M. D.

(Address) 562 Shirley St Date 6/8/48

21 Place of Burial, Cremation or Removal.

Chel Jacob Wintageloburn, Mass.
(City or Town)

DATE OF BURIAL

June 9 1948

22 NAME OF
FUNERAL DIRECTOR

Benjamin Birnbach

ADDRESS 10 Washington St. Rochester.

Received and Filed

19

JUN 9 1948

(Registrar)

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required

by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Cbp. 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

should 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

No.

2 FULL NAME

(a) 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 STATISTICS



STANDARD
CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

Registered No.

108

(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.

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

(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

Months

Days

If less than 1 day

Hours

Minutes

9 Occupation:

House - wife

10 Industry

or Business:

at home

11 Social Security No.

12 BIRTHPLACE (City)

(State or country)

Russia

13 NAME OF
FATHER

Isaac Sklarovsky

14 BIRTHPLACE OF
FATHER (City)

(State or country)

Russia

15 MAIDEN NAME
OF MOTHER

Ida (unknown)

16 BIRTHPLACE OF
MOTHER (City)

(State or country)

Russia

17

Informant

Gene Foster

Relation, if any

(Address)

25 Pearl Ave Waltham

I HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:

Walter A. Baneet

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF
DEATH

June 8

1948

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY, That I attended deceased from

April, 1948, to June, 1948

I last saw him alive on June 8, 1948 death is said to

have occurred on the date stated above, at 3:45 P. M.

Immediate cause of death

Coronary Thrombosis
Due to Hypertensive Coroner
Artery Heart Disease

Duration

IMPORTANT

10 days

15 yrs.

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? No

If so, specify

(Signed) Charles Liberman M. D.

(Address) 26 Waverley Ave Date 6/8/48

21 Place of Burial, Cremation or Removal (City or Town) Mass

DATE OF BURIAL June 9 1948

22 NAME OF FUNERAL DIRECTOR Henry Levine

ADDRESS 394 Wash St Waltham

Received and filed JUN 14 1948

(Registrar)

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required

by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or 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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Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by 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 fully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

100M-10-47-22153

1 PLACE OF DEATH

Suffolk

(County)

Wintthrop

(City or Town)

No. 42 Edgehill Rd

St. { (If death occurred in a hospital or institution, give its NAME instead of street and number) }

2 FULL NAME Hattie J. Hendrick Shine

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 42 Edgehill Rd.

(Usual place of abode)

St. (If nonresident, give city or town and State)

Length of stay: In hospital or institution (Before death) years months days. In this community 30 yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE (write the word) MARRIED WIDOWED or DIVORCED Widowed

5a If married, widowed or divorced

HUSBAND of (Give maiden name of wife in full)

(or) WIFE of Daniel J. Shine (Husband's name in full)

6 Age of husband or wife if alive years

7 IF STILLBORN, enter that fact here.

8 AGE 88 Years Months Days If less than 1 day Hours Minutes

9 Occupation: Housewife

Industry Own Home

10 or Business:

11 Social Security No.

12 BIRTHPLACE (City) Boston (State or Country) Mass

PARENTS

13 NAME OF FATHER Jerias Hendrick

14 BIRTHPLACE OF FATHER (City) Vermont (State or Country)

15 MAIDEN NAME OF MOTHER Jane O'Brien

16 BIRTHPLACE OF MOTHER (City) Ireland (State or Country)

17 Informant Molly Shine Daughter (Address) 42 Edgehill Rd

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) 6/14/48

The Commonwealth of Massachusetts

OFFICE OF THE 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

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH June 11 1948 (Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from May 1948 to June 11, 1948

I last saw him alive on June 11, 1948, death is said to have occurred on the date stated above, at 3:15 P.M.

Immediate cause of death Duration

Due to Intestinal obstruction of large intestine Carcinoma

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations.

Date of

Of autopsy.

What test confirmed diagnosis?

20 Was disease or injury in any way related to occupation of deceased?

If so, specify.

(Signed) J. J. Hendrick M. D.

(Address) Wintthrop Date 6-11-1948

21 Place of Burial, Cremation or Removal Wintthrop (City or Town)

DATE OF BURIAL June 14 1948

22 NAME OF FUNERAL DIRECTOR John F. O'Malley

ADDRESS Wintthrop

Received and Filed JUN 14 1948

(Registrar)

EXTRACTS FROM THE LAWS OF THE
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GOVERNING THE

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A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

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(3) Medical Examiners will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

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SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

See instructions and extracts from the laws on back of certificate.

If deceased was a U. S. War Veteran, G. L., Chap. 49, Sec. 10, requires physicians to insert a recital to that effect.

100m-(c)-3-46-18278

SUFFOLK (County)		The Commonwealth of Massachusetts		OFFICE OF THE SECRETARY DIVISION OF VITAL STATISTICS		(City or town making return)	
WINTHROP				STANDARD		110	
(City or Town)		94 MAIN ST.		CERTIFICATE OF DEATH		Registrar's Number	
No.		St.		St.		(If death occurred in a hospital or institution give its NAME instead of street and number)	
1 FULL NAME		ELISEO MASUCCI		PHYSICIAN-IMPORTANT		(Was deceased a U. S. War Veteran, if so specify WAR) <i>None</i>	
(a) Residence. No.		94 MAIN ST.		St.		(If nonresident, give city or town and State)	
(Usual place of abode)		(Usual place of abode)		(If nonresident, give city or town and State)			
Length of stay: In hospital or institution (Before death)		years		months		days	
In this community		years		months		days	
PERSONAL AND STATISTICAL PARTICULARS							
3 SEX	4 COLOR OR RACE	5 SINGLE (write the word) MARRIED					
MALE	WHITE	WIDOWED MARRIED					
6a If married, widowed, or divorced HUSBAND OF ELIA ASTRELLA (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 62 Years Months Days If less than 1 day Hours Minutes							
9 Usual Occupation: MUSICIAN							
Industry: MUSIC							
10 or Business: NONE							
11 Social Security No. ITALY							
12 BIRTHPLACE (City) (State or country) ITALY							
13 NAME OF FATHER DOMINIC MASUCCI							
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 94 MAIN 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. Baker (Signature of Agent of Board of Health or other Health Officer) 6/14/48 (Date of Issue of Permit)							
MEDICAL CERTIFICATE OF DEATH							
18 DATE OF DEATH June 12 1948 (Month) (Day) (Year)							
19 I HEREBY CERTIFY, That I attended deceased from June 7, 1948 to June 12, 1948							
I last saw him alive on June 10, 1948 death is said to have occurred on the date stated above, at 10.15 A.M.							
Immediate cause of death Coronary sclerosis 1st heart disease 1946							
Due to Generalized arteriosclerosis							
Due to							
Other conditions (Include pregnancy within 3 months of death)							
Major findings: Of operations							
Date of							
Of autopsy Serothorax							
What test confirmed diagnosis? Serothorax							
20 Was disease or injury in any way related to occupation of deceased?							
If so, specify							
(Signed) Ernest P. Caggiano M.D.							
(Address) 147 WINTHROP ST WINTHROP Date 6-12-1948							
21 Place of Burial, Cremation or Removal WINTHROP (City or Town)							
DATE OF BURIAL JUNE 15 1948 19							
22 NAME OF FUNERAL DIRECTOR ERNEST P. CAGGIANO							
ADDRESS 147 WINTHROP ST WINTHROP							
Received and filed JUN 14 1948 19 (Registrar)							
A TRUE COPY ATTEST:							

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten

of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is ~~so~~ given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or 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.....

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-(d)-6-43-12056

1	PLACE OF DEATH	Suffolk (County)		The Commonwealth of Massachusetts OFFICE OF THE SECRETARY COPY OF MEDICAL EXAMINER'S CERTIFICATE OF DEATH		BOSTON (City or town making return)
		Boston (City or Town)		Registered No. 539411		
		No. 750 Harrison Ave.		St. (If death occurred in a hospital or institution, give its NAME instead of street and number)		
2		FULL NAME Nellie F Mitton				(If U. S. War Veteran, specify WAR)
		(If deceased is a married, widowed or divorced woman, give also maiden name.)				
		(a) Residence. No. 201 Pleasant St		St. Winthrop Mass.		
		(Usual place of abode)		(If nonresident, give city or town and State)		
		Length of stay: In hospital or institution (Before death)		years	months	
		(Specify whether)		days	In this community yrs. mos. days.	
PERSONAL AND STATISTICAL PARTICULARS						
3 SEX		4 COLOR OR RACE		5 SINGLE (write the word)		
F		W		MARRIED WIDOWED or DIVORCED Widow		
5a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full)						
(or) WIFE of George A. Mitton (Husband's name in full)						
6 Age of husband or wife if alive years						
7 IF STILLBORN, enter that fact here.						
8 AGE 78 Years Months Days If less than 1 day Hours Minutes						
Usual Occupation: At Home						
10 or Business: Household						
11 Social Security No. -----						
12 BIRTHPLACE (City) Lowell Mass. (State or country)						
PARENTS	13 NAME OF FATHER Serlo B Weeks					
	14 BIRTHPLACE OF FATHER (City) England (State or country)					
	15 MAIDEN NAME OF MOTHER Olive Wedgewood					
	16 BIRTHPLACE OF MOTHER (City) England (State or country)					
17		Informant Evelyn Walsh (Address) (Relation, if any) Daughter				
A TRUE COPY.						
ATTEST Michael J. Manning (Registrar of city or town where death occurred)						
DATE FILED June 18/48 19						
MEDICAL CERTIFICATE OF DEATH						
18 DATE OF DEATH		June 13/48				
		(Month)		(Day) (Year)		
19 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows: (If an injury was involved, state fully)						
Arterio sclerotic heart disease with decompensation treated therefore						
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		D.O.A. at Hospital				
Nature of Injury		No				
While at work? Was there an autopsy?						
21 Was disease or injury in any way related to occupation of deceased? If so, specify						
(Signed)		Timothy Leary				
(Address)		Date 6-13-19 48				
22		Mt Hope				
Place of Burial, Cremation or Removal		(City or Town)				
DATE OF BURIAL		June 16/48 19				
23 NAME OF FUNERAL DIRECTOR		R J DeNeill				
ADDRESS		Revere Mass.				
Received and filed JUN 28 1948 19						
(Registrar of City or Town where deceased resided)						

so that it may be properly classified under the International Classification of Causes of Death. See reverse side for extracts from the laws relative to the return of certificates of death.

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect

50m. (f) 6-43-12056

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	Lyons (County) Waltham (City or Town) No. Winthrop Community Hosp. DoA St. { (If death occurred in a hospital or institution, give its NAME instead of street and number)			Registered No. 112			
2	FULL NAME Rafael Aricone (If deceased is a married, widowed or divorced woman, give also maiden name.)		(a) Residence, No. 94 Bellarain Ave St. (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) years months days. In this community 20 yrs. mos. days.		(Specify whether)					
PERSONAL AND STATISTICAL PARTICULARS							
3	SEX Male	4	COLOR OR RACE White	5	SINGLE (write the word) MARRIED WIDOWED or DIVORCED Married		
5a If married, widowed, or divorced HUSBAND of Mary Cox (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 61 Years Months Days If less than 1 day Hours Minutes		9 Usual Occupation: New York laborer		10 Industry or Business: Mfg. Shop U.S.			
11 Social Security No. 3600000000		12 BIRTHPLACE (City) (State or country) Italy		13 NAME OF FATHER Mittemano Aricone			
14 BIRTHPLACE OF FATHER (City) (State or country) Italy		15 MAIDEN NAME OF MOTHER Unknown		16 BIRTHPLACE OF MOTHER (City) (State or country) Italy			
17 Informant (Address) Mary Aricone 94 Bellarain Ave		Relation, if any (Signature of Agent of Board of Health or other) Health Officer		(Official Designation)			
I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued: Walter H. Wacker (Signature of Agent of Board of Health or other) Health Officer (Official Designation) 6/23/48 (Date of Issue of Permit)							
MEDICAL CERTIFICATE OF DEATH							
18 DATE OF DEATH June 18 1948 (Month) (Day) (Year)		19 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows: (If an injury was involved, state fully.) Coronary occlusion Hypertension					
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? No		21 Was disease or injury in any way related to occupation of deceased? If so, specify (Signed) Richard Ford M. D. (Address) Date 6-19 1948					
22 Place of Burial, Cremation or Removal Waltham (City or Town) DATE OF BURIAL June 22 1948		23 NAME OF FUNERAL DIRECTOR Waltham ADDRESS 225 Waltham St.					
Received and filed JUN 23 1948 (Registrar)							

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death... Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall hurry or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which

it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

No undertaker or other person shall hurry a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.... Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same;...—General Laws, Chap. 38, Sec. 6.

... 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

PLACE OF DEATH

PLACE OF DEATH

Suffolk
(County)

Winthrop
(City or Town)

No. 5 Somerset Terrace

2 FULL NAME Robert Webster Wales
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 5 Somerset Terrace
(Usual place of abode)

Length of stay: In hospital or institution (Before death) years months days. In this community 20 years months days.

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 HUSBAND OF Anne Crow
(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 58 Years 11 Months 2 Days If less than 1 day Hours Minutes

Usual Occupation: Senior Master

Industry or Business: Boy's Latin School

11 Social Security No. none

12 BIRTHPLACE (City) North Abington
(State or country) Mass.

13 NAME OF FATHER Simeon Webster Wales

14 BIRTHPLACE OF FATHER (City) North Abington
(State or country) Mass.

15 MAIDEN NAME OF MOTHER Lydia Bass

16 BIRTHPLACE OF MOTHER (City) Bridgewater
(State or country) Mass.

17 Informant Mrs. R.W. Wales (Address) 5 Somerset Terrace, 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)

(Official Designation)

(Date of Issue of Permit) 6/21/48

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD
CERTIFICATE OF DEATH

Winthrop
(City or town making return)

Registrar's Number 113

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) W W 1.

(If nonresident, give city or town and State)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH June 19 1948
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from

19 to 19

I last saw him alive on 19, death is said to

have occurred on the date stated above, at M.

Immediate cause of death Duration Important

Due to

Due to

Other conditions (Include pregnancy within 3 months of death) Important

Major findings: Of operations Physician

Date of Burial Mt. Vernon Cemetery
N. Abington

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 6-19-48

21 Place of Burial, Cremation or Removal (City or Town)

DATE OF BURIAL June 21 1948

22 NAME OF FUNERAL DIRECTOR Alfred B. Marsh

ADDRESS 174 Winthrop St. Winthrop

Received and filed 19

JUN 21 1948
(Registrar)

A TRUE COPY ATTEST:

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen 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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of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or 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	December 10, 1917
DATE OF DISCHARGE	July 23, 1919
RANK, RATING	2nd Lieut. U.S.A.A.S. in reserve 7/19
ORGANIZATION AND OUTFIT	376th Aero Sgdn.
SERVICE NUMBER	713644

Copies of returns of deaths recorded during the previous month which occurred in your city or town in case the deceased resided in another city or town at the time of death should be made forthwith and transmitted on Form R-302 to the clerk of the city or town in which the deceased resided. (See Chap. 46, Sec. 12, G. L.)

50m-(b)-6-44-14607

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

COPY OF
CERTIFICATE OF DEATH

CAMBRIDGE

(City or town making return)

Registered No. 952 114

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 Arthur Bishop
(If deceased is a married, widowed or divorced woman, give also maiden name.)
42 Myrtle Avenue
(a) Residence. No. Winthrop, Mass.
(Usual place of abode) St. (If nonresident, give city or town and State)
Length of stay: In hospital or institution Hospital 13 years 1 months 0 days. In this community 13 yrs. 1 mos. 0 days.
(Before death) (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE W 5 SINGLE (write the word) MARRIED WIDOWED or DIVORCED M

5a If married, widowed, or divorced Lillian J. Whalen
HUSBAND of (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 64 Years Months Days If less than 1 day Hours Minutes

9 Usual Occupation: Clerk

10 Industry or Business: Plumbing Supplies

11 Social Security No. None St. George

12 BIRTHPLACE (City) Newfoundland (State or country)

PARENTS

13 NAME OF FATHER John Bishop

14 BIRTHPLACE OF FATHER (City) Annapolis (State or country) N.S.

15 MAIDEN NAME OF MOTHER Josephine LeGrande

16 BIRTHPLACE OF MOTHER (City) St. George (State or country) Newfoundland

17 Informant Lillian J. Bishop (Address) 42 Myrtle Ave. Winthrop, Mass. (Relatives if any)

A TRUE COPY.

ATTEST: Frederick H. Burke (Registrar of city or town where death occurred)

DATE FILED June 23 1948

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH June 20, 1948 (Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from May 20, 1948 to June 20, 1948. I last saw him alive on June 20, 1948, death is said to have occurred on the date stated above, at 9:45 A.M.

Immediate cause of death: Pneumonia of left lower lobe (broncho) 1 wk.

Due to RHEUMATOID ARTHRITIS 15 yrs.

Due to

Other conditions: (Include pregnancy within 3 months of death) Physician

Major findings: Of operations Underline the cause to which death should be charged statistically.

Of autopsy None Date of

What test confirmed diagnosis? 20 Was disease or injury in any way related to occupation of deceased?

If so, specify (Signed) John C. McGirr (Address) 136 Camb. St. Cambridge Date 6/20/48

21 PLACE OF BURIAL, CREMATION OR REMOVAL Winthrop, Cem. Winthrop (Cemetery) (City or Town) June 22 1948

DATE OF BURIAL 19

22 NAME OF FUNERAL DIRECTOR John C. Kelley ADDRESS 286 Meridian St. E. Boston, Mass.

Received and filed JUN 28 1948 19

(Registrar of City or Town where deceased resided)



**SUFFOLK
BOSTON**



The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
COPY OF
MEDICAL EXAMINER'S
CERTIFICATE OF DEATH

(City or town making return)

Registered No. 5570

115

1 PLACE OF DEATH

(City or Town) **Deer Island Infirmary**

No. St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME **George Magee**
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence, No. **6 Court Road** St. **Winthrop Mass.**

(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or institution years months **2** days In this community **21** yrs. mos. days.
(Before death) (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX **M** 4 COLOR OR RACE **W** 5 SINGLE (write the word)
MARRIED Single
or WIDOWED or DIVORCED

5a If married, widowed, or divorced
HUSBAND of (Give maiden name of wife in full)
(or) WIFE of (Husband's name in full)

6 Age of husband or wife if alive years

7 IF STILLBORN, enter that fact here.

8 AGE **11** Years Months Days If less than 1 day
Hours Minutes

Usual Occupation: **Mechanic**

Industry or Business: **Garage**

11 Social Security No. **Unknown**

12 BIRTHPLACE (City) **East Boston Mass.**
(State or country)

13 NAME OF FATHER **James E Magee**

14 BIRTHPLACE OF FATHER (City) **Boston Mass.**
(State or country)

15 MAIDEN NAME OF MOTHER **Frances R Sampson**

16 BIRTHPLACE OF MOTHER (City) **Nova Scotia**
(State or country)

PARENTS

17 Informant **Mother** (Relation, if any)
(Address)

A TRUE COPY.

ATTEST: **Michael J. Manning**
(Registrar of city or town where death occurred)

DATE FILED **June 23/48** 19

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH **June 20/48**
(Month) (Day) (Year)

19 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows: (If an injury was involved, state fully.)
Acute delirium alcoholism

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? **No**

21 Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) **Richard Ford** M. D. 48
(Address) Date **6-20 19**

22 **Winthrop Cem-Winthrop Mass.**
Place of Burial, Cremation or Removal (City or Town)

DATE OF BURIAL **June 23/48** 19

23 NAME OF FUNERAL DIRECTOR **C. H. Treanor**
ADDRESS **East Boston Mass.**

Received and filed **JUN 28 1948** 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 which 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.)

INFORMANTS should state CAUSE OF DEATH in plain terms, so 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-10-47-22153

1 PLACE OF DEATH

Suffolk
(County)
Winthrop
(City or Town)
No. Winthrop Community Hospital St.



The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent

Registered No. 116

2 FULL NAME Charles H. Norton
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(a) Residence. No. 101 Summit Ave St.
(Usual place of abode) (If nonresident, give city or town and State)
Length of stay: In hospital or institution 2 days years months 5 days. In this community 55 yrs. mos. days.
(Before death) (Specify whether)

PHYSICIAN-IMPORTANT
(Was or is 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 June 20 1948
(Month) (Day) (Year)

5a If married, widowed or divorced.
HUSBAND of Aimee M. Hardie
(Give maiden name of wife in full)
(or) WIFE of
(Husband's name in full)

19 I HEREBY CERTIFY, That I attended deceased from
Jan 1 1948 to Jan 20 1948
I last saw him alive on Jan 20, 1948, death is said to
have occurred on the date stated above, at 1 p.m.

6 Age of husband or wife if alive. years

Immediate cause of death. Duration

7 IF STILLBORN, enter that fact here.

IMPORTANT

8 AGE 82 Years Months Days If less than 1 day
Usual Hours Minutes

Due to

9 Occupation: Postal Employee

Due to

Industry U. S.
10 or Business:

Due to

11 Social Security No.

Other conditions
(Include pregnancy within 3 months of death)

12 BIRTHPLACE (City) Boston
(State or Country) Mass

Major findings:
Of operations

13 NAME OF FATHER John Norton

Date of

14 BIRTHPLACE OF FATHER (City) Troy
(State or Country) N.Y.

Of autopsy

15 MAIDEN NAME OF MOTHER Cannot be learned

What test confirmed diagnosis?

16 BIRTHPLACE OF MOTHER (City) Ireland
(State or Country)

20 Was disease or injury in any way related to occupation of deceased?....

17 Informant Charles Norton (Relationship) Son
(Address) Conn.

If so, specify

(Signed) M. D.

(Address) Date 6-21-48

21 Winthrop Winthrop

Place of Burial, Cremation or Removal

DATE OF BURIAL June 23 1948

22 NAME OF FUNERAL DIRECTOR John H. Phaley

ADDRESS Winthrop

Received and Filed JUN 23 1948

(Registrar)

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 (Date of Issue of Permit) 6/22/48

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required

by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or 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		The Commonwealth of Massachusetts		(City or town making return)
<u>Suffolk</u> (County) <u>Winthrop</u> (City or Town) No. <u>10</u> <u>Atlantic St</u>  OFFICE OF THE SECRETARY DIVISION OF VITAL STATISTICS STANDARD CERTIFICATE OF DEATH Registrar's No. <u>117</u>		St. { (If death occurred in a hospital or institution, give its NAME instead of street and number)		
2 FULL NAME <u>Frank J. McQueeney</u> (If deceased is a married, widowed or divorced woman, give also maiden name.)				
(a) Residence. No. <u>10</u> <u>Atlantic St</u> St. _____ (Usual place of abode) (If nonresident, give city or town and State)				
Length of stay: In hospital or Institution _____ years _____ months _____ days. In this community <u>40</u> 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 (write the word) <u>MARRIED</u> <u>WIDOWED</u> or <u>DIVORCED</u> <u>Married</u>		
5a If married, widowed or divorced: HUSBAND of <u>Catherine Kelly</u> (Give maiden name of wife in full) (or) WIFE of _____ (Husband's name in full)				
6 Age of husband or wife if alive <u>65</u> years				
7 IF STILLBORN, enter that fact here.				
8 AGE <u>72</u> Years _____ Months _____ Days _____ If less than 1 day _____ Hours _____ Minutes _____				
9 Occupation: <u>Contractor</u>				
10 Industry or Business: <u>Cement</u>				
11 Social Security No. _____				
12 BIRTHPLACE (City) _____ (State or country) <u>Ireland</u>				
13 NAME OF FATHER <u>Patrick McQueeney</u>				
14 BIRTHPLACE OF FATHER (City) _____ (State or country) <u>Ireland</u>				
15 MAIDEN NAME OF MOTHER <u>Mary Hannon</u>				
16 BIRTHPLACE OF MOTHER (City) _____ (State or country) <u>Ireland</u>				
17 Informant <u>F. J. McQueeney</u> (Address) <u>10 Atlantic St</u> (Relation, if any) <u>Son</u>				
I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued: <u>Walter S. Baker</u> (Signature of Agent of Board of Health or other) (Official Designation) (Date of Issue of Permit) <u>6/22/48</u>				
MEDICAL CERTIFICATE OF DEATH				
18 DATE OF DEATH <u>June 21</u> 19 <u>48</u> (Month) (Day) (Year)				
19 I HEREBY CERTIFY That I attended deceased from <u>June 1</u> 19 <u>48</u> to <u>June 21</u> 19 <u>48</u> I last saw him alive on <u>June 20</u> 19 <u>48</u> death is said to have occurred on the date stated above, at <u>7 A</u> M.				
Immediate cause of death <u>Myocardial Infarction</u> <u>Due to</u> <u>metastasis</u>				Duration IMPORTANT <u>22yrs</u>
Due to _____				
Due to _____				
Other conditions (Include pregnancy within 3 months of death)				IMPORTANT
Major findings: Of operations _____ Date of _____				Physician
Of autopsy _____				Underline the cause to which death should be charged statistically.
What test confirmed diagnosis? _____				
20 Was disease or injury in any way related to occupation of deceased? _____ If so, specify _____				
(Signed) <u>W. S. Baker</u> M. D. (Address) <u>Winthrop</u> Date <u>6-21-48</u>				
21 <u>Winthrop</u> <u>Winthrop</u> Place of Burial, Cremation or Removal. (City or Town) DATE OF BURIAL <u>June 24</u> 19 <u>48</u>				
22 NAME OF FUNERAL DIRECTOR <u>John H. Moley</u> ADDRESS <u>Winthrop</u>				
Received and filed _____ 19 _____				
JUN 23 1948				
A TRUE COPY ATTEST: (Registrar)				

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required

by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

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(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

WRITE PLAINLY, WITH UNFADING BLACK INK - THIS IS A PERMANENT RECORD
 MARGIN RESERVED FOR BINDING
 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. (d)-6-43-12056

1 PLACE OF DEATH

SUFFOLK
BOSTON

(City or Town)

No. Mass. General Hospital



The Commonwealth of Massachusetts
 OFFICE OF THE SECRETARY
 COPY OF
 MEDICAL EXAMINER'S
 CERTIFICATE OF DEATH

(City or town making return)

Registered No. 5748

St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Daniel W Sullivan
 (If deceased is a married, widowed or divorced woman, give also maiden name.)(a) Residence, No. 107 Bowdoin 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 1 days. In this community 20 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 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 56 Years Months Days If less than 1 day Hours Minutes

Usual Occupation: Salvage Worker

10 Industry or Business: Ship Yard

11 Social Security No. Unknown

12 BIRTHPLACE (City) East Boston Mass.
 (State or country)

13 NAME OF FATHER John Sullivan

14 BIRTHPLACE OF FATHER (City) Boston Mass.
 (State or country)

15 MAIDEN NAME OF MOTHER Ellen Clancy

16 BIRTHPLACE OF MOTHER (City) Boston Mass.
 (State or country)17 Informant Alice Sullivan (Relation, if any Sister)
 (Address)

A TRUE COPY.

ATTEST: (Registrar of City or town where death occurred)

DATE FILED June 29 1948

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH June 24/48
 (Month) (Day) (Year)19 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows: (If an injury was involved, state fully.)
 Ruptured spleen internal hemorrhage surgical shock20 Accident, suicide, or homicide (specify) accidental
 Date of occurrence ? June 18 19 48Where did injury occur? Winthrop
 (City or town and State)Did injury occur in or about the home, on farm, in industrial place, or in public place?
 (Specify type of place)Manner of injury Fell accidentally on stairs at his home June 18/48
 Nature of injury

While at work? No Was there an autopsy? No

21 Was disease or injury in any way related to occupation of deceased?
 If so, specify W J Brickley
 (Signed) Boston Mass Date 6-25 19 48
 (Address)22 Holy Cross-Malden Mass.
 Place of Burial, Cremation or Removal (City or Town)
 DATE OF BURIAL June 28/48 1923 NAME OF FUNERAL DIRECTOR C H Treanor
 ADDRESS East Boston Mass.Received and filed JUL 6 1948
 (Registrar of City or Town where deceased resided)

THIS IS A PERMANENT RECORD
 Copies of returns of deaths recorded during the previous month which occurred in your city or town in case the deceased resided in another city or town at the time of death should be made forthwith and transmitted on Form R-302 to the clerk of the city or town in which the deceased resided. (See Chap. 46, Sec. 12, G. L.)

25M-(9-11-42 10746

PLACE OF DEATH

SUFFOLK
 (County)
BOSTON

(City or Town)

No.

Beth Israel Hospital

 The Commonwealth of Massachusetts
 OFFICE OF THE SECRETARY
 DIVISION OF VITAL STATISTICS

 COPY OF
 CERTIFICATE OF DEATH

BOSTON

(City or town making return)

Registered No.

5725
119
 St. { (If death occurred in a hospital or institution,
 give its NAME instead of street and number)

 2 FULL NAME **Rose Cohen**
 (If deceased is a married, widowed or divorced woman, give also maiden name.)

 (a) Residence. No. **35 Waveway 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 **2** yrs. mos. days.
 (Before death) (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

 3 SEX **F** 4 COLOR OR RACE **W** 5 SINGLE (write the word)
 MARRIED **Married**
 WIDOWED
 or DIVORCED

 5a If married, widowed, or divorced
 HUSBAND of
 (Give maiden name of wife in full)
 (or) WIFE of **Nathan Cohen**
 (Husband's name in full)
6 Age of husband or wife if alive **50** 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**

 Industry
 10 or Business: **None**
11 Social Security No. **None**
 12 BIRTHPLACE (City) **Boston Mass.**
 (State or country)

 13 NAME OF
 FATHER **Nathan Finn**

 14 BIRTHPLACE OF
 FATHER (City) **Russia**
 (State or country)

 15 MAIDEN NAME
 OF MOTHER **Sarah**

 16 BIRTHPLACE OF
 MOTHER (City) **Russia**
 (State or country)

 17 Informant **Mary Levy** (Relation if any)
 (Address) **Sister**

A TRUE COPY

 ATTEST: **Michael J. Manning**
 (Registrar of city or town where death occurred)
DATE FILED **June 29, 19 48**

MEDICAL CERTIFICATE OF DEATH

 18 DATE OF
 DEATH **June 25/48**
 (Month) (Day) (Year)

 19 I HEREBY CERTIFY, That I attended deceased from
June 23, 19 48, to **June 25, 19 48**
 I last saw h. **er** alive on **June 25, 19 48**, death is said to
 have occurred on the date stated above, at **2 PM** m.

 Immediate cause of death.
Rheumatic heart disease **15 Mos.**
congestive failure, uremia
pulmonary infarcts **37 Yrs**

 Due to
 Due to
 Other conditions
 (Include pregnancy within 3 months of death)

 Major findings:
 Of operations
 Date of **Rheumatic heart disease**
 Of autopsy
 What test confirmed diagnosis? **autopsy**

 20 Was disease or injury in any way related to occupation of deceased? **No**
 If so, specify
 (Signed) **H. J. Isenberg** M. D.
 (Address) **Beth Israel Hospt** Date **6-25, 48**

 21 PLACE OF BURIAL, **Wilcomere-Melrose Mass.**
 CREMATION OR REMOVAL
 (Cemetery) (City or Town)

 DATE OF BURIAL **June 27/48** **19**

 22 NAME OF
 FUNERAL DIRECTOR **B Birnbach**
 ADDRESS **Dorchester Mass.**

 Received and filed **JUL 9 1948** **19**
 (Registrar of City or Town where deceased resided)



JUL 6 48 AM

should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

100m. (g)-1-45-15510

1 PLACE OF DEATH

Suffolk
(County)

Winthrop
(City or Town)

No. Winthrop Community Hospital



The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

Registered No. 120

St. (If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME William Walter Scott
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence, No. 197 Pauline St.
(Usual place of abode)

PHYSICIAN - IMPORTANT
(Was deceased a
U. S. War Veteran,
if so specify WAR) N.Y.

St. (If nonresident, give city or town and State)

Length of stay: In hospital or institution Hosp. 1 years months 1 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
WIDDED
OR DIVORCED Married

5a If married, widowed, or divorced, Florence English
HUSBAND of (Give maiden name of wife in full)
(or) WIFE of (Husband's name in full)

6 Age of husband or wife if alive 56 Yrs. years

7 IF STILLBORN, enter that fact here.

8 AGE 62 Years 5 Months 3 Days | If less than 1 day
Hours Minutes

9 Usual Occupation: Construction Engineer

10 Industry or Business: State of Massachusetts

11 Social Security No. None

12 BIRTHPLACE (City) East Boston
(State or country) Mass

13 NAME OF FATHER Michael Scott

14 BIRTHPLACE OF FATHER (City) Scotland
(State or country)

15 MAIDEN NAME OF MOTHER Ann.

16 BIRTHPLACE OF MOTHER (City) East Boston
(State or country) Mass

PARENTS

17 Informant William W Scott Jr. Son
(Address) Cedarhurst New York

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) 6/25/48 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH June 25 1948
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from
June 14 1948 to June 25 1948
I last saw him alive on June 25 1948 death is said to
have occurred on the date stated above, at 8 AM.

Immediate cause of death.

Carcinoma of Stomach 6 mos

Due to Carcinoma of Liver 3 mos

Due to Uremia 15 hours

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations: none

Of autopsy: none Date of

What test confirmed diagnosis? Clinical & Laboratory

20 Was disease or injury in any way related to occupation of deceased? No

If so, specify: (Signed) Gust J. Adams M.D. M. D.
(Address) 562 Maple St. Date 6/26/48

21 Place of Burial, Cremation or Removal Winthrop Winthrop
(City or Town)

DATE OF BURIAL June 28 1948

22 NAME OF FUNERAL DIRECTOR Edward S. O'Brien
ADDRESS Winthrop Mass.

Received and filed JUN 28 1948

(Registrar)

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required

by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

100m. (g)-1-45-15510

PLACE OF DEATH

1

No.

(City or Town)

30 Underhill St

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.)

Ellen Gertrude Burke

(a) Residence, No.

(Usual place of abode)

30 Underhill

St.

(If nonresident, give city or town and State)

Length of stay: in hospital or institution

(Before death)

(Specify whether)

years

months

days

In this community

30 yrs.

mos.

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Female

4 COLOR OR RACE

White

5 SINGLE (write the word)

MARRIED

WIDOWED

or DIVORCED

Single

5a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

6 Age of husband or wife if alive

years

7 IF STILLBORN, enter that fact here.

8

AGE 67 Years

Months

Days

If less than 1 day

Hours

Minutes

Usual

9 Occupation:

at Home

Industry

10 or Business:

at Home

11 Social Security No.

none

12 BIRTHPLACE (City)

(State or country)

Boston

Mass.

13 NAME OF FATHER

John Burke

14 BIRTHPLACE OF FATHER (City)

(State or country)

Ireland

15 MAIDEN NAME OF MOTHER

Anna Hawkes

16 BIRTHPLACE OF MOTHER (City)

(State or country)

Maine

17 Informant (Address)

Catherine Burke

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 S. Baker

(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.

121

PHYSICIAN - IMPORTANT

(Was deceased a
U. S. War Veteran,
if so specify WAR)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH

June

29

1948

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY, That I attended deceased from January 1947, to June 29, 1948

I last saw him alive on June 29, 1948, death is said to have occurred on the date stated above, at 1:45 P. m.

Immediate cause of death

Duration

Coronary Thrombosis
Due to Arterio-sclerotic Heart disease

4 hours
2 years

Due to Bronchial asthma
Other conditions (Include pregnancy within 3 months of death)

2 years
IMPORTANT

Major findings:
Of operations

Date of

Of autopsy

What test confirmed diagnosis?

clinical

Physician

Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed)

(Address)

235 Shore Dr Wrentham

Date

7/1

M. D.

1948

21

Place of Burial, Cremation or Removal

(City or Town)

DATE OF BURIAL

July 2

1948

22 NAME OF FUNERAL DIRECTOR

ADDRESS

Maurice Kirby
210 Wrentham St Wrentham

Received and filed

JUL 2 1948

(Registrar)

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required

by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

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RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

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(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by 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-7-46-19068

PLACE OF DEATH

Suffolk
(County)
Winthrop
(City or Town)
152 Somerset Ave
No.



The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

Registered No.

122

Sf. { (If death occurred in a hospital or institution,
give its NAME instead of street and number) }

2 FULL NAME Baby Boy Harlon
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 152 Somerset Ave Sf. (If nonresident, give city or town and State)

Length of stay: In hospital or institution (Before death) Hospital years 1 hr 50 min months days. In this community yrs. mos. 7 days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX male 4 COLOR OR RACE white 5 SINGLE (write the word) MARRIED WIDOWED or DIVORCED single

6a If married, widowed or divorced HUSBAND of (Give maiden name of wife in full)
(or) WIFE of (Husband's name in full)

6 Age of husband or wife if alive years

7 IF STILLBORN, enter that fact here.

8 AGE Years Months Days If less than 1 day 1 50 Hours Minutes

9 Occupation: none

10 Industry or Business: none

11 Social Security No. none

12 BIRTHPLACE (City) Winthrop Mass (State or Country)

13 NAME OF FATHER Robert Harlon

14 BIRTHPLACE OF FATHER (City) Cambridge Mass (State or Country)

15 MAIDEN NAME OF MOTHER Lucille Ratto

16 BIRTHPLACE OF MOTHER (City) East Boston Mass (State or Country)

17 Informant Robert Harlon (father) (Address) 152 Somerset Ave Win.

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Walter S. Baker (Signature of Agent of Board of Health or other)

Health Officer (Official Designation) 6/30/48 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH June 29 1948 (Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from June 29 1948 to June 29 1948 I last saw him alive on June 29 1948, death is said to have occurred on the date stated above, at 11:45 AM.

Immediate cause of death Acute Cardiac Failure with Pulmonary Edema

Due to Prematurity 6 months

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Date of

Of autopsy

What test confirmed diagnosis?

20 Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Joseph H. Schwartz, M.D. (Address) 19 Beacon St E.A. Date 6/30 1948

21 Holy Cross Malden (Place of Burial, Cremation or Removal) (City or Town)

DATE OF BURIAL June 30 1948

22 NAME OF FUNERAL DIRECTOR Charles H. Treanor

ADDRESS East Boston

Received and Filed

JUL 2 1948

(Registrar)

19

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:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by 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.

100m-2-40-D-729-A

PLACE OF DEATH		PERSONAL AND STATISTICAL PARTICULARS		MEDICAL CERTIFICATE OF DEATH	
1	Suffolk County Dorchester (City or Town)	3 SEX MALE	4 COLOR OR RACE White	5 SINGLE MARRIED WIDOWED or DIVORCED Single	18 DATE OF DEATH June 30, 1948 (Month) (Day) (Year)
2 FULL NAME Baby Boy Ricciardi (If deceased is a married, widowed or divorced woman, give also maiden name.)		(a) Residence. No. 457 (Usual place of abode)			St. East Boston (If nonresident, give city or town and state)
Length of stay: In hospital or institution 9 days (Specify whether)		years months days -			In this community yrs. mos. days.
6 Age of husband or wife if alive..... years		7 IF STILLEORN, enter that fact here.			19 I HEREBY CERTIFY. That I attended deceased from June 30, 1948, to June 30, 1948
8 AGE..... Years..... Months..... Days..... If less than 1 day Hours..... Minutes.....		9 Usual Occupation:			19.1 Last saw him alive on June 30, 1948, death is said to have occurred on the date stated above, at 2:45 P.M.
10 or Business:		11 Social Security No.			Immediate cause of death Congenital Heart Disease
12 BIRTHPLACE (City)..... (State or country).....		13 NAME OF FATHER Dominic Ricciardi			Due to patent Foramen Ovale
14 BIRTHPLACE OF FATHER (City)..... (State or country).....		15 MAIDEN NAME OF MOTHER Jennie Ricciardi			Due to atelectasis
16 BIRTHPLACE OF MOTHER (City)..... (State or country).....		17 Informant (Address).....			Other conditions atelectasis of lungs
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)			Major findings: Of operations.....
Health Officer (Official Designation)		7/2/48 (Date of Issue of Permit)			Of autopsy. Congenital Deformity Heart
Received and filed JUL 6 1948		19.2 Place of Burial, Cremation or Removal. (City or Town).....			What test confirmed diagnosis? autopsy
123 Registered No.....		22 NAME OF FUNERAL DIRECTOR William E. Baker			20 Was disease or injury in any way related to occupation of deceased?.....
To be filed for burial permit with Board of Health or its Agent.		ADDRESS East Boston			If so, specify

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall hurry or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., (Tercentenary Edition).*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . *Chap. 114, Sec. 46, G. L., (Tercentenary Edition).*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include, not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up, or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework*. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

SPACE FOR ADDITIONAL INFORMATION.....

Copies of returns of deaths recorded during the previous month which occurred in your city or town in case the deceased resided in another city or town at the time of death should be made forthwith and transmitted on Form R-302 to the clerk of the city or town in which the deceased resided. (See Chap. 46, Sec. 12, G. L.)

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

(City or town making return)

COPY OF
CERTIFICATE OF DEATH

Registered No. 268424

Suffolk
(County)

Chelsea
(City or Town)

No. U. S. N. H.

St. { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Mrs. Emily (n) Anderson
(If deceased is a married, widowed or divorced woman, give also maiden name.)

{ (If U. S. War Veteran, specify WAR) no

(a) Residence. No. 70 Pebble Ave.
(Usual place of abode)

Winthrop, Mass.

(If nonresident, give city or town and State)

Length of stay: In hospital or institution Hosp. years months 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 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 61 years

7 IF STILLBORN, enter that fact here.

8 AGE 50 Years Months Days If less than 1 day Hours Minutes

Usual Occupation: Housewife

Industry or Business: none

11 Social Security No.

12 BIRTHPLACE (City) Marlboro (State or country) N.H.

13 NAME OF FATHER Orlando Morrison

14 BIRTHPLACE OF FATHER (City) England (State or country)

15 MAIDEN NAME OF MOTHER Hannah Morrison

16 BIRTHPLACE OF MOTHER (City) England (State or country)

17 Informant John L. Anderson (Address) 70 Pebble Ave., Winthrop (Relationship to deceased) Husband

A TRUE COPY.

ATTEST: Joseph A. Tyrrell
(Registrar of city or town where death occurred)

DATE FILED 5/17/48 19

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH May 16, 1948
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from April 15, 1948, to May 16, 1948
I last saw her alive on May 16, 1948 death is said to have occurred on the date stated above, at 6:35P.m. Duration

Immediate cause of death: Hypertensive Heart Disease; Myocardial Infarction

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: Thos. J. Mathieu (Signed) USNH 5/16/48 Date 19

21 PLACE OF BURIAL, CREMATION OR REMOVAL Evergreen Leominster (City or Town) Mass

DATE OF BURIAL 5/19/48 19

22 NAME OF FUNERAL DIRECTOR Reynolds Funeral Parlor ADDRESS Winthrop St., Winthrop, Mass.

Received and filed 19

(Registrar of City or town where deceased resided) AUG 2 1948



OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

(City or town making return)

COPY OF
CERTIFICATE OF DEATH

Registered No. 44125

PLACE OF DEATH

Middlesex

(County)

Somerville

(City or Town)

No. 8 Fairview Terrace
(Somerville Sanatorium)

St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Helen J. Kohler
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S. War Veteran, specify WAR)

(a) Residence, No. 17 Irwin St., Winthrop, Mass. St.
(Usual place of abode)

(If nonresident, give city or town and State)

Length of stay: In hospital or institution. Rest Home years 10 months days. In this community 30 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

13 DATE OF DEATH June 9, 1948
(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. 6, 1947, to June 9, 1948.
I last saw her alive on June 7, 1948, death is said to have occurred on the date stated above, at 2 P.M. m. Duration

6 Age of husband or wife if alive years

Immediate cause of death Arteriosclerosis 10 Yrs.

7 IF STILLBORN, enter that fact here.

8 AGE 77 Years - Months - Days | If less than 1 day Hours Minutes

Due to Generalized Arteriosclerotic heart disease 10 Yrs.

Usual Occupation: Retired

Due to Pulmonary edema 2 Days

Industry or Business: N.E. Tel. & Tel. Co.

Other conditions None
(Include pregnancy within 3 months of death)

11 Social Security No.

Major findings: Of operations Underline the cause to which death should be charged statistically.

12 BIRTHPLACE (City) Boston
(State or country) Mass.

Date of

13 NAME OF FATHER Joseph Kohler

Of autopsy None Clinical Findings

14 BIRTHPLACE OF FATHER (City) Germany
(State or country)

What test confirmed diagnosis? No 1e

15 MAIDEN NAME OF MOTHER Regina Cast

20 Was disease or injury in any way related to occupation of deceased? If so, specify

16 BIRTHPLACE OF MOTHER (City) Germany
(State or country)

(Signed) Edward T. Downey
(Address) 366 Broadway, Som. Date 6/10/1948 M. D.

17 Informant Francis C. Obler (Nephew)
(Address) 31 College Ave., Medford.

21 PLACE OF BURIAL, Holyhood Cem., Brookline, Mass. (Cemetery) (City or Town) DATE OF BURIAL June 11, 1948

A TRUE COPY.

22 NAME OF FUNERAL DIRECTOR William H. McKenna
ADDRESS 390 Medford St., Somerville.

ATTEST: (Registrar of city or town where death occurred)

Received and filed 19

DATE FILED June 10, 1948.

(Registrar of City or Town where deceased resided)

Copies of returns of deaths recorded during the previous month which occurred in your city or town in case the deceased resided in another city or town at the time of death should be made forthwith and transmitted on Form R-302 to the clerk of the city or town in which the deceased resided. (See Chap. 46, Sec. 12, G. L.)



Copies of returns of deaths recorded during the previous month which occurred in your city or town in case the deceased resided in another city or town at the time of death should be made forthwith and transmitted on Form R-302 to the clerk of the city or town in which the deceased resided. (See Chap. 46, Sec. 12, G. L.)

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

Boston

(City or town making return)

Suffolk

(County)

Boston

(City or Town)

No. Palmer Memorial Hospital (N E D H)

COPY OF
CERTIFICATE OF DEATH

Registered No.

584126

St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Katherine Burrill

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 12 Sunset Road

(Usual place of abode)

St. Winthrop Mass.

(If nonresident, give city or town and State)

Length of stay: In hospital or institution

(Before death)

(Specify whether)

years

months

days

In this community 30 yrs.

mos.

days

7 1/2 Hrs

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

F

4 COLOR OR RACE

W

5 SINGLE (write the word)

MARRIED
WIDOWED
or DIVORCED Married

5a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

Winfield S. Burrill
(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:

Own Home

11 Social Security No.

12 BIRTHPLACE (City)

Ireland

(State or country)

13 NAME OF
FATHER

John Butler

14 BIRTHPLACE OF
FATHER (City)

Ireland

(State or country)

15 MAIDEN NAME
OF MOTHER

--- Barrett

16 BIRTHPLACE OF
MOTHER (City)

Ireland

(State or country)

17

Informant
(Address)

W. S. Burrill

(Relation if any)
Husband

A TRUE COPY.

ATTEST:

(Registrar of city or town where death occurred)

DATE FILED

July 2/48 19

MEDICAL CERTIFICATE OF DEATH

18 DATE OF
DEATH

June 29/48

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY, That I attended deceased from June 28, 1948, to June 29, 1948

I last saw her alive on June 29, 1948, death is said to have occurred on the date stated above, at 1:30AM m.

Immediate cause of death

Uremia

Duration

4 Das.

Due to Pyelonephritis, chronic bilateral with inactive rt. kidney

10 Years

Due to

Other conditions Diabetes mellitus
(Include pregnancy within 3 months of death)
arterio sclerosis, generalized (Yes)

14 Yrs

Major findings:
Of operations. None

Date of

Of autopsy as above

What test confirmed diagnosis? Autopsy and tests

20 Was disease or injury in any way related to occupation or accident?

If so, specify No

(Signed) A Marks

Physician

(Address)

81 Bay State Rd.

Date 6-29-1948 M. D.

21 PLACE OF BURIAL, Winthrop Cem-Winthrop Mass.
CREMATION OR REMOVAL

(Cemetery)

(City or Town)

DATE OF BURIAL

July 2/48

19

22 NAME OF

FUNERAL DIRECTOR

J F O'Maley

ADDRESS

Winthrop Mass.

Received and filed

JUL 12 1948

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.)

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

Boston

(City or town making return)

COPY OF
CERTIFICATE OF DEATH

Registered No.

5872
127

PLACE OF DEATH

Suffolk

(County)

Boston

(City or Town)

No. Jewish Memorial Hospital

St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

Sarah Abramovitz

2 FULL NAME

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 5 Wave Way Ave.

(Usual place of abode)

St. Winthrop Mass.

(If nonresident, give city or town and State)

Length of stay: In hospital or institution

(Before death)

(Specify whether)

years 3 months 28 days

In this community yrs. 3 mos. 28 days.

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

(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:

Housewife

Industry

10 or Business:

At Home

11 Social Security No.

None

12 BIRTHPLACE (City)

Russia

(State or country)

13 NAME OF

FATHER

Charles Goldman

14 BIRTHPLACE OF

FATHER (City)

Russia

(State or country)

15 MAIDEN NAME

OF MOTHER

Mary

16 BIRTHPLACE OF

MOTHER (City)

Russia

(State or country)

PARENTS

17

Informant
(Address)

C Abrams

Relation, if any

Name legally changed (Son)

A TRUE COPY

ATTEST:

(Registrar of city or town where death occurred)

DATE FILED

July 6/48 19

MEDICAL CERTIFICATE OF DEATH

18 DATE OF

DEATH

June 30/48

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY, That I attended deceased from March 2, 1948, to June 30, 1948

I last saw her alive on June 30, 1948, death is said to have occurred on the date stated above, at 1:20P

Immediate cause of death

Cerebral thrombosis

(recurrent)

Due to Gen. arterio sclerosis

Due to

Other conditions Left hemiplegia

(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) L. D. Jacobs

M. D.

(Address) Boston Mass.

Date 6-30-19 48

21 PLACE OF BURIAL, Mt. Lebanon Baltimore

CREMATION OR REMOVAL

(Cemetery)

(City or Town)

DATE OF BURIAL

July 1/48

19

22 NAME OF

FUNERAL DIRECTOR

Henry Levine

ADDRESS

Dorchester Mass.

Received and filed

JUL 12 1948

19

(Registrar of City or Town where deceased resided)

[The following text is extremely faint and largely illegible due to the quality of the scan. It appears to be a list or index of names and locations, possibly related to a historical survey or expedition.]

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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.)

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

Boston

(City or town making return)

COPY OF
CERTIFICATE OF DEATH

Registered No. 59428

PLACE OF DEATH

Suffolk
(County)Boston
(City or Town)

No.

Boston Lying In Hospital

St. { (If death occurred in a hospital or institution,
give its NAME instead of street and number)2 FULL NAME Baby Boy Sprague
(If deceased is a married, widowed or divorced woman, give also maiden name.){ (If U. S.
War Veteran,
specify WAR)(a) Residence, No. 275 Main
(Usual place of abode)St. Winthrop Mass.
(If nonresident, give city or town and State)Length of stay: In hospital or institution..... years months days. In this community yrs. mos. days.
(Before death) (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX M 4 COLOR OR RACE W 5 SINGLE (write the word)
MARRIED Single
WIDOWED
or DIVORCED5a If married, widowed, or divorced
HUSBAND of (Give maiden name of wife in full)
(or) WIFE of (Husband's name in full)

6 Age of husband or wife if alive years

7 IF STILLBORN, enter that fact here.

8 AGE Years Months Days | If less than 1 day
1 Hours 51 MinutesUsual
9 Occupation: -----Industry
10 or Business: -----

11 Social Security No. -----

12 BIRTHPLACE (City) Boston Mass.
(State or country)

13 NAME OF FATHER Edward A Sprague

14 BIRTHPLACE OF FATHER (City) Boothbay Harbor Maine
(State or country)

15 MAIDEN NAME OF MOTHER Lillian Wigginton

16 BIRTHPLACE OF MOTHER (City) Wise Virginia
(State or country)17 Informant Boston Lying In Hospital
(Address)

A TRUE COPY

ATTEST: *M. J. Spinning*
(Registrar of city or town where death occurred)

DATE FILED July 6/48 19

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH June 30/48
(Month) (Day) (Year)19 I HEREBY CERTIFY, That I attended deceased from
June 30, 1948, to June 30, 1948
I last saw him alive on June 30, 1948, death is said to
have occurred on the date stated above, at 9:05AM m. DurationImmediate cause of death
Atelectasis

Due to Prematurity

Due to

Other conditions
(Include pregnancy within 3 months of death)Major findings:
Of operations

Date of

Of autopsy

What test confirmed diagnosis?

20 Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) D E Reid

(Address) 221 Longwood Ave. Date 6-30 1948

21 PLACE OF BURIAL, Calvary Cem-Waltham Mass.
CREMATION OR REMOVAL (City or Town)

DATE OF BURIAL July 5/48 19

22 NAME OF FUNERAL DIRECTOR G M Linehan
ADDRESS Boston Mass.

Received and filed JUL 12 1948 19

(Registrar of City or Town where deceased resided)



Copies of returns of deaths occurring during the previous month which occurred in your city or town in 1948 and transmitted on Form R-302 to the clerk of the city or town in which the deceased resided.

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

COPY OF
CERTIFICATE OF DEATH

Boston

(City or town making return)

Registered No. 58129

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 George C Wilfert
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S. War Veteran, specify WAR)

(a) Residence. No. 600 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 10 days. In this community yrs. mos. 10 days.
(Before death) (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX M 4 COLOR OR RACE W 5 SINGLE (write the word) MARRIED WIDOWED or DIVORCED Widowed

5a If married, widowed, or divorced Barbara Mayer
HUSBAND of (Give maiden name of wife in full)
(or) WIFE 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 4 Months 17 Days | If less than 1 day Hours Minutes

Usual Occupation: Assembly Man Retired

Industry or Business: General Electric

11 Social Security No. -----

12 BIRTHPLACE (City) Germany
(State or country)

13 NAME OF FATHER John N Wilfert

14 BIRTHPLACE OF FATHER (City) Germany
(State or country)

15 MAIDEN NAME OF MOTHER Barbara Thierauf

16 BIRTHPLACE OF MOTHER (City) Germany
(State or country)

17 Informant G C Wilfert Jr. Relation, if any Son
(Address)

A TRUE COPY.

ATTEST: (Registrar of city or town where death occurred)

DATE FILED July 6, 1948 19

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH June 30/48
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from June 20, 1948, to June 30, 1948
I last saw him alive on June 30, 1948, death is said to have occurred on the date stated above, at 7:22AM m.

Immediate cause of death: Leukemia, lymphatic chronic

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? autopsy

20 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. S. Lichty
(Address) Mass. General Hospt Date 6-30 1948

21 PLACE OF BURIAL Forest Hills Cem. Boston
CREMATION OR REMOVAL

DATE OF BURIAL July 3/48 19
(City or Town)

22 NAME OF FUNERAL DIRECTOR J S Waterman & Sons
ADDRESS Boston Mass.

Received and filed JUL 1-2 1948 19
(Registrar of City or Town where deceased resided)



DEATH in plain terms, so 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 racial to that effect.

100M-7-46-19068

1 PLACE OF DEATH
Suffolk
(County)
Winthrop
(City or Town)
No. 64 Moore Street.



The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH

10. To be filed for burial permit
with Board of Health
or its Agent.
Registered No. 130

2 FULL NAME Arthur James Glassett
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 64 Moore Street
(Usual place of abode)

St. { (If death occurred in a hospital or institution, give its NAME instead of street and number) }

PHYSICIAN-IMPORTANT

{ (Was deceased a U. S. War Veteran, if so specify WAR) }

Length of stay: In hospital or institution (Before death) No years months days. In this community 41 yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male
4 COLOR OR RACE White
5 SINGLE (write the word) MARRIED WIDOWED or DIVORCED Married

5a If married, widowed or divorced HUSBAND of Margaret O'Shea
(Give maiden name of wife in full)
(or) WIFE of
(Husband's name in full)

6 Age of husband or wife if alive 41 years

7 IF STILLBORN, enter that fact here.

8 AGE 49 Years 5 Months 24 Days If less than 1 day Hours Minutes

9 Usual Occupation: Clerk

10 Industry or Business: Gasoline Station

11 Social Security No.

12 BIRTHPLACE (City) East Boston
(State or Country)

13 NAME OF FATHER Thomas Glassett

14 BIRTHPLACE OF FATHER (City) East Boston
(State or Country)

15 MAIDEN NAME OF MOTHER Elizabeth Whelan

16 BIRTHPLACE OF MOTHER (City) England
(State or Country)

17 Informant Mrs. Margaret Glassett (Relation, if any)
(Address) 64 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 H. Baker
(Signature of Agent of Board of Health or other)
Health Officer
(Official Designation)
7/7/48
(Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH July 6, 1948
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from Nov. 20, 1947, to July 6, 1948
I last saw him alive on July 5, 1948, death is said to have occurred on the date stated above, at 5:30 a. m.

Immediate cause of death

Due to Coronary thrombosis 17 days

Due to Coronary artery sclerosis 2 yrs.

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Date of Of autopsy Phys. Exam.

20 Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Herman D. Costa
(Address) 628 Highland Ave. Mattapan Date July 7, 1948 M. D.

21 Winthrop Cemetery Winthrop
Place of Burial, Cremation or Removal. (City or Town)
DATE OF BURIAL July 8, 1948

22 NAME OF FUNERAL DIRECTOR Richard C. Kirby
ADDRESS 17 Bennington St., E. Boston

Received and Filed 19

JUL 8 1948
(Registrar)

Duration IMPORTANT

IMPORTANT

Physician

Underline the cause to which death should be charged statistically.

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required

by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a 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 _____

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. (d)-6-43-12056

PLACE OF DEATH

**SUFFOLK
BOSTON**

(City or Town)

No. **183 Porter St**

The Commonwealth of Massachusetts

**OFFICE OF THE SECRETARY
COPY OF
MEDICAL EXAMINER'S
CERTIFICATE OF DEATH**

Boston

(City or town making return)

Registered No.

6031

St. { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

George H Merrill

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No.

201 Winthrop 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)

(Specify whether)

years

months

days

In this community

30

yrs.

mos.

days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

M

4 COLOR OR RACE

W

5 SINGLE (write the word)

MARRIED

WIDOWED

or DIVORCED

Married5a If married, widowed, or divorced **Ellen E Swimm**
HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

6 Age of husband or wife if alive

58

years

7 IF STILLBORN, enter that fact here.

8

AGE **69**

Years

Months

Days

If less than 1 day

Hours

Minutes

Usual

9 Occupation:

Electrical Engineer

Industry

10 or Business:

Building Maintenance

11 Social Security No.

021-09-1248

12 BIRTHPLACE (City)

(State or country)

Moncton New Brunswick

PARENTS

13 NAME OF
FATHER**John N Merrill**14 BIRTHPLACE OF
FATHER (City)
(State or country)**New Brunswick**15 MAIDEN NAME
OF MOTHER**Anabella Bray**16 BIRTHPLACE OF
MOTHER (City)
(State or country)**New Brunswick**

17

Informant
(Address)**E E Merrill**

Relation if any

Wife

A TRUE COPY.

ATTEST

(Registrar of city or town where death occurred)

DATE FILED

July 9**19 48**

MEDICAL CERTIFICATE OF DEATH

18 DATE OF
DEATH**July 6/48**

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows: (If an injury was involved, state fully.)

Acute cardiac failure probably**coronary sclerosis chronic myocarditis**

20 Accident, suicide, or homicide (specify)

Date of occurrence

19

Where did

injury occur?

(City or town and State)

Did injury occur in or about the home, on farm, in industrial place, or in public place?

(Specify type of place)

Manner of **Collapsed and died quickly**
InjuryNature of
InjuryWhile at work? **?** Was there an autopsy? **No**

21 Was disease or injury in any way related to occupation of deceased?

If so, specify

W J Brickley

(Signed)

Boston Mass

(Address)

M. D.

Date **7-6 19 48**

22 Place of Burial, Cremation or Removal (City or Town)

DATE OF BURIAL

July 8/48**19**23 NAME OF
FUNERAL DIRECTOR
ADDRESS**H S Reynolds****Winthrop Mass.**

Received and filed

JUL 19 1948**19**

(Registrar of City or Town where deceased resided)

PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)

No.

151 Cottage Pk. Rd.

St. { (If death occurred in a hospital or institution, give its NAME instead of street and number) }

Registered No.

132

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD

CERTIFICATE OF DEATH

PHYSICIAN-IMPORTANT

2 FULL NAME

Thomas M. Barry

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No.

151 Cottage Pk. Rd.

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

5

yrs.

mos.

days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE (write the word)

MARRIED
WIDOWED
or DIVORCED

Single

Male

White

5a If married, widowed or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

6 Age of husband or wife if alive

years

7 IF STILLBORN, enter that fact here.

8

AGE

52

Years

Months

Days

If less than 1 day

Hours

Minutes

9 Usual

Occupation

Salesman

10 Industry
or Business:

Automobile

11 Social Security No.

12 BIRTHPLACE (City)
(State or Country)

East Boston

Mass

13 NAME OF
FATHER

Patrick Barry

14 BIRTHPLACE OF
FATHER (City)

Boston

(State or Country)

Mass

15 MAIDEN NAME
OF MOTHER

Annie L. Norton

16 BIRTHPLACE OF
MOTHER (City)

Boston

(State or Country)

Mass

17 Informant
(Address)

Edmund Barry

(Relationship)

Adams St., Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Walter H. Baker

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

7/13/48

MEDICAL CERTIFICATE OF DEATH

18 DATE OF
DEATH

July

11

(Day)

48

(Year)

19

I HEREBY CERTIFY,

That I attended deceased from

April 19 48

to 11 July 19 48

I last saw him alive on

11 July 19 48

death is said to

have occurred on the date stated above, at

Immediate cause of death

Cerebral Hemorrhage

Duration

IMPORTANT

10 days

Due to

Due to

Other conditions

(Include pregnancy within 4 months of death)

Major findings:
Of operations

Of autopsy

What test confirmed diagnosis?

Date of

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)

Haver, as self

M. D. 19 48

21 Winthrop

Place of Burial, Cremation or Removal.

(City or Town)

DATE OF BURIAL

July

14

1948

19

22 NAME OF

FUNERAL DIRECTOR

ADDRESS

John F. O'Malley

Winthrop

Received and Filed

JUL 15 1948

(Registrar)

19

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall 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

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. 4 Belcher Street

2 FULL NAME William Doig
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 4 Belcher Street
(Usual place of abode)

Length of stay: In hospital or institution years months days. In this community 26 years months days.
(Before death) (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX male 4 COLOR OR RACE white 5 SINGLE (write the word) MARRIED WIDOWED or DIVORCED widowed

5a If married, widowed, or divorced HUSBAND OF Margaret Archibald
(Give maiden name of wife in full)
(or) WIFE 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 0 Months 23 Days If less than 1 day Hours Minutes

Usual Occupation: Machinist

Industry or Business: Charlestown Navy Yard

11 Social Security No. 010-03-7535

12 BIRTHPLACE (City) Aberdeen
(State or country) Scotland

13 NAME OF FATHER Andrew Doig

14 BIRTHPLACE OF FATHER (City) Aberdeen
(State or country) Scotland

15 MAIDEN NAME OF MOTHER Jane Gray

16 BIRTHPLACE OF MOTHER (City) Dundee
(State or country) Scotland

17 Informant Thomas Doig (Address) 103 Highland Ave, Winthrop
(Relationship) brother

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Walter S. Bahler
(Signature of Agent of Board of Health or other Health Officer) 7/15/48
(Official Designation) (Date of Issue of Permit)

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD

CERTIFICATE OF DEATH

Winthrop, Mass.
(City or town making return)

Registrar's Number 133

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

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH July 13 1948
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from April 24, 1948, to July 12, 1948.
I last saw him alive on July 12, 1948. death is said to have occurred on the date stated above, at 5:00 A.M.

Immediate cause of death Coronary Occlusion 12 hours

Due to Coronary sclerosis

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations Physician

Date of Underline the cause to which death should be charged statistically.
Of autopsy
What test confirmed diagnosis? Ekg.

20 Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) H. S. Greenfield M.D.
(Address) 447 Shirley St. Winthrop Date 7-14-1948

21 Forrester Dale Cemetery, Malden
Place of Burial, Cremation or Removal. (City or Town)
DATE OF BURIAL July 16, 1948 19

22 NAME OF FUNERAL DIRECTOR Alfred B. Marsh
ADDRESS 174 Winthrop St. Winthrop

Received and filed 19

JUL 19 1948 (Registrar)

A TRUE COPY ATTEST:

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten

of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e.g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.
100m-(g)-1-45-15510

X

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)

Anna T Emery

2 FULL NAME (If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence, No. 61 Marshall Street

St. (If nonresident, give city or town and State)

Length of stay: In hospital or institution Hosp. years months 12 days. In this community 25 yrs. mos. days.

PHYSICIAN - IMPORTANT

(Was deceased a U. S. War Veteran, if so specify WAR)

Registered No. 134

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH



To be filed for burial permit with Board of Health or its Agent.

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 Emerald Emery (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 3 Months 5 Days If less than 1 day Hours Minutes

9 Occupation: Housewife

10 Industry or Business: Own Home

11 Social Security No. None

12 BIRTHPLACE (City) Boston (State or country) Mass.

13 NAME OF FATHER Charles Steinauer

14 BIRTHPLACE OF FATHER (City) Sweden (State or country)

15 MAIDEN NAME OF MOTHER Katheren Nold

16 BIRTHPLACE OF MOTHER (City) Pennsylvania (State or country)

17 Informant Emerald Emery Husband (Address) 61 Marshall 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) 7/15/48

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH July 13, 1948 (Month) (Day) (Year)

19 I HEREBY CERTIFY, that I attended deceased from Oct 15, 1947 to July 13, 1948 I last saw him alive on July 12, 1948 death is said to have occurred on the date stated above, at 12:55 A. M.

Immediate cause of death: Adenocarcinoma of Corpus Uteri with recurrence in vagina, vulva and metastases in femur and skull

Major findings: Adenocarcinoma of Corpus Uteri Date of operation Nov 1947 Of autopsy Microscopic + X-ray What test confirmed diagnosis

20 Was disease or injury in any way related to occupation of deceased? No (Signed) John Williams (Address) 429 Beacon St Winthrop Date July 13, 1948 M. D.

21 Place of Burial, Cremation or Removal. Winthrop (City or Town) DATE OF BURIAL July 15, 1948

22 NAME OF FUNERAL DIRECTOR (Address)

Received and filed JUL 15 1948

(Registrar)

PARENTS

IMPORTANT

IMPORTANT

Physician

Underline the cause to which death should be charged statistically.

V

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required

by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or 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

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.)

25M-(C)-11-42 10746

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICSCOPY OF
CERTIFICATE OF DEATH

[BOSTON]

(City or town making return)

Registered No. 6304 135

SUFFOLK
BOSTON

PLACE OF DEATH

No. Beth Israel Hospital

St. { (If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME Etta Perosino

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 188 Woodside Ave. St. Winthrop Mass.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of stay: In hospital or Institution. years 2 months days. In this community yrs. 2 mos. days.

(Before death)

(Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE (write the word) MARRIED WIDOWED or DIVORCED Married

5a If married, widowed, or divorced

HUSBAND of (Give maiden name of wife in full)

(or) WIFE of Vincent Perosino (Husband's name in full)

6 Age of husband or wife if alive 27 years

7 IF STILLBORN, enter that fact here.

8 AGE 26 Years Months Days If less than 1 day Hours Minutes

Usual Occupation: Floor lady

10 Industry or Business: Lamp factory

11 Social Security No. 015 12 9134

12 BIRTHPLACE (City) East Boston (State or country) Mass

13 NAME OF FATHER Saverio Mustone

14 BIRTHPLACE OF FATHER (City) Italy (State or country)

15 MAIDEN NAME OF MOTHER Mary Capozzi

16 BIRTHPLACE OF MOTHER (City) Italy (State or country)

17 Informant Vincent Perosino (Relation, if any) (Address) 188 Woodside Ave Winthrop

A TRUE COPY ATTEST: Michael J. Manning (Registrar of City or town where death occurred)

DATE FILED July 19 1948 19

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH July 13 1948 (Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from Mar 12 1948 to July 13 1948

I last saw her alive on July 13 1948 death is said to have occurred on the date stated above, at 6:00 P. m.

Immediate cause of death Reticulum cell sarcoma Duration 1 yr

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy above Date of Autopsy

What test confirmed diagnosis? Autopsy No

20 Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) H J Isenberg M. D.

(Address) B I H Date 7/13/1948

21 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Cross Malden (Cemetery) (City or Town)

DATE OF BURIAL July 16 1948 19

22 NAME OF FUNERAL DIRECTOR Clancy Di Pietro ADDRESS East Boston

Received and filed JUL 26 1948 19

(Registrar of City or Town where deceased resided)

SPACE FOR ADDITIONAL INFORMATION.....

information should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100m-2-40-D-729-a

per under-label

8-1127

Sussex County **Windsor** **Revere** **8/14/48**

1 PLACE OF DEATH **Revere** **Community** **Hospital** **St.** (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME **(Baby Girl)** **Terminello Terminello** (If deceased is a married, widowed or divorced woman, give also maiden name.) (If U. S. War Veteran, specify WAR)

(a) Residence. No. **103 Endicott Ave.** **St.** **Revere, Mass.** (If nonresident, give city or town and state)

Length of stay: In hospital or institution _____ **years** **months** **days.** **In this community** **yrs.** **mos.** **days.** (Specify whether)

To be filed for burial permit with Board of Health or its Agent.

Registered No. **137**

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 July 16 1948 (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 July 16, 1948, to July 16, 1948	
(or) WIFE of _____ (Husband's name in full)			I last saw him _____ alive on _____, 19____, death is said to have occurred on the date stated above, at _____ m.	
6 Age of husband or wife if alive _____ years			Immediate cause of death Stillborn	
7 IF STILLBORN, enter that fact here. STILLBORN			Due to numerous congenital deformities	
8 AGE _____ Years _____ Months _____ Days _____ If less than 1 day _____ Hours _____ Minutes _____			Due to _____	
9 Occupation: _____			Other conditions _____ (Include pregnancy within 3 months of death)	
10 Industry or Business: _____			Major findings: _____ Of operations _____ Date of _____	
11 Social Security No. _____			Of autopsy _____ What test confirmed diagnosis? abortion	
12 BIRTHPLACE (City) St. Catharines, Mass. (State or country)			20 Was disease or injury in any way related to occupation of deceased? No	
13 NAME OF FATHER Joseph Terminello			If so, specify John F. Collins M. D. (Signed) _____ Date 8/5/48 19.48 (Address) Revere, Mass.	
14 BIRTHPLACE OF FATHER (City) Boston (State or country) Mass.			21 Had Cross Millon Place of Burial, Cremation or Removal (City or Town)	
15 MAIDEN NAME OF MOTHER Evelyn Collins			DATE OF BURIAL July 19 19.48	
16 BIRTHPLACE OF MOTHER (City) Revere Boston (State or country) Mass.			22 NAME OF FUNERAL DIRECTOR Placent Murray ADDRESS Revere Mass.	
17 Informant Joseph Terminello (father) Relation, if any father (Address) 103 Endicott Ave. Revere			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 S. Baker (Signature of Agent of Board of Health or other) Health Officer 7/19/48 (Official Designation) (Date of Issue of Permit)				

JUL 19 1948 (Registrar)

SPACE FOR ADDITIONAL INFORMATION

If deceased was a U. S. War Veteran, G. L., Chap. 48, Sec. 10, requires physicians to insert a recital to that effect.

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

Winthrop
 (City or town making return)

Registrar's Number 138

No. Kirkpatrick Nursing Home St. (If death occurred in a hospital or institution give its NAME instead of street and number)

2 FULL NAME Nels Rudolph Nelsson
 (If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN-IMPORTANT
 (Was deceased a U. S. War Veteran if so specify WAR) No.

(a) Residence. No. 85 Cottage Avenue
 (Usual place of abode) St. (If nonresident, give city or town and State)

Length of stay: In hospital or institution Nursing Home months 1 days. In this community 40 years months days.
 (Before death) (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX male 4 COLOR OR RACE white 5 SINGLE (write the word) MARRIED
 WIDOWED or DIVORCED married

5a If married, widowed, or divorced HUSBAND OF Nellie Mira Lewis
 (Give maiden name of wife in full)

(or) WIFE OF (Husband's name in full)

6 Age of husband or wife if alive 56 years

7 IF STILLBORN, enter that fact here.

8 AGE 60 Years 11 Months 10 Days If less than 1 day Hours Minutes

Usual Occupation: retired fire captain

Industry or Business: Boston harbor defense

11 Social Security No. none

12 BIRTHPLACE (City). Cohasset
 (State or country) Mass.

13 NAME OF FATHER Sven Nelsson

14 BIRTHPLACE OF FATHER (City). Skane
 (State or country) Sweden

15 MAIDEN NAME OF MOTHER Jennie Carlsson

16 BIRTHPLACE OF MOTHER (City). Kalmar
 (State or country) Sweden

17 Informant Mrs. N.R. Nelsson (Wife)
 (Address) 85 Cottage Ave. Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Walter J. Baker
 (Signature of Agent of Board of Health or other)

(Official Designation)

(Date of issue of Permit) 7/19/48

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH July 17 1948
 (Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from April 15, 1948 to July 16, 1948
 I last saw him alive on July 16, 1948. death is said to have occurred on the date stated above, at 6:30 A.M.

Immediate cause of death Carcinoma of Lungs Duration Important 60 years

Due to Emphysema 5 years

Due to Fibrosis of Lungs

Other conditions (Include pregnancy within 3 months of death) Important

Major findings: Of operations none Physician

Date of Of autopsy none Clinical Signs Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased? No

If so, specify (Signed) Daniel J. O'Brien M.D.
 (Address) Winthrop Mass Date July 8 1948

21 Winthrop Cemetery Winthrop
 Place of Burial, Cremation or Removal. (City or Town)
 DATE OF BURIAL July 19 1948 19

22 NAME OF FUNERAL DIRECTOR Alfred B. Marsh
 ADDRESS 174 Winthrop St. Winthrop

Received and filed JUL 19 1948 19

A TRUE COPY ATTEST:

(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. 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-7-46-1906B

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.

139

No.

191 Woodside Ave. Winthrop

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Bridie L. Meaney

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No.

(Usual place of abode)

191 Woodside Ave

St.

Winthrop

(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
(Before death)

(Specify whether)

years

months

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
WIDDED
OR DIVORCED

Single

5a If married, widowed or divorced
HUSBAND or

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

6 Age of husband or wife if alive

years

7 IF STILLBORN, enter that fact here.

8 AGE

64

Years

Months

Days

If less than 1 day
Hours

Minutes

9 Usual
Occupation:

None

10 Industry
or Business:

11 Social Security No.

None

12 BIRTHPLACE (City)
(State or Country)

Newfoundland

13 NAME OF
FATHER

Meaney

14 BIRTHPLACE OF
FATHER (City)
(State or Country)

Newfoundland

15 MAIDEN NAME
OF MOTHER

Cannot be learned

16 BIRTHPLACE OF
MOTHER (City)
(State or Country)

Newfoundland

17 Informant
(Address)Mrs. Ruth Braziano
119 Woodside Ave. Winthrop

Relation, if any

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed
with me BEFORE the burial or transit permit was issued.

(Signature of Agent of Board of Health or other)

Ho. at July 20/48

(Official Designation)

(Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF
DEATH

July

20

1948

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY, That I attended deceased from

July 13

1948

to

July 20

1948

I last saw her alive on July 13, 1948, death is said to
have occurred on the date stated above, at 9:30 A. m.

Duration

Immediate cause of death

Acute Cordian Decomposition

IMPORTANT

Due to

Auricular fibrillation &
auricular fibrillation

Due to

Chr. myocardite - arteriosclerosis

Other conditions

(Include pregnancy within 3 months of death)

IMPORTANT

Major findings:
Of operations

Date of

Of autopsy

What test confirmed diagnosis?

Physician

Underline
the cause to
which death
should be
charged statistically.

20 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

D. Thomas Claffey

M. D.

(Address)

213 Speed St. E. B.

Date

July 20

1948

21 Place of Burial, Cremation or Removal.

(City or Town)

DATE OF BURIAL

July

23

1948

22 NAME OF
FUNERAL DIRECTOR

J. Stanley Buckley

ADDRESS

12 Warren St. Boston, Mass.

Received and Filed

JUL 21 1948

(Registrar)

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required

by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

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RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

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(3) **Medical Examiners** will investigate and certify to all deaths 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

from the laws on back of certificate.

If deceased was a U. S. War Veteran, G. L., Chap. 48, Sec. 10, requires physicians to insert a recital to that effect.

100m. (1)-1-45-15510

PLACE OF DEATH

Suffolk
(County)

Winthrop
(City or Town)

No. 33A Sunnyside Ave.

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

(City or town making return)

STANDARD
CERTIFICATE OF DEATH

Registrar's No.

140

2 FULL NAME James Foster Harriman
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 33A Sunnyside Ave,
(Usual place of abode)

St. { (If death occurred in a hospital or institution,
give its NAME instead of street and number)

PHYSICIAN-IMPORTANT
(Was deceased a
U. S. War Veteran,
if so specify WAR)

Length of stay: In hospital or Institution (Before death) years months days. In this community 26 yrs. mos. days.
(Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE (write the word) MARRIED WIDOWED or DIVORCED Married

5a If married, widowed, or divorced HUSBAND of Alice McGoldrick (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 69 Years 4 Months 29 Days If less than 1 day Hours Minutes

9 Usual Occupation: Pharmacist

10 Industry or Business: Retail Drugs

11 Social Security No. 049-12-6285

12 BIRTHPLACE (City) Sherburne
(State or country) New York

13 NAME OF FATHER ----- Harriman

14 BIRTHPLACE OF FATHER (City) Unable to obtain
(State or country) New York

15 MAIDEN NAME OF MOTHER Mary Foster

16 BIRTHPLACE OF MOTHER (City) Unable to obtain
(State or country) New York

17 Informant Alice Harriman (Wife, if any)
(Address) 33A Sunnyside Ave. Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)
(Official Designation) Health Agent (Date of Issue of Permit) 7/23/48

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH July 21 1948
(Month) (Day) (Year)

19 I HEREBY CERTIFY That I attended deceased from June 15, 1948, to July 21, 1948
I last saw him alive on July 21, 1948 death is said to have occurred on the date stated above, at 11 P. M.

Immediate cause of death

Cirrhosis of liver

Duration IMPORTANT 1948

Due to

Due to

Other conditions none
(Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy Date of

What test confirmed diagnosis? X-Ray

IMPORTANT

Physician

Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) G. J. Gately M.D.
(Address) 1000 7-22 1948

21 Winthrop Winthrop
Place of Burial, Cremation or Removal. (City or Town)
DATE OF BURIAL July 24 1948

22 NAME OF FUNERAL DIRECTOR Joseph S. Farnsworth
ADDRESS Winthrop Mass

Received and filed JUL 28 1948 19

A TRUE COPY ATTEST:

(Registrar)

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required

by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or 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

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

(City or town making return)

COPY OF
CERTIFICATE OF DEATH

Registered No. 6471141

PLACE OF DEATH

Suffolk

(County)

Boston

(City or Town)

No. St. Elizabeth's Hospital

St. (If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME Mrs. Josephine Honan

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S.
War Veteran,
specify WAR)(a) Residence, No. 55 Wave Way Ave.
(Usual place of abode)

St. Winthrop, Mass.

(If nonresident, give city or town and State)

Length of stay: In hospital or institution
(Before death) (Specify whether)

years

months

days

In this community

yrs.

mos.

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

F

4 COLOR OR RACE

W

5 SINGLE (write the word)

MARRIED
WIDOWED
or DIVORCED Widowed5a If married, widowed, or divorced Daniel J Honan
HUSBAND of (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

6 Age of husband or wife if alive years

7 IF STILLBORN, enter that fact here.

8 AGE 65 Years Months Days If less than 1 day
Hours Minutes

9 Usual Occupation: Housewife

10 Industry or Business: At home

11 Social Security No. none

12 BIRTHPLACE (City)
(State or country) Ireland

13 NAME OF FATHER Patrick Grimes

14 BIRTHPLACE OF FATHER (City)
(State or country) Ireland

15 MAIDEN NAME OF MOTHER Unknown Leahy

16 BIRTHPLACE OF MOTHER (City)
(State or country) Ireland17 Informant Daniel J Honan Jr (Son)
(Address)A TRUE COPY
ATTEST: (Registrar of city or town where death occurred)
DATE FILED July 23 1948

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH July 21, 1948
(Month) (Day) (Year)19 I HEREBY CERTIFY, That I attended deceased from
July 8, 1948 to July 21, 1948I last saw her alive on July 21, 1948 death is said to
have occurred on the date stated above, at 11:30A m.Immediate cause of death phlebothrombosis
with massive pulmonary embolusOperation performed for cysto-
cele and lacerated perineum on

Due to July 10 Operation performed for

bilateral femoral vein ligation on

Due to 14 July

Other conditions (Include pregnancy within 3 months of death)

Major findings: as above

Of operations Date of

Of autopsy Phlebothrombosis of rt
femoral vein with massive pulmonary
embolus

What test confirmed diagnosis?

20 Was disease or injury in any way related to occupation of deceased?

If so, specify (Signed) George B McManana M. D.
(Address) St. Elizabeth's Hosp Date 7/21 194821 PLACE OF BURIAL, CREMATION OR REMOVAL Winthrop Cemetery
Winthrop (City or Town)

DATE OF BURIAL 7/21 1948

22 NAME OF FUNERAL DIRECTOR Kirby Bros M Kirby
ADDRESS 210 Winthrop St., Winthrop

Received and filed JUL 30 1948 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.)



information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD
CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

Registered No. **142**

1 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 MATILDA ECTMAN
(If deceased is a married, widowed or divorced woman, give also maiden name.) { (If U.S. War Veteran, specify WAR) No

(a) Residence. No. 34 Trident Ave. St. Winthrop
(Usual place of abode) (If nonresident, give city or town and state)

Length of stay: In hospital or institution 2 wks. years months 13 days. In this community 23 yrs. mos. days.
(Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE (write the word) MARRIED Widowed
WIDOWED DIVORCED

5a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full)

(or) WIFE of Hyman Ectman (Husband's name in full)

6 Age of husband or wife if alive years

7 IF STILLBORN, enter that fact here.

8 AGE 61 Years Months Days If less than 1 day Hours Minutes

Usual Occupation: Housework

10 Industry or Business: at home

11 Social Security No. none

12 BIRTHPLACE (City) Russia (State or country)

13 NAME OF FATHER Isaac Bass

14 BIRTHPLACE OF FATHER (City) Russia (State or country)

15 MAIDEN NAME OF MOTHER Rose (cannot be learned)

16 BIRTHPLACE OF MOTHER (City) Russia (State or country)

17 Informant (Address) Robert I. Ectman - Son 34 Trident Ave. Winthrop Relation, if any

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Walter E. Baker (Signature of Agent of Board of Health or other)

Health Officer 7/24/48 (Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH July 23 1948
(Month) (Day) (Year)

19 I HEREBY CERTIFY That I attended deceased from home 7/23/48 July 23, 1948

I last saw her alive on July 23 1948 death is said to have occurred on the date stated above, at 3:45 PM Duration

Immediate cause of death Cerebral Hemorrhage 48 hrs

Due to Broncho-pneumonia 2 weeks

Due to Diabetes Mellitus 5 years

Other conditions Arteriosclerosis 4 years

(Include pregnancy within 3 months of death) Chorea 2 x hours

Major findings: Of operations none Date of

Of autopsy none

What test confirmed diagnosis? Chemical & Laboratory

20 Was disease or injury in any way related to occupation of deceased? NO

If so, specify (Signed) Jacob J. Williams M.D. Date 7/23/48

(Address) 602 Quincy St. Date 7/23/48

21 Place of Burial, Cremation or Removal Burial Woodburn DATE OF BURIAL July 25 1948

22 NAME OF FUNERAL DIRECTOR Benjamin Birnbach ADDRESS 10 Washington St. D.C.

Received and filed JUL 28 1948 19

(Registrar)

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., (Tercentenary Edition).*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . *Chap. 114, Sec. 46, G. L., (Tercentenary Edition).*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthma, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework*. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

SPACE FOR ADDITIONAL INFORMATION

STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE
Bureau of the Census

STATE OF NEW HAMPSHIRE

Town or City

Clerk's No.

143

Edward J Grainger

FULL NAME

1. PLACE OF DEATH:

- (a) CountyMerrimack.....
 (b) City or townConcord.....
 (c) Name of hospital or institution: Concord Hos ital
 M.P. Unit

(If not in hospital or institution write street number or location)

(d) Length of stay:

In hospital or institution18-3/4 hrs.....
(Specify whether years, months or days)In this community
(Specify whether years, months or days)

3. (a) If veteran, name warWorld War 1.....

(b) Social Security No.

4. Sex	5. Color or race	6. (a) Single, widowed, married, divorced
Male	white	married

6. (b) Name of husband or wife:

Amy Lee

(Full name—Maiden name, if wife)

6. (c) Age of husband or wife, if alive69..... years

2. USUAL RESIDENCE OF DECEASED:

- (a) StateMassachusetts.....
 (b) CountySuffolk.....
 (c) City or townWinthrop.....
 (d) Street No.30 Orlando Ave.....
 (If rural, give location)
 (e) If foreign born, how long in U.S.A.? years

MEDICAL CERTIFICATE

20. DATE OF DEATH: Month ..July..... day25.....
 year1948..... hour9..... min.11 A.....m.

21. I HEREBY CERTIFY that I attended the deceased from

....., 19..... to , 19.....;

that I last saw h.... alive on , 19.....;

and that death occurred on the date and hour
stated above.

DURATION

Every item of information should be carefully supplied.

 661-946-9
 1001 S. V. 4403

SPACE FOR ADDITIONAL INFORMATION.....

STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE
Bureau of the Census

STATE OF NEW HAMPSHIRE

Town or City
Clerk's No.

143

FULL NAME Edward J Grainger

1. PLACE OF DEATH:

(a) County Merrimack
(b) City or town Concord
(c) Name of hospital or institution: Concord Hospital
M.P. Unit(If not in hospital or institution write street number or location)
(d) Length of stay: 18-3/4 hrs
In hospital or institution
(Specify whether years, months or days)In this community
(Specify whether years, months or days)3. (a) If veteran, name war World War I
(b) Social Security No.4. Sex Male 5. Color or race white 6. (a) Single, widowed,
married, divorced married6. (b) Name of husband or wife: Amy Lee
(Full name—Maiden name, if wife)

6. (c) Age of husband or wife, if alive 69 years

7. Birth date of deceased not stated
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day
69 - - hrs. min.9. Birthplace Boston Mass.
(City, Town, or County) (State or Foreign Country)

10. Usual occupation Medical Doctor

11. Industry or business

12. Name William H Grainger

13. Birthplace Ireland
(City, Town, or County) (State or Foreign Country)

14. Maiden name Cannot be learned

15. Birthplace not stated
(City, Town, or County) (State or Foreign Country)

16. (a) Informant's own signature Amy Lee

(b) Address Boston Mass

17. (a) Burial
(Burial, Cremation, Entombment, Removal)(b) Place: Winthrop Cemetery
(If entombed or buried, write name of cemetery)
Winthrop Massachusetts
(City, Town, County) (State or Country)(c) Date thereof July 28 1948
(Month) (Day) (Year)If Entombed
(d) Place of burial
(Name of Cemetery)

(City, Town, County) (State)

(e) Date
(Month) (Day) (Year)

18. (a) Signature of funeral director John F O'Maley

(b) Address 79 Atlantic St., Winthrop Mass

Countersigned Walter C Rowe, M D
(Agent City Board of Health)19. (a) 7-26-48 (b) 7-26-48
(Date rec. by City Bd. of Health) (Date rec. by Town or city clerk)

Signature of Town or City Clerk Arthur E Roby

Clerk of Concord, N.H.

2. USUAL RESIDENCE OF DECEASED:

(a) State Massachusetts

(b) County Suffolk

(c) City or town Winthrop

(d) Street No. 30 Orlando Ave.

(If rural, give location)

(e) If foreign born, how long in U.S.A.? years

MEDICAL CERTIFICATE

20. DATE OF DEATH: Month July day 25
year 1948 hour 9 min. 11 A.m.21. I HEREBY CERTIFY that I attended the deceased from
....., 19..... to, 19.....;
that I last saw h.... alive on, 19.....;

and that death occurred on the date and hour stated above.

Immediate cause of death

Gastric hemorrhage 36 hrs
(probable peptic ulcer)

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)Major findings:
Of operations

Of autopsy

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur?
(City or Town) (County) (State)(d) Did injury occur in or about home, on farm, in industrial place, in public place?
(Specify type of place)

While at work? (e) Means of injury

23. SIGNATURE C R Millins

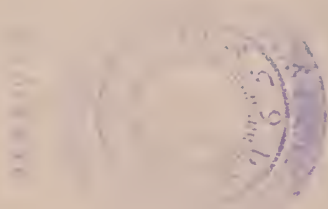
M.D. or other M.D. Date signed 7-25-48

Address Concord, N.H.

A true copy, Attest: Arthur E Roby

Clerk of Concord, N.H. Dated 7-26-48 JUL 28 1948

The correct age is especially important.
PLEASE WRITE PLAINLY WITH UNFADING INK. Every item of information should be carefully supplied.
Form V. S. 19A
6-46-10M
8458



JUL 25 1881

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100m-2-40-D-729-a

PLACE OF DEATH

(County)

(City or Town)

No.

St.

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Registered No.

141

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD
CERTIFICATE OF DEATH

2 FULL NAME

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S. War Veteran, specify WAR)

(a) Residence. No.

(Usual place of abode)

St.

(If nonresident, give city or town and state)

Length of stay: In hospital or institution

(Specify whether)

years

months

days

In this community

yrs.

mos.

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE (write the word)

MARRIED
WIDOWED
or DIVORCED

5a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

6 Age of husband or wife if alive

years

7 IF STILLBORN, enter that fact here.

8 AGE

Years

Months

Days

If less than 1 day
Hours Minutes

Usual

9 Occupation:

Industry

10 or Business:

11 Social Security No.

12 BIRTHPLACE (City)

(State or country)

13 NAME OF FATHER

14 BIRTHPLACE OF FATHER (City)

(State or country)

15 MAIDEN NAME OF MOTHER

16 BIRTHPLACE OF MOTHER (City)

(State or country)

17

Informant (Address)

Relation, if any

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY That I attended deceased from

July 22, 1948 to July 22, 1948

I last saw him alive on July 22, 1948 death is said to

have occurred on the date stated above, at 10:55 A.M.

Immediate cause of death

Asphyxia neonatorum

Due to umbilical cord being wrapped tightly

Due to around neck - trachea

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations: none

Of autopsy: yes

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)

(Address)

(City or Town)

DATE OF BURIAL

Place of Burial, Cremation or Removal

21

22 NAME OF FUNERAL DIRECTOR

ADDRESS

Received and filed

AUG 2 1948

(Registrar)

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, the duration of his last illness, the place where he died, the estimated duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., (Tercentenary Edition).*

RULES OF PRACTICE

(3) Medical Examiners will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative helpfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as *at school or at home*. For a woman whose only occupation was that of home housework, write *housework*. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family, cook—hotel*, etc. For a person who had no occupation whatever write *none*.

SPACE FOR ADDITIONAL INFORMATION

terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, require physicians to insert a recital to that effect.

100m.-(g)-1-45-15510



The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD
CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

Registered No. **145**

PLACE OF DEATH
1 **Waltham**
(County)
Waltham
(City or Town)
No. **31**

2 FULL NAME **Sam Everett Hill**
(If deceased is married, widowed or divorced woman, give also maiden name.)

(a) Residence, No. **33 Lincoln** St.
(Usual place of abode)

Length of stay: In hospital or institution (Before death) **2** years **9** months **9** days. In this community **38** yrs. **3** mos. **9** days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX **Male** 4 COLOR OR RACE **White** 5 SINGLE (write the word) **Married**
MARRIED
WIDOWED
or DIVORCED

6 If married, widowed or divorced
HUSBAND of **Samuel S. Doolittle**
(Give maiden name of wife in full)
(or) WIFE of **Samuel S. Doolittle**
(Husband's name in full)

6 Age of husband or wife if alive **66** years

7 IF STILLBORN, enter that fact here.

8 AGE **67** Years **2** Months **6** Days | If less than 1 day
Hours Minutes

9 Usual Occupation: **Refrigerator (Rtd)**

10 Industry or Business: **Wm. England Tel. & Tel. Co.**

11 Social Security No. **011-07-9135**

12 BIRTHPLACE (City) **Waltham**
(State or country) **Massachusetts**

13 NAME OF FATHER **Elam Hill**

14 BIRTHPLACE OF FATHER (City) **Waltham**
(State or country) **Massachusetts**

15 MAIDEN NAME OF MOTHER **Nastasia Lueten**

16 BIRTHPLACE OF MOTHER (City) **East Port Medway**
(State or country) **Massachusetts**

17 Informant (Address) **Wm. S. Hill, Jr.**
Waltham, 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

(Official Designation) **Health Officer** (Date of Issue of Permit) **7/28/48**

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH **July 27** 19**48**
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from **July 15**, 19**48**, to **July 27**, 19**48**
I last saw him alive on **July 27**, 19**48**, death is said to have occurred on the date stated above, at **3:30 A.** m.

Immediate cause of death: **Cerebral Thrombosis** Duration **IMPORTANT**
1948

Due to **Arteriosclerosis** **1947**

Due to **none**

Other conditions **none** (Include pregnancy within 3 months of death) **IMPORTANT**

Major findings: **none** Physician **Underline the cause to which death should be charged statistically.**

Date of **none**

Of autopsy **none**

What test confirmed diagnosis? **Stethoscope**

20 Was disease or injury in any way related to occupation of deceased? **none**

If so, specify **G. Lynde Gately M.D.**

(Signed) **G. Lynde Gately M.D.** M. D. **7-27-48**

Address **134 W. 2nd St. Waltham, Mass.**

Place of Burial, Cremation or Removal **Waltham Cemetery, Waltham** (City or Town)

DATE OF BURIAL **July 29** 19**48**

22 NAME OF FUNERAL DIRECTOR **G. Fred B. Marsh**

ADDRESS **174 Waltham St. Waltham**

Received and filed **JUL 28 1948** (Registrar)

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, 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

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. (d) 6-43-12056

PLACE OF DEATH

SUFFOLK
BOSTON



The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
COPY OF
MEDICAL EXAMINER'S
CERTIFICATE OF DEATH

BOSTON

(City or town making return)

668146

Registered No.

No. Massachusetts General Hospital

St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Richard Alan Hersey

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 166 Bowdoin
(Usual place of abode)

St. Winthrop, Mass.

2 hours

(If nonresident, give city or town and State)

Length of stay: In hospital or institution hospital
(Before death) (Specify whether)

years

montha

days.

In this community 19 yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX
M

4 COLOR OR RACE
W

5 SINGLE (write the word)
MARRIED
WIDOWED Single
or DIVORCED

5a If married, widowed, or divorced
HUSBAND of (Give maiden name of wife in full)
(or) WIFE of (Husband's name in full)

6 Age of husband or wife if alive years

7 IF STILLBORN, enter that fact here.

8 AGE 19 Years 0 Months 18 Days If less than 1 day
Hours Minutes

Usual Occupation: Student

Industry or Business: Winthrop High School

11 Social Security No. 010-22-7735

12 BIRTHPLACE (City) Boston, Mass.
(State or country)

13 NAME OF FATHER Harold Sydney Hersey

14 BIRTHPLACE OF FATHER (City) Auburn, Maine
(State or country)

15 MAIDEN NAME OF MOTHER Frances Calahan

16 BIRTHPLACE OF MOTHER (City) Boston, Mass.
(State or country)

17 Informant Mrs Harold S Hersey (Relationship) Mother
(Address)

ATTEST COPY:

ATTEST

DATE FILED

(Registrar of city or town where death occurred) 1948

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH

July 29, 1948

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows: (If an injury was involved, state fully.)

Fracture of skull

20 Accident, suicide, or homicide (specify) accident

Date of occurrence 7-28 1948

Where did Injury occur? Winthrop
(City or town and State)

Did Injury occur in or about the home, on farm, in industrial place, or in public place? Parkway
(Specify type of place)

Manner of Injury Struck sea wall while

Nature of Injury riding motorcycle

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

(Signed) Richard Ford Date 7/29/48 M. D.

22 Winthrop Cemetery Winthrop
Place of Burial, Cremation or Removal (City or Town)

DATE OF BURIAL July 31 1948

23 NAME OF FUNERAL DIRECTOR Alfred B Marsh

ADDRESS 171 Winthrop St., Winthrop

Received and filed AUG 9 1948 19

(Registrar of City or Town where deceased resided)



DEATH in plain terms, so 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-7-46-19068

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 <i>Suffolk County</i> <i>Methen</i> (City or Town)		Registered No. 147			
No. <i>Methen Community Hospital</i>		St. { (If death occurred in a hospital or institution, give its NAME instead of street and number.) }		PHYSICIAN - IMPORTANT	
2 FULL NAME <i>King James W.</i> (If deceased is a married, widowed or divorced woman, give also maiden name)		{ (Was deceased a U. S. War Veteran, if so specify WAR) }		<i>No</i>	
(a) Residence. No. <i>39 Pleasant St. Roser, Mass.</i> (Usual place of abode)		St. <i>Mass.</i> (If nonresident, give city or town and State)			
Length of stay: In hospital or institution (Before death) <i>Wasp</i>		years months <i>2</i> days.		In this community yrs. mos. days.	
PERSONAL AND STATISTICAL PARTICULARS					
3 SEX <i>M.</i>	4 COLOR OR RACE <i>W.</i>	5 SINGLE (write the word) <i>Married</i> MARRIED WIDOWED or DIVORCED			
5a If married, widowed or divorced HUSBAND of <i>Agnes Myles</i> (Give maiden name of wife maiden)					
(or) WIFE of <i>(Husband's name in full)</i>					
6 Age of husband or wife if alive <i>59</i> years					
7 IF STILLBORN, enter that fact here.					
8 AG <i>62</i> Years Months Days If less than 1 day Hours Minutes					
9 Occupation: <i>Pepperman</i>					
10 Industry or Business: <i>Forbes St. 50</i>					
11 Social Security No. <i>013-63-1256</i>					
12 BIRTHPLACE (City) (State or Country) <i>Boston</i>					
13 NAME OF FATHER <i>Mass</i>					
14 BIRTHPLACE OF FATHER (City) (State or Country) <i>James King</i> <i>England</i>					
15 MAIDEN NAME OF MOTHER <i>Annice Burroughs</i>					
16 BIRTHPLACE OF MOTHER (City) (State or Country) <i>Boston</i> <i>Mass</i>					
17 Informant <i>Agnes Myles</i> (Signature of any)					
(Address) <i>39 Pleasant St. Roser, Mass.</i>					
I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued: <i>Walter F. Baker</i> (Signature of Agent of Board of Health or other)					
Health Officer <i>8/1/48</i> (Official Designation) (Date of Issue of Permit)					
MEDICAL CERTIFICATE OF DEATH					
18 DATE OF DEATH <i>July 30 - 1948</i> (Month) (Day) (Year)					
19 I HEREBY CERTIFY That I attended deceased from <i>July 9 - 1948</i> to <i>July 30</i> , 1948 I last saw him alive on <i>July 30</i> , 1948, death is said to have occurred on the date stated above, at <i>12:40 P</i> m.					
Immediate cause of death <i>Carcinoma of Esophagus</i> Due to <i>3 mos.</i>					
Due to <i>IMPORTANT</i>					
Other conditions (Include pregnancy within 3 months of death)					
Major findings: <i>Carcinoma of Esophagus</i> Of operations <i>Date of July 18 - 1948</i>					
Of autopsy <i>none</i>					
What test confirmed diagnosis? <i>operation</i>					
20 Was disease or injury in any way related to occupation of deceased? <i>No</i> If so, specify <i>John Collins Mt</i> (Signed) <i>23 Bennington St</i> Date <i>July 30</i> , M. D. <i>1948</i> (Address)					
21 Place of Burial, Cremation or Removal <i>Malden</i> (City or Town)					
DATE OF BURIAL <i>Aug 2</i> , 1948					
22 NAME OF FUNERAL DIRECTOR <i>W. J. McNeill</i> ADDRESS <i>Rosier</i>					
Received and Filed <i>AUG 2 1948</i> (Registrar)					

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen 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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Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by 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-7-46-19068

PLACE OF DEATH

Suffolk
(County)Winthrop
(City or Town)

No. 211 Pleasant



The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH

Registered No.

148

PHYSICIAN-IMPORTANT

2 FULL NAME

Mary E. Sullivan
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No.

211 Pleasant
(Usual place of abode)

St.

(If nonresident, give city or town and State)

Length of stay: In hospital or institution
(Before death)no
(Specify whether)

years

months

days.

In this community

15 yrs.

mos.

days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Female

4 COLOR OR RACE

White

5 SINGLE (write the word)

MARRIED
WIDOWED - WIDOWED
or DIVORCED5a If married, widowed or divorced
HUSBAND of:

(Give maiden name of wife in full)

(or) WIFE of

Timothy J. Sullivan
(Husband's name in full)

6 Age of husband or wife if alive

years

7 IF STILLBORN, enter that fact here.

8 AGE

69 Years

Months

Days

If less than 1 day
Hours

Minutes

Usual

9 Occupation:

At home

Industry

10 or Business:

own

11 Social Security No.

12 BIRTHPLACE (City)
(State or Country)Limerick
Ireland13 NAME OF
FATHER

John Shearn

14 BIRTHPLACE OF
FATHER (City)
(State or Country)Limerick
Ireland15 MAIDEN NAME
OF MOTHER

Margaret Carr

16 BIRTHPLACE OF
MOTHER (City)
(State or Country)Limerick
Ireland

PARENTS

17 Informant
(Address)Bryan Sullivan
211 Pleasant St Winthrop

(Relation, if any)

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)

Health Officer
(Official Designation)7/30/48
(Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF
DEATHJuly 30, 1948
(Month) (Day) (Year)

19

I HEREBY CERTIFY, That I attended deceased from

July 12, 1948, to July 30, 1948
I last saw her alive on July 30, 1948, death is said to
have occurred on the date stated above, at 10:50 A.M.

Immediate cause of death

Carcinoma of
the Colon with metastases
to the liver metastases

Duration

IMPORTANT

1 mo.

Due to

Due to

Other conditions

Generalized Arteriosclerosis
(Include pregnancy within 3 months of death)
with Arteriosclerotic Heart Disease
Diabetes mellitus

years.

IMPORTANT

10 yrs.
PhysicianMajor findings:
Of operationsnot performed
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)

(Address)

Joseph A. Gaviglietti
1000 E. 1st St. Malden

M. D.

Date July 30, 1948.

21

Place of Burial, Cremation or Removal.

Malden
(City or Town)

DATE OF BURIAL

Aug 2

1948

22 NAME OF
FUNERAL DIRECTOR

Paul J. Kelly

ADDRESS

11 Meridian St E.B.

Received and Filed

19

AUG 2, 1948
(Registrar)

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required

by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or 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

(County)

(City or Town)

No.

St.

(If death occurred in a hospital or institution,
give its NAME instead of street and number)

Registered No.

149

2 FULL NAME

EDITH M. WILSON

(If U. S.
War Veteran,Bureau of
Vital Statistics
CONNECTICUT STATE DEPARTMENT OF HEALTH
Hartford, Connecticut, U. S. A.Date of
Death

1. Place of Death

a. County

b. City or town

c. Name of Hospital or Institution

d. Length of stay: in hosp. or inst.

2. Usual residence of dec. sed

a. State

c. City or town

d. Street No.

e. If foreign-born, how long in U. S. A.?

3a. Full name

3b. Social Security Number

4. Sex

5. Race

6a. If married, widowed, or divorced, give name of husband or wife

6b. Age of husband or wife, if alive

7. Date of death

8. Date of birth of deceased

9. Age

10. Birthplace

11. Usual occupation

12. Industry or business

13. Name

14. Birthplace

15. Maiden name

16. Birthplace

17a. Informant

17b. Address

18. Burial, Cremation, or Removal, Date

Cemetery

Place

Was Deceased a Veteran?

Company

If so, Name of Embalmer

Signature of Licensed Embalmer

or Licensed Undertaker

Address

Form V. 18 (11-47) 20M

NEW HAVEN

6131

Note: If outside city or town limits, write rural

Grace Hosp.

Note: If not in hosp. or inst., give street No. or location

in this community

Mass. 0578

b. County

Winthrop Highlands

Note: If outside city or town limits, write rural

Winthrop

Note: If rural, give location

Edith M. Wilson

PERSONAL AND STATISTICAL PARTICULARS

6. Single, widowed, married, divorced

Robert Wilson

Apr. 19, 1948

Dec. 23, 1905

3 months 26 days

Boston, Mass.

housewife

Robert A. Neilson

City or town

State or foreign country

Mary G. Walsh

England

City or town

State or foreign country

John O'Maley

Winthrop, Mass.

4-19-48

Winthrop

Winthrop, Mass.

Winthrop, Mass.

Winthrop, Mass.

Winthrop, Mass.

Winthrop, Mass.

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Winthrop, Mass.

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

(City or town making return)

COPY OF
CERTIFICATE OF DEATH

MEDICAL CERTIFICATION

19. I hereby certify that I attend the deceased from

4-10-48

19 to 4-19-48

19

I last saw him alive on 4-19-48

19

curred on 4-10-48

at 9:05 a.m.

Duration

Immediate cause of death

Coronary thrombosis

9 days

Pulmonary thrombosis

9 days

Due to: Chronic myocarditis

?

Due to: Generalized arteriosclerosis

?

Other morbid conditions (including

any pregnancy within 8 months of death)

Major findings of operations

Of autopsy

Physicians: Underline
the one cause above, to
which death should be
charged statistically.

20. If death was due to external causes, fill in the following:

a. Accident, suicide, or homicide (specify)

b. Date of occurrence

c. Where did injury occur?

City or town

county

state

d. Did injury occur in or about home, on farm, in industrial place, in public place?

Specify type of place

e. While at work?

f. Means of injury

M. J. Carpinella, MD

21. Signature of physician

Branford, Ct.

Date signed 4-19-48

Received for record this 19th day of

Apr

19 48

The foregoing is a true copy.

Attest:

John F. Coleman

Registrar

Received for filing in the State Office

MAY 10 1948

days.

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I. D.

Copies
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of th

25M-(C)-11-4

Informant
(Address)

A TRUE COPY.

ATTEST:

(Registrar of city or town where death occurred)

DATE FILED

19

DATE OF BURIAL

19

22 NAME OF
FUNERAL DIRECTOR
ADDRESS

Received and filed

AUG 26 1948

19

(Registrar of City or Town where deceased resided)

Copies of returns of deaths recorded during the previous month which occurred in your city or town in case the deceased resided in another city or town at the time of death should be made forthwith and transmitted on Form R-302 to the clerk of the city or town in which the deceased resided. (See Chap. 46, Sec. 12, G. L.)

50m-(b)-6-44-14607

Middlesex

The Commonwealth of Massachusetts

Waltham

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

(City or town making return)

COPY OF
CERTIFICATE OF DEATH

Registered No. 35150

PLACE OF DEATH

Waltham (County)

(City or Town)

No.

Murphy General Hospital

St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

Thomas Borelli

2 FULL NAME

(If deceased married, widowed or divorced woman, give also maiden name)

Mrs. B. C. Banks

Winthrop, Mass.

(a) Residence, No.

(Usual place of abode)

St.

(If nonresident, give city or town and State)

Length of stay: In hospital or institution

years

1

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 Married

WIDOWED

or DIVORCED

5a If married, widowed, or divorced

Laurette E. Briard

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE 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

19

Months

Days

If less than 1 day

Hours

Minutes

Usual

9 Occupation:

Industry

10 or Business:

11 Social Security No.

Coano

12 BIRTHPLACE (City)

Puerto Rico

(State or country)

13 NAME OF FATHER

Domingo Borelli

14 BIRTHPLACE OF FATHER (City)

Corsica

(State or country)

15 MAIDEN NAME OF MOTHER

Tomasa Alicia

16 BIRTHPLACE OF MOTHER (City)

Puerto Rico

(State or country)

17

Informant

(Address)

Mrs. Laurette Borelli wife Winthrop, Mass.

(Relation, if any)

A TRUE COPY.

ATTEST:

(Registrar of city or town where death occurred)

DATE FILED

July 14

19

48

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH

July

3,

1948

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY, that I attended deceased from

May 7 to July 3, 1948

I last saw him alive on July 3, 1948

death is said to have occurred on the date stated above, at 12:05 PM

Duration

Immediate cause of death

Bronchial pneumonia, terminal and lung abscess.

1 mo.

Due to

Hodgkin's Disease

Due to

Other conditions

(Include pregnancy within 3 months of death)

Physician

Major findings:

Of operations

Date of

Of autopsy

What test confirmed diagnosis?

20 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Charles H. Kinloy

(Address) Waltham, Mass.

Date 7-4

1948

21 PLACE OF BURIAL

St. Devens Cem., Ft. Devens, Mass.

DATE OF BURIAL

July 7

(City or Town)

22 NAME OF FUNERAL DIRECTOR

William J. Cox

ADDRESS

Belmont, Mass.

Received and filed

AUG 13 1948

19

(Registrar of City or Town where deceased resided)

Copies of returns of deaths recorded during the previous month which occurred in your city or town in case the deceased resided in another city or town at the time of death should be made forthwith and transmitted on Form R-302 to the clerk of the city or town in which the deceased resided. (See Chap. 46, Sec. 12, G. L.)

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

REVERE

(City or town making return)

COPY OF
CERTIFICATE OF DEATH

Registered No.

151

PLACE OF DEATH

Suffolk
(County)Revere
(City or Town)

No. Resthaven Nursing Home

St. { (If death occurred in a hospital or institution,
give its NAME instead of street and number)2 FULL NAME Samuel James Byrne
(If deceased is a married, widowed or divorced woman, give also maiden name.){ (If U. S.
War Veteran,
specify WAR) No(a) Residence. No. 44 Cliff Avenue
(Usual place of abode)St. Winthrop, Mass.
(If nonresident, give city or town and State)Length of stay: In hospital or institution Nursing Home 4 years 4 months days. In this community 50 yrs. mos. days.
(Before death) (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX male 4 COLOR OR RACE white 5 SINGLE (write the word)
MARRIED WIDOWED or DIVORCED widowed5a If married, widowed, or divorced
HUSBAND of Adelaide Adams
(Give maiden name of wife in full)
(or) WIFE of
(Husband's name in full)

6 Age of husband or wife if alive years

7 IF STILLBORN, enter that fact here.

8 AGE 99 Years 10 Months 9 Days | If less than 1 day
Hours MinutesUsual
9 Occupation: retired

10 Industry or Business: commercial advertising

11 Social Security No. none

12 BIRTHPLACE (City) Jamaica
(State or country) West Indies13 NAME OF
FATHER Francis Byrne14 BIRTHPLACE OF
FATHER (City) Ireland
(State or country)15 MAIDEN NAME
OF MOTHER Henrietta Woods16 BIRTHPLACE OF
MOTHER (City) England
(State or country)17 Informant Mrs. Harry A. Torrey Daughter
(Address) 44 Cliff Ave. Winthrop
Relation, if any

A TRUE COPY.

ATTEST: (Registrar of city or town where death occurred)

DATE FILED July 29, 1948

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH July 18, 1948
(Month) (Day) (Year)19 I HEREBY CERTIFY, That I attended deceased from
March 15, 1948, to July 18, 1948I last saw him alive on July 18, 1948 death is said to
have occurred on the date stated above, at 11:20P m.

Immediate cause of death: Bronchopneumonia 2 days

Due to Cerebral hemorrhage 2 days

Due to Arteriosclerotic Heart
Disease 10 yrs.Other conditions: None
(Include pregnancy within 3 months of death)Major findings:
Of operations: ---

Date of

Of autopsy

What test confirmed diagnosis?

20 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Myron N. King M. D.
(Address) 562 Shirley St. Date 7/19/48
Winthrop, Mass.21 PLACE OF BURIAL, Cremation or Removal Pine Grove Cemetery
(Cemetery) Brunswick, Maine
July 22, 1948

DATE OF BURIAL July 22, 1948

22 NAME OF FUNERAL DIRECTOR Alfred B. Marsh
ADDRESS 174 Winthrop St., Winthrop

Received and filed AUG 17 1948 19

(Registrar of City or Town where deceased resided)

so that it may be properly classified under the International Classification of Causes of Death. See reverse side for extracts from the laws relative to the return of certificates of death.

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect

50m-(f)-6-43-12056

PLACE OF DEATH		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	Suffolk (County) Winthrop (City or Town) No. Winthrop Beach near Brewster Ave	St. { (If death occurred in a hospital or institution, give its NAME instead of street and number)		Registered No. 152	
2	FULL NAME Daniel Francis Ford (If deceased is a married, widowed or divorced woman, give also maiden name.)	PHYSICIAN-IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR) World War #1			
(a)	Residence, No. 1068 Shirley Street Winthrop (Usual place of abode)	St. { (If nonresident, give city or town and State)			
Length of stay: In hospital or Institution (Before death) years months days		In this community 14 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 Sara T. Shuckrow (Give maiden name of wife in full) (or) WIFE of (Husband's name in full)					
6 Age of husband or wife if alive 49 years					
7 IF STILLBORN, enter that fact here.					
8 AGE 54 Years Months Days If less than 1 day Hours Minutes					
9 Usual Occupation: Correction officer					
10 Industry or Business: Penal Institutions					
11 Social Security No.					
12 BIRTHPLACE (City) South Boston (State or country) Mass					
PARENTS					
13 NAME OF FATHER Martin J. Ford					
14 BIRTHPLACE OF FATHER (City) Ireland (State or country)					
15 MAIDEN NAME OF MOTHER Mary Connor					
16 BIRTHPLACE OF MOTHER (City) Boston (State or country) Mass					
17 Informant: Sara T. Ford Relation: Wife (Address) 1068 Shirley St Winthrop					
I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued: Walter F. Baker (Signature of Agent of Board of Health or other) Health Officer (Official Designation) 8/5/48 (Date of Issue of Permit)					
MEDICAL CERTIFICATE OF DEATH					
18 DATE OF DEATH August - 3 - 1948 (Month) (Day) (Year)					
19 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows: (If an injury was involved, state fully.) Acute Cardiac Failure: Probably Coronary Sclerosis Hypertensive Heart Disease					
20 Accident, suicide, or homicide (specify)..... Date of occurrence..... 19 Where did injury occur? (City or town and State) Did injury occur in or about home, on farm, in industrial place, or in public place? (Specify type of place) Manner of injury Collapsed while walking on Nature of injury Beach & died quickly While at work? Was there an autopsy? No					
21 Was disease or injury in any way related to occupation of deceased? If so, specify Mr. J. Brickley M.D. (Signed) (Address) Boston Aug 5 1948					
22 Place of Burial, Cremation or Removal Winthrop Winthrop (City or Town) DATE OF BURIAL Aug 6 1948					
23 NAME OF FUNERAL DIRECTOR John F. O'Malley ADDRESS Winthrop Mass					
Received and filed AUG 5 1948 (Registrar)					

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death... Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which

it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed 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)

Ent. Dis. M. G. 9. 1917
Sept. 30. 1921
Physician. White. 20. U.S. Army.
H. 1. 5. 1. 2. 4. 6

NOTICE TO UNDERTAKERS: No embalming fluid, or any substitute therefor, shall be injected into the body of any person supposed to have met his death by violence, until a permit, signed by the Medical Examiner, has first been obtained.—General Laws, Chap. 38, Sec. 14.

THIS CERTIFICATE CONSTITUTES SUCH PERMIT

terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

if deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10 requires physicians to insert a recital to that effect.

100m-(g)-1-45-15510

PLACE OF DEATH

Suffolk
(County)

Winthrop

(City or Town)

No. Winthrop Community Hospital

St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Charles Edward Meighan

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence, No. 96 Florence Ave.,
(Usual place of abode)

St. Revere

(If nonresident, give city or town and State)

Length of stay: In hospital or institution (Before death) 2 1/2 years

months 14 days.

In this community yrs. mos. 5 days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX
male

4 COLOR OR RACE
white

5 SINGLE (write the word)
MARRIED
WIDOWED
or DIVORCED

5a If married, widowed or divorced
HUSBAND of Elizabeth A. Burke

(Olive maiden name of wife in full)

(or) WIFE 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 Occupation: Retired
9 Occupation: Superintendent
Industry: Sheet Metal Worker
10 or Business: iron works

11 Social Security No. none

12 BIRTHPLACE (City) Portage
(State or country) Wisconsin

13 NAME OF FATHER John Meighan

14 BIRTHPLACE OF FATHER (City) Ireland
(State or country)

15 MAIDEN NAME OF MOTHER Bridget O'Neil

16 BIRTHPLACE OF MOTHER (City) Wisconsin
(State or country) Ireland

17 Informant Marie Gavin (daughter)
(Address) 96 Florence Ave., Revere

I HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation) (Date of Issue of Permit)

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

Registered No.

153

PHYSICIAN - IMPORTANT

(Was deceased a
U. S. War Veteran
if so specify WAR)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH August 3 1948
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from
July 20 1948 to Aug 3 1948
I last saw him alive on Aug 3 1948 death is said to
have occurred on the date stated above, at 5 p. m.

Immediate cause of death

Coronary Thrombosis

Duration

IMPORTANT

1948

Due to

Anterior

Due to

Other conditions
(Include pregnancy within 8 months of death)

Major findings:
Of operations

Date of

Of autopsy Electrocardiogram

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. Vincent Murray M. D.
(Address) 8-5 1948

21 St. Johns Worcester
Place of Burial, Cremation or Removal (City or Town)

DATE OF BURIAL Aug. 6, 1948

22 NAME OF FUNERAL DIRECTOR J. Vincent Murray
ADDRESS Revere Mass.

Received and filed AUG 9 1948

(Registrar)

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required

by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE _____

DATE OF DISCHARGE _____

RANK, RATING _____

ORGANIZATION AND OUTFIT _____

SERVICE NUMBER _____

N. B.—WRITE PLAINLY, WITH UNFADING 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.

Frank S. Whitney August 23, 1948

100m(h)-1-41-4695

1 PLACE OF DEATH <i>Suffolk</i> (County) <i>Waltham</i> (City or Town)				The Commonwealth of Massachusetts OFFICE OF THE SECRETARY DIVISION OF VITAL STATISTICS		(City or town making return)	
2 FULL NAME <i>46 Washington Ave. Waltham</i> <i>MISSIE S. COBB</i> (If deceased is a married, widowed or divorced woman, give also maiden name.) <i>nee Schreyer</i> <i>139 Cliff Avenue</i>		STANDARD CERTIFICATE OF DEATH		Registered No. <i>151</i>		{ (If death occurred in a hospital or institution, give its NAME instead of street and number)	
(a) Residence. No. <i>3 weeks</i> (Usual place of abode)		St. <i>Waltham</i>		PHYSICIAN—IMPORTANT (Was deceased a U. S. War Veteran? If so, specify WAR)			
Length of stay: In hospital or institution <i>3 weeks</i> (Before death)		years <i>1</i> months <i>15</i> days.		In this community <i>56</i> yrs. mos. days.			
PERSONAL AND STATISTICAL PARTICULARS							
3 SEX <i>female</i>		4 COLOR OR RACE <i>white</i>		5 SINGLE (write the word) <i>MARRIED</i> or WIDOWED or DIVORCED			
6a If married, widowed, or divorced HUSBAND of: <i>Albert W. Cobb</i> (Give maiden name of wife in full) (or) WIFE of: <i>Albert W. Cobb</i> (Husband's name in full)							
6 Age of husband or wife if alive. _____ years							
7 IF STILLBORN, enter that fact here.							
8 AGE <i>87</i> Years <i>6</i> Months <i>16</i> Days If less than 1 day Hours _____ Minutes _____							
9 Usual Occupation: <i>Housework</i> Industry <i>Own Home</i> 10 or Business: _____							
11 Social Security No. _____							
12 BIRTHPLACE (City) <i>Portland</i> (State or country) <i>Maine</i>							
13 NAME OF FATHER <i>S. Schreyer</i>							
14 BIRTHPLACE OF FATHER (City) <i>Amsterdam</i> (State or country) <i>Holland</i>							
15 MAIDEN NAME OF MOTHER <i>Rosette Van Hechsel</i>							
16 BIRTHPLACE OF MOTHER (City) <i>Amsterdam</i> (State or country) <i>Holland</i>							
PARENTS							
17 Informant <i>Rosette M. Cobb</i> (Address) <i>39 Claremont Ave. New York N. Y.</i> Relation, if any <i>Daughter</i>							
I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued: <i>Walter J. Baker</i> (Signature of Agent of Board of Health or other) <i>Health Officer</i> (Official Designation)							
31 DATE OF DEATH <i>August 4th</i> 19 <i>48</i> (Month) (Day) (Year)							
19 I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____ I last saw him alive on <i>Aug. 4</i> 19 <i>48</i> , death is said to have occurred on the date stated above, at <i>Waltham, Mass.</i> Immediate cause of death <i>Left hemiplegia</i> <i>Anterior-arteriosclerotic vasculopathy</i> Due to _____ Due to _____ Other conditions <i>Hypertensive ulcer of the</i> Important (Include pregnancy within 3 months of death)							
Major findings: Of operations _____ Of autopsy _____ What test confirmed diagnosis? <i>clinical</i>							
20 Was disease or injury in any way related to occupation of deceased? _____ If so, specify <i>Paul P. Weisskopf</i> (Signed) <i>238 Shore Drive Waltham, Mass.</i> Date <i>8/4/48</i> (Address)							
21 <i>Waltham, Mass. Woodlawn</i> Place of Burial, Cremation or Removal. (City or Town) DATE OF BURIAL <i>Aug. 7</i> 19 <i>48</i>							
22 NAME OF FUNERAL DIRECTOR <i>Frank S. Whitney</i> ADDRESS <i>30 Laurel St. Waltham, Mass.</i>							
Received and filed. <i>AUG 5</i> 19 <i>48</i>							
A TRUE COPY ATTEST: _____ (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-

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed 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.—Provide statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework*. For a person engaged in domestic service for wages, however, designate the occupation by 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-7-46-19068

PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)

No. 75 Summit Ave



The Commonwealth of Massachusetts
 OFFICE OF THE SECRETARY
 DIVISION OF VITAL STATISTICS
 STANDARD
 CERTIFICATE OF DEATH

To be filed for burial permit
 with Board of Health
 or its Agent.

Registered No.

155

St. { (If death occurred in a hospital or institution,
 give its NAME instead of street and number.)

2 FULL NAME George L. Cusick
 (If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No.
 (Usual place of abode)

75 Summit Ave

St.

(If nonresident, give city or town and State)

Length of stay: In hospital or institution (Before death) (Specify whether) years months days. In this community 48 yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE (write the word) MARRIED
 MARRIED
 WIDOWED
 or DIVORCED Married

5a If married, widowed or divorced, HUSBAND of Margaret Barter
 (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 48 Years Months Days If less than 1 day Hours Minutes

9 Usual Occupation President Boston Corp Co.

10 Industry or Business Steamship s

11 Social Security No. 025 --05--8798

12 BIRTHPLACE (City) Winthrop
 (State or Country) Mass

13 NAME OF FATHER John F. Cusick

14 BIRTHPLACE OF FATHER (City) Boston
 (State or Country) Mass

15 MAIDEN NAME OF MOTHER Mary Haris

16 BIRTHPLACE OF MOTHER (City) Quincy
 (State or Country) Mass

17 Informant Margaret Cusick (Relationship) Wife
 (Address) 75 Summit 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 S. Baker
 (Signature of Agent of Board of Health or other)

Health Officer

(Date of Issue of Permit) 8/7/48

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Aug 6 1948
 (Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from June 6, 1948, to Aug 6, 1948
 Last saw him alive on Aug 5, 1948, death is said to have occurred on the date stated above, at 2:00 A. M.
 Immediate cause of death

myocarditis

Due to

Due to

Other conditions coronary thrombosis
 (Include pregnancy within 3 months of death)

Major findings:
 Of operations

Of autopsy

What test confirmed diagnosis laboratory

20 Was disease or injury in any way related to occupation of deceased? no
 If so, specify

(Signed) Fred Coley M.D. 8/7/48
 (Address) 108 Mendon St. Brookline

21 Holyhood Brookline
 Place of Burial, Cremation or Removal (City or Town)

DATE OF BURIAL Aug 9 1948

22 NAME OF FUNERAL DIRECTOR John F. O'Malley
 ADDRESS Winthrop

Received and Filed 19

AUG 9 1948
 (Registrar)

PHYSICIAN-IMPORTANT

(Was deceased a
 U. S. War Veteran,
 if so specify WAR) World #1

Duration

IMPORTANT

June 1

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

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 physician to insert a recital to that effect.

100M-7-46-19068

PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)

No. 34 Madison 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. 156

St. { (If death occurred in a hospital or institution,
give its NAME instead of street and number.)

2 FULL NAME Theresa A. (De Coste) DeLorey
(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. 34 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) years months days. In this community 4 0 yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX Female 4 COLOR OR RACE White 5 SINGLE (write the word) MARRIED WIDOWED or DIVORCED Widowed

18 DATE OF DEATH Aug 9 1948
(Month) (Day) (Year)

5a If married, widowed or divorced
HUSBAND of: (Give maiden name of wife in full)
(or) WIFE of Peter F. DeLorey
(Husband's name in full)

19 I HEREBY CERTIFY, That I attended deceased from
1947 to Aug 9, 1948
I last saw him alive on Aug 9, 1948, death is said to
have occurred on the date stated above, at 4 A.M.

6 Age of husband or wife if alive years

Duration
IMPORTANT

7 IF STILLBORN, enter that fact here.

Immediate cause of death

8 AGE 72 Years Months Days If less than 1 day Hours Minutes

Due to aden's disease (cancer) 2 yrs -

Usual Occupation: Housewife

Due to hypertension 4 yrs -

Industry or Business: Own Home

Other conditions

11 Social Security No. Antigonish N.S.

(Include pregnancy within 3 months of death)

12 BIRTHPLACE (City) Antigonish (State or Country) N.S.

Physician

13 NAME OF FATHER Cannot be learned

Underline the cause to which death should be charged statistically.

14 BIRTHPLACE OF FATHER (City) Antigonish (State or Country) N. S.

Of autopsy

15 MAIDEN NAME OF MOTHER Cannot be learned

What test confirmed diagnosis?

16 BIRTHPLACE OF MOTHER (City) Antigonish (State or Country) N.S.

20 Was disease or injury in any way related to occupation of deceased? If so, specify (Signed) John F. O'Malley, M. D. (Address) 305 Chelsea St. Boston Date 11 Aug 1948

17 Informant Leo DeLorey (Son, if any) 34 Madison Ave

21 St Josephs Boston Place of Burial, Cremation or Removal. DATE OF BURIAL Aug. 13 1948 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, Jr. (Signature of Agent of Board of Health or other)
Health Office (Official Designation) 8/10/48 (Date of Issue of Permit)

22 NAME OF FUNERAL DIRECTOR John F. O'Malley Winthrop ADDRESS

Received and Filed AUG 13 1948 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

DEATH in plain terms, so 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.

Auguste M. Eskrigge 9/7/48

PLACE OF DEATH

Suffolk
(County)

Winthrop
(City or Town)

Non 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.

157

St. { (If death occurred in a hospital or institution,
give its NAME instead of street and number.) }

2 FULL NAME Charles Edward Eskrigge
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN-IMPORTANT
(Was deceased a
U. S. War Veteran,
if so specify WAR) NO

(a) Residence. No. 573 Shirley St.
(Usual place of abode)

(If nonresident, give city or town and State)

Length of stay: In hospital or institution hospital years months 12 days. In this community 60 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 or WIDOWED or DIVORCED married

18 DATE OF DEATH August 9 1948
(Month) (Day) (Year)

6a If married, widowed or divorced HUSBAND of Augusta Papenhauseyn
(Give maiden name of wife in full)

19 I HEREBY CERTIFY, That I attended deceased from Sept 1946 to Aug 9 1948

(or) WIFE of (Husband's name in full)

I last saw him alive on Aug 9 1948 death is said to

6 Age of husband or wife if alive 59 years

have occurred on the date stated above, at 9:05 P. m.

7 IF STILLBORN, enter that fact here.

Immediate cause of death ① Uremia

8 AGE 69 Years 7 Months 14 Days 3 If less than 1 day Hours Minutes

② Carcinoma of Pancreas with obstructive jaundice

9 Usual Occupation: boat rentals

Due to ③ Congestive Heart failure

10 Industry or Business: own business

Due to ④ Arterio-sclerotic Heart Dis. with aneurysm

11 Social Security No. none

Other conditions none (Include pregnancy within 3 months of death)

12 BIRTHPLACE (City) Montreal (State or Country) Canada

Major findings: Of operations Carcinoma of Pancreas

13 NAME OF FATHER Thomas Eskrigge

Date of Aug 8, 1948

14 BIRTHPLACE OF FATHER (City) Manchester (State or Country) England

Of autopsy

15 MAIDEN NAME OF MOTHER Esther Halcroft

What test confirmed diagnosis? Biopsy taken

16 BIRTHPLACE OF MOTHER (City) Manchester (State or Country) England

20 Was disease or injury in any way related to occupation of deceased? no.

17 Informant Mrs. C.E. Eskrigge (Relation if any) wife (Address) 573 Shirley St. Winthrop

(Signed) M. D. (Address) 562 Shirley St. Winthrop Date Aug 10 1948

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued.

21 Place of Burial, Cremation or Removal. Winthrop Cemetery, Winthrop

DATE OF BURIAL August 12, 1948 19

Walter A. Baker (Signature of Agent of Board of Health or other)

22 NAME OF FUNERAL DIRECTOR Alfred B. Marsh

ADDRESS 174 Winthrop St, Winthrop

Health Officer (Official Designation) 8/11/48 (Date of Issue of Permit)

Received and Filed AUG 13 1948 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

PHYSICIANS should state EXACTLY. AGE should be stated EXACTLY. Exact statement of OCCUPATION should be properly classified. Exact statement of CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions and extracts from the laws on back of certificate. is very important.

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. **158**

No. *Winthrop* St. { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME *Baby girl Scarso* { (If U. S. War Veteran, specify WAR.)
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. *101 Banks* St. *Winthrop*
(Usual place of abode) (If nonresident, give city or town and state)

Length of stay: In hospital or institution *Winthrop* years months days. In this community yrs. mos. days.
(Specify whether) *8 hrs 25 min.*

PERSONAL AND STATISTICAL PARTICULARS

3 SEX *Female* 4 COLOR OR RACE *White* 5 SINGLE (write the word)
MARRIED
WIDOWED
or DIVORCED *Single*

5a If married, widowed, or divorced
HUSBAND of _____
(Give maiden name of wife in full)

(or) WIFE of _____
(Husband's name in full)

6 Age of husband or wife if alive _____ years

7 IF STILLBORN, enter that fact here. ☒

8 AGE _____ Years _____ Months _____ Days *8* If less than 1 day
Hours *25* Minutes

Usual

9 Occupation:

Industry
10 or Business:

11 Social Security No.

12 BIRTHPLACE (City) _____
(State or country) *Winthrop*

13 NAME OF FATHER *Armando Scarso*

14 BIRTHPLACE OF FATHER (City) _____
(State or country) *Boston*

15 MAIDEN NAME OF MOTHER *Frances Mingatto*

16 BIRTHPLACE OF MOTHER (City) _____
(State or country) *Boston*

17 Informant _____
(Address) *Armando Scarso (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) *8/11/48*

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH *Aug 9, 1948*
(Month) (Day) (Year)

19 I HEREBY CERTIFY That I attended deceased from
Aug 9, 1948, to Aug 9, 1948
I last saw her alive on *Aug 19, 1948*, death is said to
have occurred on the date stated above, at *4:20 P.M.* m.
Immediate cause of death _____

Duration
IMPORTANT

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

IMPORTANT

Major findings:

Of operations _____ Date of _____

Of autopsy _____

What test confirmed diagnosis? _____

PHYSICIAN

Underline
the cause to
which death
should be
charged sta-
tistically.

20 Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) *A. N. Caplan* M. D.

(Address) *186 Franklin St. B3* Date *8-11-1948*

21 Place of Burial, Cremation or Removal _____ (City or Town)

DATE OF BURIAL *Aug 13, 1948*

22 NAME OF FUNERAL DIRECTOR _____

ADDRESS *72 South St. Boston*

Received and filed _____ 19 _____

AUG 13 1948 (Registrar)

SPACE FOR ADDITIONAL INFORMATION

Copies of returns of deaths recorded during the previous month which occurred in your city or town in case the deceased resided in another city or town at the time of death should be made forthwith and transmitted on form R-302 to the clerk of the city or town in which the deceased resided. (See Chap. 46, Sec. 12, G. L.)

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

Boston

(City or town making return)

Suffolk

(County)

Boston

(City or Town)



COPY OF
CERTIFICATE OF DEATH

Registered No.

1599

No. Magnolia Rest Home

46 Magnolia St

St. { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Julia A Mahaney

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 24 Edgehill Road

(Usual place of abode)

St. Winthrop Mass.

(If nonresident, give city or town and State)

Length of stay: In hospital or institution

(Before death)

(Specify whether)

years

months 4 days.

In this community

yrs.

mos. 4

days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

F

4 COLOR OR RACE

W

5 SINGLE (write the word)

MARRIED
WIDOWED
or DIVORCED

Widowed

5a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

Timothy Mahaney
(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

1

Months

23

Days

If less than 1 day

Hours

Minutes

Usual

Occupation:

At Home

Industry

10 or Business:

None

11 Social Security No.

South Dedham Mass.

12 BIRTHPLACE (City)

(State or country)

13 NAME OF
FATHER

Michael Tobin

14 BIRTHPLACE OF
FATHER (City)

Ireland

(State or country)

15 MAIDEN NAME
OF MOTHER

Mary Lee.

16 BIRTHPLACE OF
MOTHER (City)

Ireland

(State or country)

17

Informant
(Address)

Mary Garner

Relation, if any

(Niece)

A TRUE COPY.

ATTEST:

(Registrar of city or town where death occurred)

DATE FILED

August 16

19

48

MEDICAL CERTIFICATE OF DEATH

18 DATE OF
DEATH

August 10/48

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY, That I attended deceased from August 6, 1948 to August 10, 48

I last saw her alive on August 6, 1948, death is said to have occurred on the date stated above, at 8:11P. m.

Immediate cause of death.

Hypostatic pneumonia

Duration

8-6-48

to

8-10-48

Due to

Due to

Other conditions. Cardio vascular dis.

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Date of

Of autopsy

What test confirmed diagnosis? Ces. of breathing

20 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) I Gittleman

(Address) Boston Mass

Date 8-12-1948

21 PLACE OF BURIAL, St Mary's Cem-Canton Mass.

CREMATION OR REMOVAL

(Cemetery)

August 13/48 (City or Town)

DATE OF BURIAL

August 13/48

19

22 NAME OF

FUNERAL DIRECTOR

J S Waterman & Sons

ADDRESS

Boston Mass.

Received and filed

AUG 23 1948

19

(Registrar of City or Town where deceased resided)

THE UNIVERSITY OF CHICAGO



1962 3 19 11 AM

PHYSICIANS should state EXACTLY. AGE should be stated EXACTLY. Exact statement of OCCUPATION should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions and extracts from the laws on back of certificate. is very important.

100m-2-40-D-729-a

PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)

No. Winthrop Com Hospital

Registered No. 150

{ (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Annie Maria Lapham

(If deceased is a married, widowed or divorced woman, give also maiden name.)

{ (If U. S. War Veteran, specify WAR)

(a) Residence. No. 47 Washington Ave

(Usual place of abode)

St. Winthrop, Mass.

(If nonresident, give city or town and state)

Length of stay: In hospital or institution 2 wks

(Specify whether)

years

months 3

days

In this community 37 yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE white 5 SINGLE (write the word) MARRIED widowed or DIVORCED

5a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of John F. Lapham

(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 6 Months 29 Days If less than 1 day Hours Minutes

9 Occupation: none

10 Industry or Business: at home

11 Social Security No. none

12 BIRTHPLACE (City) New Bedford

(State or country) Mass

13 NAME OF FATHER Otis T. Sherman

14 BIRTHPLACE OF FATHER (City) Rochester

(State or country) Mass

15 MAIDEN NAME OF MOTHER Maria Ashley

16 BIRTHPLACE OF MOTHER (City) New Bedford

(State or country) Mass

17 Informant Otis E. Lapham (son)

(Address) 47 Wash Ave Winthrop

Relation, if any

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Walter H. Baker

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit) 8/12/48

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICSSTANDARD
CERTIFICATE OF DEATHTo be filed for burial permit
with Board of Health
or its Agent.

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Aug 12 1948

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY, That I attended deceased from

Aug 10, 1948 to August 12, 1948

I last saw her alive on August 12, 1948, death is said to

have occurred on the date stated above, at 2:35 pm

Immediate cause of death: Cerebral Hemorrhage

Duration

IMPORTANT

7 days

Due to arteriosclerosis

Due to chronic hypertensive

Other conditions: Uræmia

(Include pregnancy within 3 months of death)

IMPORTANT

PHYSICIAN

Major findings:

Of operations: none

Date of

Of autopsy: none

What test confirmed diagnosis: clinical & lab

20 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Jacob H. Albright M.D.

(Address) 562 Shirley St. Date 8/12/48

21 Place of Burial, Cremation or Removal: Burial in Winthrop

DATE OF BURIAL August 15 1948

22 NAME OF FUNERAL DIRECTOR E. T. Wilson 1908

ADDRESS New Bedford Mass

Received and filed AUG 13 1948

(Registrar)

SPACE FOR ADDITIONAL INFORMATION

PLACE OF DEATH

Sufolk
(County)Winthrop
(City or Town)

No. 117 Highland Ave

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

(City or town making return)

STANDARD
CERTIFICATE OF DEATH

Registrar's No.

161

2 FULL NAME May Bell Fryer McCarthy
(If deceased is a married, widowed or divorced woman, give also maiden name.)(a) Residence. No. 117 Highland Ave
(Usual place of abode)St. { (If death occurred in a hospital or institution,
give its NAME instead of street and number){ PHYSICIAN-IMPORTANT
(Was deceased a
U. S. War Veteran,
if so specify WAR)Length of stay: In hospital or Institution _____ years _____ months _____ days. In this community 20 yrs. mos. days.
(Before death) (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

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 _____(or) WIFE of Dr. Patrick H. McCarthy
(Give maiden name of wife in full)
(Husband's name in full)6 Age of husband or wife if alive. 74 years

7 IF STILLBORN, enter that fact here.

8 73 Years _____ Months _____ Days If less than 1 day
AGE _____ Hours _____ Minutes9 Usual Occupation: Housewife10 Industry or Business: Own Home

11 Social Security No. _____

12 BIRTHPLACE (City) Lowell
(State or country) Mass13 NAME OF FATHER John O. Fryer14 BIRTHPLACE OF FATHER (City) _____
(State or country) England15 MAIDEN NAME OF MOTHER Bridget Hogan16 BIRTHPLACE OF MOTHER (City) _____
(State or country) Ireland17 Informant Dr. Patrick H. McCarthy Relation, if any
(Address) 117 Highland AveI HEREBY CERTIFY that a satisfactory standard certificate of death
was filed with me BEFORE the burial or transit permit was issued:Walter G. Fisher
(Signature of Agent of Board of Health or other)(Official Designation) Aug 15 48
(Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH August 13 1948
(Month) (Day) (Year)19 I HEREBY CERTIFY That I attended deceased from
January 2, 1948 to August 13, 1948I last saw h alive on August 13, 1948 death is said to
have occurred on the date stated above, at 4:50 P. M.

Immediate cause of death

Coronary Thrombosis
Due to FulminantDue to FulminantOther conditions Cerebral Hemorrhage
(Include pregnancy within 3 months of death)Major findings: None
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) Patrick H. McCarthy M. D.
(Address) 315 Harvard Cambridge Date 8/13 194821 Woodlawn Everett

Place of Burial, Cremation or Removal. (City or Town)

DATE OF BURIAL Aug. 16 1948 1922 NAME OF FUNERAL DIRECTOR John F. O'MalleyADDRESS WinthropReceived and filed AUG 25 1948 19

A TRUE COPY ATTEST:

(Registrar)

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required

by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or 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 _____

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.

100m. (1)-1-45-15510

PLACE OF DEATH 1 Suffolk (County) Winthrop (City or Town)		The Commonwealth of Massachusetts OFFICE OF THE SECRETARY DIVISION OF VITAL STATISTICS STANDARD CERTIFICATE OF DEATH		(City or town making return) Registrar's No. 162	
No. 14 Edgehill Road		St. { (If death occurred in a hospital or institution, give its NAME instead of street and number)			
2 FULL NAME Gertrude B. McCarthy (Sheffield)		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. 14 Edgehill Road		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 50 yrs. mos. days.	
(Specify whether)					
PERSONAL AND STATISTICAL PARTICULARS					
3 SEX Female	4 COLOR OR RACE White	5 SINGLE (write the word) MARRIED WIDOWED or DIVORCED Married			
5a If married, widowed, or divorced HUSBAND of _____					
(or) WIFE of Timothy J. McCarthy (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: 68 Years _____ Months _____ Days _____ If less than 1 day Hours _____ Minutes _____					
9 Occupation: Housewife					
10 Industry or Business: Own Home					
11 Social Security No. _____					
12 BIRTHPLACE (City) East Boston (State or country) Massachusetts					
13 NAME OF FATHER Thomas Sheffield					
14 BIRTHPLACE OF FATHER (City) East Boston (State or country) Massachusetts					
15 MAIDEN NAME OF MOTHER Catherine M. Lang					
16 BIRTHPLACE OF MOTHER (City) East Boston (State or country) Massachusetts					
17 Informant Timothy J. McCarthy, husband (Address) 14 Edgehill Road 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) 8/17/48 (Date of Issue of Permit)					
MEDICAL CERTIFICATE OF DEATH					
18 DATE OF DEATH August 15, 1948 (Month) (Day) (Year)					
19 I HEREBY CERTIFY, That I attended deceased from Jan 7, 1948 , to August 15, 1948 I last saw her alive on Aug. 14, 1948 , death is said to have occurred on the date stated above, at 9 A.M.					
Immediate cause of death Coronary Thrombosis					Duration IMPORTANT 6 weeks.
Due to myocarditis					3 yrs.
Due to _____					
Other conditions (Include pregnancy within 3 months of death)					IMPORTANT
Major findings: Of operations _____					Physician
Date of _____					Underline the cause to which death should be charged statistically.
Of autopsy _____					
What test confirmed diagnosis? _____					
20 Was disease or injury in any way related to occupation of deceased? No If so, specify Louis F. Salerno , M. D. (Signed) 175 Pleasant St. (Address) Winthrop (City or Town) August 16, 1948 (Date)					
21 Winthrop (City or Town) Place of Burial, Cremation or Removal. August 18, 1948 (Date of Burial)					
22 NAME OF FUNERAL DIRECTOR John F. O'Malley ADDRESS Winthrop Mass.					
Received and filed AUG 25 1948					
(Registrar)					
A TRUE COPY ATTEST:					

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required

by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or 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 _____

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. (f) 6-43-12056

PLACE OF DEATH		The Commonwealth of Massachusetts		To be filed for burial permit with Board of Health or its Agent.	
1		OFFICE OF THE SECRETARY DIVISION OF VITAL STATISTICS		Registered No. 163	
2		MEDICAL EXAMINER'S CERTIFICATE OF DEATH			
Suffolk (County)					
Winthrop (City or Town)		No. 15 Court Rd.		St. { (If death occurred in a hospital or institution, give its NAME instead of street and number)	
HELEN F. SMITH					
2 FULL NAME Helen F. 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 Court Rd. Winthrop		St.		(If nonresident, give city or town and State)	
(Usual place of abode)					
Length of stay: In hospital or Institution		- years - months - days		In this community - yrs. 9 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 Married			
5a If married, widowed, or divorced					
HUSBAND of George (Give maiden name of wife in full)					
(or) WIFE of George (Husband's name in full)					
6 Age of husband or wife if alive 42 years					
7 IF STILLBORN, enter that fact here.					
8 AGE 39 Years 9 Months 29 Days If less than 1 day Hours Minutes					
9 Usual Occupation: Housework					
10 Industry or Business: Own Home					
11 Social Security No. None					
12 BIRTHPLACE (City) Marysville (State or country) Ohio					
PARENTS					
13 NAME OF FATHER Dersea Stevens					
14 BIRTHPLACE OF FATHER (City) Ohio (State or country)					
15 MAIDEN NAME OF MOTHER Mabel Drake					
16 BIRTHPLACE OF MOTHER (City) Ohio (State or country)					
17 Informant Major George H. Smith (Relation to any) (Address) 15 Court Road Winthrop, Mass.					
I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:					
Walker A. Baker (Signature of Agent of Board of Health or other)					
Health Officer 8/16/48 (Official Designation) (Date of Issue of Permit)					
MEDICAL CERTIFICATE OF DEATH					
18 DATE OF DEATH August -15-1948 (Month) (Day) (Year)					
19 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows: (If an injury was involved, state fully.) aortic (arterial) failure. Probable Coronary Thrombosis Hypertensive Heart Disease					
20 Accident, suicide, or homicide (specify).....					
Date of occurrence..... 19					
Where did Injury occur?..... (City or town and State)					
Did Injury occur in or about home, on farm, in industrial place, or in public place?..... (Specify type of place)					
Manner of Injury found dead in her bed					
Nature of Injury.....					
While at work?..... Was there an autopsy? no					
21 Was disease or Injury in any way related to occupation of deceased?.....					
If so, specify..... Mr. J. Bickler M. D. (Signed) Dr. J. Bickler Aug 15-1948 (Address)					
22 Oak Grove-Dellaware Ohio Place of Burial, Cremation or Removal (City or Town)					
DATE OF BURIAL August 19, 1948 19.....					
23 NAME OF FUNERAL DIRECTOR J.E. Henderson Company ADDRESS 517 Broadway Everett, Mass.					
Received and filed..... AUG 25 1948 19..... (Registrar)					

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death... Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which

it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.... Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same;...—General Laws, Chap. 38, Sec. 6.

...He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—General Laws, Chap. 38, Sec. 7.

...The medical examiner certifies the cause and manner of death to the best of his knowledge and belief.

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

STATEMENT OF CAUSE OF DEATH

Medical Examiners in certifying to a death will state the cause and manner thereof, and will specify: (1) Under cause, the nature of an injury and of its consequences; and (2) under manner, the mode of its production together with the circumstances when these are known. For example: "Compound fracture of the femur with ensuing septicemia (gas bacillus) caused by a steam railway accident." "Pistol shot wound of the chest with associated hemorrhage, homicidal." "Asphyxiation by suspension, suicidal." "Syncope while under the influence of ether administered as a surgical anæsthetic." "Fracture of the skull with associated internal injury sustained under circumstances unknown."

If disease or injury was related to occupation, specify. If investigation shows the death to have been due to disease, specify: (1) Under cause its known or presumable nature; and (2) under manner, indicate the circumstances leading to medico-legal inquiry. For example: "Hemorrhage spontaneous of the brain (basal ganglia) (found dead in bed)." "Heart disease, presumably coronary sclerosis. (Sudden death.)"

DESCRIPTION (for unknown person)

NOTICE TO UNDERTAKERS: No embalming fluid, or any substitute therefor, shall be injected into the body of any person supposed to have met his death by violence, until a permit, signed by the Medical Examiner, has first been obtained.—General Laws, Chap. 38, Sec. 14.

THIS CERTIFICATE CONSTITUTES SUCH PERMIT

should be carefully supplied. If the cause of death is not clearly stated, the examiner should state the cause and manner of death in plain terms, so that it may be properly classified under the International Classification of Causes of Death. See reverse side for extracts from the laws relative to the return of certificates of death.

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a notation to that effect

50m. (F)-6-43-12056

PLACE OF DEATH		The Commonwealth of Massachusetts		To be filled for burial permit with Board of Health or its Agent.	
1		OFFICE OF THE SECRETARY DIVISION OF VITAL STATISTICS		Registered No. 164	
2		MEDICAL EXAMINER'S CERTIFICATE OF DEATH		PHYSICIAN—IMPORTANT	
Suffolk County Wintthrop (City or Town) No. <i>Acworth St. Community Hospital</i>		St. { (If death occurred in a hospital or institution, give its NAME instead of street and number)		{ (Was deceased a U. S. War Veteran, If so specify WAR)	
FULL NAME <i>Willard M. Smith</i> (If deceased is a married, widowed or divorced woman, give also maiden name.)		(a) Residence, No. <i>20 Thurston St. East Boston</i> (Usual place of abode)		(If nonresident, give city or town and State)	
Length of stay: In hospital or institution <i>Hosp</i> (Before death)		years months <i>9</i> days		In this community <i>50</i> 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 (write the word) <i>MARRIED</i> WIDOWED OR DIVORCED <i>Married</i>	18 DATE OF DEATH <i>Aug - 19 - 1948</i> (Month) (Day) (Year)		
5a If married, widowed, or divorced HUSBAND of <i>Justina Jones</i> (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: <i>If an injury was involved, state fully.</i> <i>arterio Sclerotic Heart Disease</i> <i>Sen. arterio Sclerosis</i> <i>Fracture Rt. Femur</i>		
(or) WIFE of (Husband's name in full)			20 Accident, suicide, or homicide (specify) <i>Accidental</i> Date of occurrence <i>Aug - 11 - 1948</i> Where did Injury occur? <i>Boston Mass</i> (City or town and State)		
6 Age of husband or wife if alive <i>82</i> years			Did Injury occur in or about home, on farm, in industrial place, or in public place? (Specify type of place)		
7 IF STILLBORN, enter that fact here.			Manner of Injury <i>Fell accidentally in his back</i> Nature of Injury <i>yard on Aug - 11 - 1948</i> While at work? <i>?</i> Was there an autopsy? <i>No</i>		
8 AGE <i>88</i> Years <i>6</i> Months <i>17</i> Days If less than 1 day Hours Minutes			21 Was disease or Injury in any way related to occupation of deceased? If so, specify <i>Yes</i> (Signed) <i>W. J. Bickel</i> , M. D. (Address) <i>Boston Mass 20-1948</i>		
9 Usual Occupation: <i>At Home</i>			22 <i>Woodlawn</i> <i>Everett</i> Place of Burial, Cremation or Removal. (City or Town)		
10 Industry <i>Retired</i>			DATE OF BURIAL <i>Aug 23 1948</i>		
11 Social Security No. <i>None</i>			23 NAME OF FUNERAL DIRECTOR <i>Howard S. Reynolds</i> ADDRESS <i>Wintthrop Mass</i>		
12 BIRTHPLACE (City) <i>Ellsworth</i> (State or country) <i>Maine</i>			Resolved and filed <i>AUG 25 1948</i> 19		
13 NAME OF FATHER <i>Isaac Smith</i>			(Registrar)		
14 BIRTHPLACE OF FATHER (City) <i>Unable to obtain</i> (State or country)					
15 MAIDEN NAME OF MOTHER <i>Mary</i>					
16 BIRTHPLACE OF MOTHER (City) <i>Unable to obtain</i> (State or country)					
17 Informant <i>Melissa Downing</i> <i>Daughter</i> (Address) <i>20 Thurston St. East Boston</i>					
I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued: <i>Walter A. Baker</i> (Signature of Agent of Board of Health or other) <i>Health Officer</i> (Official Designation) <i>5/23/48</i> (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 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:

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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

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 (see 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

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-(d)-6-43-12056

1 PLACE OF DEATH

Suffolk

(County)

Boston

(City or Town)

No. Boston City 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. 730865

St. { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Sidney Low Evans
(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 Lincoln
(Usual place of abode)St. Winthrop, Mass.
(If nonresident, give city or town and State)Length of stay: In hospital or institution years months days. In this community yrs. mos. days.
(Before death) (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX M 4 COLOR OR RACE W 5 SINGLE (write the word) MARRIED WIDOWED or DIVORCED Married

5a If married, widowed, or divorced HUSBAND of Marian L Freese
(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 56 Years Months Days | If less than 1 day Hours Minutes

Usual Occupation: Salesman Wholesale

Industry or Business: Lindermeyr & Son

11 Social Security No. 025-09-1916

12 BIRTHPLACE (City) Chelsea, Mass.
(State or country)

13 NAME OF FATHER Robert E Evans

14 BIRTHPLACE OF FATHER (City) Bellows Falls, Vermont
(State or country)

15 MAIDEN NAME OF MOTHER Grace Land

16 BIRTHPLACE OF MOTHER (City) Rockport, Mass.
(State or country)17 Informant Marian L Evans (Relative) wife
(Address)

A TRUE COPY

ATTEST:

DATE FILED

(Register of City or town where death occurred)

Aug. 21 1948

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Aug. 20, 1948
(Month) (Day) (Year)

19 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE and MANNER thereof are as follows: (If an injury was involved, state fully.)

Cerebral Hemorrhage

Hypertension Collapsed at work

Admitted in Coma - died in hours

20 Accident, suicide, or homicide (specify)

Date of occurrence 19

Where did Injury occur?
(City or town and State)Did Injury occur in or about the home, on farm, in industrial place, or in public place?
(Specify type of place)

Manner of Injury

Nature of Injury

While at work? Was there an autopsy? no

21 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Timothy Leary

(Address)

M. D. Date 8/20 1948

22 Place of Burial, Cremation or Removal (City or Town)

DATE OF BURIAL Aug. 23 1948

23 NAME OF FUNERAL DIRECTOR M C Carroll

ADDRESS 22 Oak St., Hyde Park, Mass.

Received and filed SEP 7 1948

(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. 295166



PLACE OF DEATH

Middlesex

(County)

Arlington

(City or Town)

No. 12 Florence Avenue

St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Grace W. Gove (Low)

(If deceased is a married, widowed or divorced woman, give also maiden name.)

200 Bartlett Road

(a) Residence, No.

(Usual place of abode)

St.

Winthrop, Mass.

(If nonresident, give city or town and State)

Length of stay: In hospital or institution

(Before death)

Nursing Home 4 yrs.

(Specify whether)

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 Widow

5a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

Robert J. Gove
(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 0 Months 9 Days | If less than 1 day
Hours Minutes

Usual

9 Occupation:

Housewife

Industry

10 or Business:

Own home

11 Social Security No.

None

12 BIRTHPLACE (City)

(State or country)

Essex
Mass.

PARENTS

13 NAME OF
FATHER

Albert F. Low

14 BIRTHPLACE OF
FATHER (City)

(State or country)

Essex
Mass.15 MAIDEN NAME
OF MOTHER

Abbie Henderson

16 BIRTHPLACE OF
MOTHER (City)

(State or country)

Ipswich
Mass.

17 Informant

(Address)

Everett K. Low

Relation, if any

234 Court Rd., Winthrop, Mass. (Nephew)

A TRUE COPY.

ATTEST:

(Registrar of city or town where death occurred)

DATE FILED

August 30 1948

MEDICAL CERTIFICATE OF DEATH

18 DATE OF
DEATHAugust 20 1948
(Month) (Day) (Year)19 I HEREBY CERTIFY, That I attended deceased from
Feb 7, 1944 to Aug 20, 1948I last saw her alive on Aug 19, 1948 death is said to
have occurred on the date stated above, at 3:55 P.m.

Immediate cause of death

Broncho Pneumonia

Duration

4 days

Due to Chronic Myocarditis

4 yrs.

Due to

Other conditions

(Include pregnancy within 3 months of death)

Physician

Major findings:

Of operations

Date of

Of autopsy

What test confirmed diagnosis?

20 Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Louis F. Salerno M. D.

(Address) 175 Pleasant St. Date 8-21-19 48

21 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn-Everett

(Cemetery)

(City or Town)

DATE OF BURIAL

August 23 1948

22 NAME OF

FUNERAL DIRECTOR

Howard S. Reynolds

ADDRESS Winthrop, Mass.

Received and filed

SEP 9 1948 19

(Registrar of City or Town where deceased resided)

Copies of returns of deaths recorded during the previous month which occurred in your city or town in case the deceased resided in another city or town at the time of death should be made forthwith and transmitted on Form R-302 to the clerk of the city or town in which the deceased resided. (See Chap. 46, Sec. 12, G. L.)

PLACE OF DEATH		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) Norfolk (City or Town)				Registered No. 167	
No. 15 Pine St.				St. { (If death occurred in a hospital or institution, give its NAME instead of street and number)	
2 FULL NAME James F. Stacke (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) 192			
(a) Residence No. 15 Pine 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 yrs. mos. days.					
PERSONAL AND STATISTICAL PARTICULARS					
3 SEX Male	4 COLOR OR RACE White	5 SINGLE (write the word) MARRIED (write the word) Married			
5a If married, widowed, or divorced, HUSBAND of Margaret F. Golicheau (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 62 Years Months Days		If less than 1 day Hours Minutes			
9 Occupation: Electrician <i>Inspector</i>					
10 Industry or Business: <i>Knitting Factory of Boston</i>					
11 Social Security No.					
12 BIRTHPLACE (City) (State or country) Boston					
PARENTS	13 NAME OF FATHER James F. Stacke				
	14 BIRTHPLACE OF FATHER (City) (State or country) England				
	15 MAIDEN NAME OF MOTHER Ellen McCarthy				
	16 BIRTHPLACE OF MOTHER (City) (State or country) Ireland				
17 Informant Margaret F. Stacke (Address) 15 Pine St. (Signature) <i>Margaret F. Stacke</i>		Relation, if any (Signature) <i>James F. Stacke</i>			
I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued: <i>Walter F. Baker</i> (Signature of Agent of Board of Health or other) Health Officer (Date of Issue of Permit) 8/24/48					
MEDICAL CERTIFICATE OF DEATH					
18 DATE OF DEATH August 22, 1948 (Month) (Day) (Year)					
19 I HEREBY CERTIFY, That I attended deceased from Aug. 16, 1948, to Aug. 22, 1948					
I last saw him alive on Aug. 22, 1948, death is said to have occurred on the date stated above, at 2:40 P. M.		Duration			
Immediate cause of death: Acute Coronary Occlusion		IMPORTANT			
Due to Hypertensive heart disease and arteriosclerosis					
Due to					
Other conditions: Hypertensive Chronic (Include pregnancy within 3 months of death)		IMPORTANT			
Major findings: Of operations		Physician			
Of autopsy: none		Underline the cause to which death should be charged statistically.			
What test confirmed diagnosis? Clinical					
20 Was disease or injury in any way related to occupation of deceased? No					
If so, specify (Signed) J. G. Gannely (Address) 100 Lawrence St. (City or Town) Boston (State or country) Mass. (Date of Signature) 8/24/48					
21 Place of Burial, Cremation or Removal (City or Town) Holy Cross					
DATE OF BURIAL Aug. 25, 1948					
22 NAME OF FUNERAL DIRECTOR Walter F. Baker					
ADDRESS 110 North St. Boston					
Received and filed AUG 25 1948					

(Registrar)

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, 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

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

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 racial to that effect.

100m-9-44-14955

PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)

No. 31 Girdlestone Rd.

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATHTo be filed for burial permit
with Board of Health
or its Agent

168

Registered No.

St. { (If death occurred in a hospital or institution,
give its NAME instead of street and number) }

2 FULL NAME Joseph R. Lavoie

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 31 Girdlestone 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

50

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 Married5a If married, widowed or divorced
HUSBAND of Alicia C. Storin
(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 56 Years Months Days If less than 1 day
Hours Minutes

9 Usual Occupation Maintenance

10 Industry or Business: New Eng. Telephone Co

11 Social Security No. 011--05--0901

12 BIRTHPLACE (City) Boston
(State or Country) Mass

PARENTS

13 NAME OF FATHER Joseph Lavoie

14 BIRTHPLACE OF FATHER (City)
(State or Country) Canada

15 MAIDEN NAME OF MOTHER Mary Lavoie O.K.

16 BIRTHPLACE OF MOTHER (City)
(State or Country) New York17 Informant Alicia Lavoie (Relation, if any)
(Address) 31 Girdlestone RdI 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)

Health Officer

(Date of Issue of Permit) 8/26/48

18 DATE OF DEATH August 23, 1948
(Month) (Day) (Year)19 I HEREBY CERTIFY, That I attended deceased from
Aug 10, 1948, to Aug 23, 1948
I last saw him alive on Aug 23, 1948, death is said to
have occurred on the date stated above, at 5:00 P. m.Immediate cause of death
Acute Pulmonary edema
Due to Coronary Thrombosis
Due to Arterio-sclerosis
Duration 1 day
3 days
1 yr.Other conditions
(Include pregnancy within 3 months of death)Major findings:
Of operations
Date of
Of autopsy
What test confirmed diagnosis?20 Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) George H. Schwartz, M. D.
(Address) 198 Waverley St Date 8/25 194821 Winthrop Winthrop
Place of Burial, Cremation or Removal (City or Town)
DATE OF BURIAL Aug. 27, 1948 1922 NAME OF FUNERAL DIRECTOR John F. O'Malley
ADDRESS Winthrop
Received and Filed AUG 30 1948 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.

The Commonwealth of Massachusetts
OFFICE OF THE 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
1 *Suffolk* (County)
Waltham (City or Town)
No. *Commonwealth Hospital* St. *Give its NAME instead of street and number*

2 FULL NAME *Hawkins, (Bar and Soap)*
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. *54 Beadland Ave.* St. *Roxbury*
(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.
(Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX *male* 4 COLOR OR RACE *white* 5 SINGLE (write the word)
single MARRIED WIDOWED *single*
or DIVORCED

5a If married, widowed, or divorced
HUSBAND of (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

6 Age of husband or wife if alive years

7 IF STILLBORN, enter that fact here. *Stillborn*

8 AGE - Years - Months - Days If less than 1 day
1 Hours Minutes

Usual
9 Occupation:

Industry
10 or Business:

11 Social Security No.

12 BIRTHPLACE (City) *Waltham*
(State or country)

13 NAME OF FATHER *Edward Hawkins*

14 BIRTHPLACE OF FATHER (City) *Boston*
(State or country) *Mass.*

15 MAIDEN NAME OF MOTHER *Catherine Conner*

16 BIRTHPLACE OF MOTHER (City) *Scotland*
(State or country)

17 Informant. *Walter S. Baker* Relation, if any
(Address) *Waltham Regd. ()*

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) *8/25/48* (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH *Aug. 24, 1948*
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from
Aug. 23, 1948, to Aug. 24, 1948
I last saw him alive on *Aug. 23, 1948*, death is said to
have occurred on the date stated above, at *5:20 A.M.*
Immediate cause of death.

Due to *Totally premature at birth.*

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations.

Of autopsy. Date of
What test confirmed diagnosis?

20 Was disease or injury in any way related to occupation of deceased?
If so, specify.

(Signed) *W. S. Baker* M. D.
(Address) *Dr. Baker, Waltham* Date *8/24, 1948*

21 Place of Burial, Cremation or Removal. *Waltham* (City or Town)
DATE OF BURIAL *Aug. 25, 1948*

22 NAME OF FUNERAL DIRECTOR *Arthur W. W.*
ADDRESS *Roxbury*

Received and filed *AUG 25 1948* 19
(Registrar)

GOVERNING THE RETURN OF CERTIFICATES OF DEATH

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body was buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., (Tercentenary Edition).*

RULES OF PRACTICE

(3) Medical Examiners will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly, or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion; but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Occupation.—Prize statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make a record in this section for every person aged 10 years and over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework*. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family, cook—hotel*, etc. For a person who had no occupation whatever write *none*.

SPACE FOR ADDITIONAL INFORMATION.....

Suffolk

~~Wintthrop~~
(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.

170

No. Winthrop Community Hospital

St. { (If death occurred in a hospital or institution,
give its NAME instead of street and number) }

2 FULL NAME Mildred Florence Bjartmarz

(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. 234 Beacon St, Boston, Mass.

(Usual place of abode)

St.

(If nonresident, give city or town and State)

Length of stay: In hospital or institution *Wasp*
(Before death) (Specify where)

years

months 18

days.

In this community 1 yrs.

mos. 24 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 Astmann Bjartmarz

(Husband's name in full)

6 Age of husband or wife if alive

52

years

7 IF STILLBORN, enter that fact here.

8

AGE 26 Years 7 Months 0 Days

If less than 1 day

Hours

Minutes

Usual

9 Occupation: housewife

Industry

10 or Business: own home

11 Social Security No.

030-14-4368

12 BIRTHPLACE (City)

Everett

(State or Country)

Mass.

13 NAME OF

FATHER

Thomas Hanrahan

14 BIRTHPLACE OF

FATHER (City)

(State or Country)

Ireland

15 MAIDEN NAME

OF MOTHER

Elizabeth Holmes

16 BIRTHPLACE OF

MOTHER (City)

(State or Country)

Ireland

PARENTS

17

Informant (Address)

Astmann Bjartmarz

(Relation, if any)

husband

234 Beacon 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 H. Baker

(Signature of Agent of Board of Health or other)

Health officer

(Official Designation)

(Date of Issue of Permit)

8/27/48

MEDICAL CERTIFICATE OF DEATH

18 DATE OF
DEATH

August

25

(Month)

(Day)

1948

(Year)

19

I HEREBY CERTIFY,

That I attended deceased from

April 5

1948

to August 25

1948

I last saw her alive on

August 24

1948

death is said to

have occurred on the date stated above, at 3:00 A. m.

Immediate cause of death

Pulmonary Metastases

Duration

Adenocarcinoma Grade II

Rectum

IMPORTANT

1 1/2 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?

Physician

Underline
the cause to
which death
should be
charged sta-
tistically.

IMPORTANT

20 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Dorothy Cheney Appleton M. D.

(Address) 197 Worthington Ave.

Date Aug. 25 1948

21

Place of burial

Winthrop Cemetery Winthrop

DATE OF BURIAL

August 28, 1948

22 NAME OF

FUNERAL DIRECTOR

Alfred B. Marsh

ADDRESS

174 Winthrop St. Winthrop

Received and Filed

AUG 30 1948

19

(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

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required

by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or 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 _____

DEATH in plain terms, so 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-10-47-22153



The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

Registered No. 171

1 PLACE OF DEATH
(County) Winthrop
(City or Town) Winthrop
No. 266 Main St. Winthrop St.

2 FULL NAME Maria Carmela Scopa
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 266 Main St. Winthrop St.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or institution (Before death) (Specify whether) years months days. In this community yrs. 2 mos. days.

PHYSICIAN-IMPORTANT

(Was deceased a
U. S. War Veteran,
if so specify WAR.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F 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 Paul Scopa
(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: House Wife

Industry
10 or Business:

11 Social Security No.

12 BIRTHPLACE (City) Italy
(State or Country)

13 NAME OF FATHER Antonio DiPaolo

14 BIRTHPLACE OF FATHER (City) Italy
(State or Country)

15 MAIDEN NAME OF MOTHER Maria Loungo

16 BIRTHPLACE OF MOTHER (City) Italy
(State or Country)

17 Informant James Scopa (Relation, if any) Son
(Address) 266 Main St. 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)
Health Officer (Official Designation) 8/25/48 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH 8 25 48
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from
1/4/34, 19, to 8/24/48
I last saw her alive on 8/24/48, 19. Death is said to
have occurred on the date stated above, at 4:45 AM.

Immediate cause of death: Duration
IMPORTANT

Cancer of Lung +
metastatic
Due to metastatic 3 mos

Due to

Other conditions (Include pregnancy within 3 months of death) IMPORTANT

Major findings: Physician
Of operations Underline
the cause to
which death
should be
charged sta-
tistically.

Date of

Of autopsy

What test confirmed diagnosis?

20 Was disease or injury in any way related to occupation of deceased? No

If so, specify.

(Signed) J. J. L. M. D.

(Address) 110 Lombard St. Date 8/24/48

21 Holy Cross Malden (City or Town)

Place of Burial, Cremation or Removal.

DATE OF BURIAL Aug. 28 48 19

22 NAME OF FUNERAL DIRECTOR Vincent J. Marino

ADDRESS 9 Chelsea St. East Boston

Received and Filed AUG 30 1948 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, assthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by 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.

172

No. 15 Seymour St.

St. { (If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME **Ella Moulton Witham**
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. **15 Seymour 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 **31** 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 **73** Years **1** Months **16** Days If less than 1 day
Hours Minutes

Usual Occupation: **private secretary**

10 Industry or Business: **F.S. Webster Co, Cambridge, Mass.**

11 Social Security No. **011-03-5129**

12 BIRTHPLACE (City) **Chelsea**
(State or Country) **Mass.**

13 NAME OF FATHER **John Witham**
14 BIRTHPLACE OF FATHER (City) **York**
(State or Country) **Maine**

15 MAIDEN NAME OF MOTHER **Olive Cushing**

16 BIRTHPLACE OF MOTHER (City) **unable to ascertain**
(State or Country)

17 Informant (Address) **Mrs. John R. Countaway, Friend**
15 Seymour St, Winthrop, Mass.

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed
with me BEFORE the burial or transit permit was issued:

(Signature of Agent or Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH **August 27 1948**
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from
March 31 1947 to **August 27 1948**
I last saw her alive on **August 27 1948**, death is said to
have occurred on the date stated above, at **5 p. m.**

Immediate cause of death

Carcinoma of right breast 14 yrs
Due to Several Carcinomata 4 mos

Other conditions (Include pregnancy within 3 months of death)

Major findings of operations

Of autopsy

What test confirmed diagnosis **Clinical & Laboratory**

20 Was disease or injury in any way related to occupation of deceased?
If so, specify (Signed) **Jacob J. Ahrens M.D.** M. D.
(Address) **562 Physics Bldg** Date **8/30/1948**

21 Place of Burial, Cremation or Removal. (City or Town)
York Cemetery, York, Maine

DATE OF BURIAL **August 31, 1948**

22 NAME OF FUNERAL DIRECTOR **Alfred B. Marsh**
ADDRESS **174 Winthrop St, Winthrop**

Received and Filed

SEP 2 1948

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-(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.

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.

1 PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)

No. 30 Sargent 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. 173

St. (If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME Zoa Extina (Carter) Carlton

(If deceased is a married, widowed or divorced woman, give also maiden name.)

30 Sargent Street

(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 30 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

Married

5a If married, widowed, or divorced

HUSBAND of

(or) WIFE of Alfred Carlton

(Husband's name in full)

6 Age of husband or wife if alive

80

years

7 IF STILLBORN, enter that fact here.

8

AGE 80 Years 8 Months 7 Days | If less than 1 day

Hours Minutes

9 Usual
Occupation:

Housewife

10 Industry
or Business:

Own Home

11 Social Security No.

None

12 BIRTHPLACE (City)
(State or country)

Port Mulgrave
Nova Scotia

13 NAME OF
FATHER

James E Carter

14 BIRTHPLACE OF
FATHER (City)

Port Mulgrave

(State or country)

Nova Scotia

15 MAIDEN NAME
OF MOTHER

Rebecca M Hunson

16 BIRTHPLACE OF
MOTHER (City)

Port Mulgrave

(State or country)

Nova Scotia

PARENTS

17

Informant Lucy B Carlton, Daughter
(Address) 30 Sargent 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:

Walter S Baker

(Signature of Agent of Board of Health or other)

H.B.

(Date of issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF
DEATH

Aug 25

(Month)

25

(Day)

48

(Year)

19 I HEREBY CERTIFY, That I attended deceased from

July 2, 1945 to Aug 25, 1945

I last saw him alive on Aug 1, 1945, death is said to

have occurred on the date stated above, at 11:15 P. m.

Immediate cause of death

Edema of Lungs

Duration

IMPORTANT

2 days

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

30 days

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) Harry A. Helly

(Address) 200 T. Gessant Date 8/30 1945

21 Winthrop Winthrop

Place of Burial, Cremation or Removal. (City or Town)

DATE OF BURIAL Aug 31 1945

22 NAME OF FUNERAL DIRECTOR

ADDRESS Howard S. Reynolds

Received and filed SEP 2 1945 19

(Registrar)

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required

by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

so that it may be properly classified under the International Classification of Causes of Death. See reverse side for extracts from the laws relative to the return of certificates of death.

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect

50m-(f)-6-43-12056

PLACE OF DEATH		The Commonwealth of Massachusetts		OFFICE OF THE SECRETARY DIVISION OF VITAL STATISTICS		To be filed for burial permit with Board of Health or its Agent.	
1	Suffolk (County) Wentworth (City or Town) No. 29 Taft Ave Paragon			MEDICAL EXAMINER'S CERTIFICATE OF DEATH		Registered No. 174	
2	FULL NAME Walter S. Dacey (If deceased is a married, widowed or divorced woman, give also maiden name.)			St. { (If death occurred in a hospital or institution, give its NAME instead of street and number)		{ PHYSICIAN-IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR)	
(a) Residence. No. 29 Taft Ave (Usual place of abode)				St. (If nonresident, give city or town and State)			
Length of stay: In hospital or institution (Before death)		years months days		In this community 18 yrs. mos. days.			
PERSONAL AND STATISTICAL PARTICULARS							
3 SEX Male	4 COLOR OR RACE W. C.	5 SINGLE (write the word) MARRIED WIDOWED or DIVORCED Widowed		18 DATE OF DEATH Aug - 28 - 1948 (Month) (Day) (Year)			
5a If married, widowed or divorced HUSBAND of Mary J. Doherty (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.) Asphyxiation due to Rope around neck			
(or) WIFE of (Husband's name in full)							
6 Age of husband or wife if alive		years		20 Accident, suicide, or homicide (specify) Suicidal Date of occurrence Aug - 28 - 1948 Where did injury occur? Wentworth, Mass. (City or town and State)			
7 IF STILLBORN, enter that fact here.				Did injury occur in or about home, on farm, in industrial place, or in public place? (Specify type of place)			
8 AGE 72 years Months Days If less than 1 day Hours Minutes				Manner of Injury Found dead & hanging in Nature of Injury his garage While at work? Was there an autopsy? no			
9 Usual Occupation: Patrol Prison officer Industry or Business: State Prison				21 Was disease or injury in any way related to occupation of deceased? If so, specify Thos. J. Brickley, Inc. (Signed) (Address) Boston Date 28 - 1948			
10 Social Security No.				22 Place of Burial, Cremation or Removal DATE OF BURIAL Aug 31 1948			
11 BIRTHPLACE (City) Springfield Mass (State or country)				23 NAME OF FUNERAL DIRECTOR ADDRESS 216 Wentworth St SEP 2 1948			
12 NAME OF FATHER Henry Dacey 13 BIRTHPLACE OF FATHER (City) Springfield Mass (State or country)				Received and filed SEP 2 1948			
14 MAIDEN NAME OF MOTHER Unknown				(Registrar)			
15 BIRTHPLACE OF MOTHER Unknown (State or country)							
16 Informant (Address) Walter Dacey 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 S. Baker (Signature of Agent of Board of Health or other) H.O. a Aug 31/48 (Official Designation) (Date of Issue of Permit)							

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

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A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which

it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.... Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same;...—General Laws, Chap. 38, Sec. 6.

...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 Examiner 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 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

PHYSICIANS should state EXACTLY. Exact statement of OCCUPATION should be stated. AGE should be properly classified. See instructions and extracts from the laws on back of certificate. is very important.

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD
CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

Registered No. **175**

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. Winthrop Comm. Hosp.



2 FULL NAME **Celia Haberman**
(If deceased is a married, widowed or divorced woman, give also maiden name.)

{ (If death occurred in a hospital or institution, give its NAME instead of street and number)

{ (If U. S. War Veteran, specify WAR) **No.**

(a) Residence. No. **HABERMAN, 9 Coral Ave. Winthrop**
(Usual place of abode)

(If nonresident, give city or town and state)

Length of stay: In hospital or institution **hosp.** years months **4 mos.** In this community **18** yrs. mos. days.

(Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX **Female** 4 COLOR OR RACE **White** 5 SINGLE (write the word) **WIDOWED**
MARRIED
or DIVORCED

5a If married, widowed, or divorced
HUSBAND of (Give maiden name of wife in full)

(or) WIFE of **Louis Haberman**
(Husband's name in full)

6 Age of husband or wife if alive years

7 IF STILLBORN, enter that fact here.

8 AGE **64** Years Months Days If less than 1 day Hours Minutes

9 Usual Occupation: **Housework**

10 Industry or Business: **at home**

11 Social Security No. **none**

12 BIRTHPLACE (City) **Russia**
(State or country)

13 NAME OF FATHER **Morris Bronsals**

14 BIRTHPLACE OF FATHER (City) **Russia**
(State or country)

15 MAIDEN NAME OF MOTHER **Freda Leventhal**

16 BIRTHPLACE OF MOTHER (City) **Russia**
(State or country)

17 Informant (Address) **Louis Barnett, son-in-law, 9 Coral Ave. Winthrop**
Relation, if any

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Walter S. Baker
(Signature of Agent of Board of Health or other)

Hosp. Aug. 28/48
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH **August 28, 1948**
(Month) (Day) (Year)

19 I HEREBY CERTIFY That I attended deceased from **August 16, 1948** to **August 28, 1948**
I last saw her alive on **August 28, 1948**, death is said to have occurred on the date stated above, at **3:30 P. M.**

Immediate cause of death

Cerebral Hemorrhage

Duration
IMPORTANT
6 hours

Due to **arteriosclerotic and hypertensive heart disease** **1 year**

Due to **generalized arteriosclerosis** **2 years**

Other conditions **none**
(Include pregnancy within 3 months of death)

IMPORTANT

Major findings: **none**
Of operations

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 Traubman, M. D.**
(Address) **252 State St. Boston, Mass.** Date **Aug. 28, 1948**

21 **Winthrop Comm. Hosp.**
Place of Burial, Cremation or Removal. (City or Town)

DATE OF BURIAL **Aug. 29, 1948**

22 NAME OF FUNERAL DIRECTOR **Bernhard Bernbach**
ADDRESS **10 Washington St. D. C.**

Received and filed **SEP 2 1948** 19

(Registrar)

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

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SPACE FOR ADDITIONAL INFORMATION.....

mean to certify copies. Notations and details should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

100m-(g)-1-45-15510

PLACE OF DEATH

1

Suffolk *pl*
(County)

Winthrop

(City or Town)

No. Winthrop Community Hospital



The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD
CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

Registrar No.

176

St. { (If death occurred in a hospital or institution,
give its NAME instead of street and number)

PHYSICIAN - IMPORTANT

(Was deceased a
U. S. War Veteran, no
if so specify WAR)

2 FULL NAME Frank C. Bartlett

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 167 Crescent Ave.
(Usual place of abode)

St. Beachmont Revere Mass.
(If nonresident, give city or town and State)

Length of stay: In hospital or institution *None*
(Before death) (Specify whether)

years

months 10 days.

In this community 51 yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE (write the word)
MARRIED WIDOWED Widowed
or DIVORCED

5a If married, widowed, or divorced Abbie K. Craig
HUSBAND of (Give maiden name of wife in full)
(or) WIFE of (Husband's name in full)

6 Age of husband or wife if alive years

7 IF STILLBORN, enter that fact here.

8 AGE 87 Years Months Days | If less than 1 day
Hours Minutes

Usual 9 Occupation: Retired organ maker

Industry self
10 or Business:

11 Social Security No. none

12 BIRTHPLACE (City) Boston
(State or country) Mass

13 NAME OF FATHER George W. Bartlett

14 BIRTHPLACE OF FATHER (City) Newburyport
(State or country) Mass.

15 MAIDEN NAME OF MOTHER Isabella Wilkins

16 BIRTHPLACE OF MOTHER (City) Canada
(State or country)

17 Miss Elizabeth Bartlett Relationship any
Informant 167 Crescent Ave, Revere
(Address)

I HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH August 30 1948
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from
Aug 20, 1948 to Aug 30, 1948
I last saw him alive on Aug 30, 1948, death is said to
have occurred on the date stated above, at 2 P. M.

Immediate cause of death:

Chronic myocarditis

Duration

IMPORTANT

5 years

Due to

Due to

Other conditions *none*
(Include pregnancy within 3 months of death)

Major findings:

Of operations *none*

Date of

Of autopsy

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) *W. O. Smith* M. D.
(Address) *Winthrop* Date *Aug 21* 1948

21 Glenwood Cemetery, Everett, Mass
Place of Burial, Cremation or Removal (City or Town)

DATE OF BURIAL September 1, 1948

22 NAME OF FUNERAL DIRECTOR Edith M. Merwin

ADDRESS 305 Beach St., Revere, Mass

Received and filed

SEP 2 1948

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

1	PLACE OF DEATH	Suffolk (County) Winthrop (City or Town) No. <u>80 Buchanan St</u>		The Commonwealth of Massachusetts OFFICE OF THE SECRETARY DIVISION OF VITAL STATISTICS STANDARD CERTIFICATE OF DEATH	WINTHROP (City or town making return)	Registrar's No. <u>177</u>
				St. { (If death occurred in a hospital or institution, give its NAME instead of street and number)		
		2 FULL NAME <u>Esther A. Minton</u> (If deceased is a married, widowed or divorced woman, give also maiden name.)		{ PHYSICIAN-IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR)		
		(a) Residence. No. <u>80 Buchanan St</u> (Usual place of abode)		St. _____ (If nonresident, give city or town and State)		
		Length of stay: In hospital or Institution _____ years months days. (Before death) (Specify whether)		In this community <u>35</u> yrs. mos. days.		
PERSONAL AND STATISTICAL PARTICULARS				MEDICAL CERTIFICATE OF DEATH		
3 SEX <u>Female</u> 4 COLOR OR RACE <u>White</u>		5 SINGLE (write the word) MARRIED WIDOWED or DIVORCED <u>Single</u>		18 DATE OF DEATH <u>Aug 30, 1948</u> (Month) (Day) (Year)		
5a If married, widowed, or divorced HUSBAND of _____ (Give maiden name of wife in full)		(or) WIFE of _____ (Husband's name in full)		19 I HEREBY CERTIFY, That I attended deceased from <u>Aug 1, 1948</u> to <u>Aug 30, 1948</u> I last saw her alive on <u>Aug 30, 1948</u> death is said to have occurred on the date stated above, at <u>7²⁰ P.M.</u>		
6 Age of husband or wife if alive _____ years				Immediate cause of death <u>Chronic Myocarditis</u>		
7 IF STILLBORN, enter that fact here.				Duration IMPORTANT <u>8 yrs.</u>		
8 AGE <u>52</u> Years _____ Months _____ Days _____ If less than 1 day Hours _____ Minutes _____				Due to <u>Cirrhosis of liver</u>		
9 Occupation: <u>Operator</u> Usual				Due to _____		
10 Industry or Business: <u>New Eng. Telephone Co</u>				Other conditions (Include pregnancy within 3 months of death)		
11 Social Security No. <u>011-05-0504</u>				Major findings: Of operations _____ Date of _____		
12 BIRTHPLACE (City) <u>East Boston</u> (State or country) <u>Mass</u>				Of autopsy _____ What test confirmed diagnosis? _____		
13 NAME OF FATHER <u>Richard T. Minton</u>				20 Was disease or injury in any way related to occupation of deceased? _____ If so, specify _____		
14 BIRTHPLACE OF FATHER (City) <u>East Boston</u> (State or country) <u>Mass</u>				(Signed) <u>John W. Dwyer</u> M. D. (Address) <u>422 Main St, W. W. Dwyer</u> Date <u>8/31/1948</u>		
15 MAIDEN NAME OF MOTHER <u>Sarah A. McDonald</u>				21 <u>Winthrop Winthrop</u> Place of Burial, Cremation or Removal. (City or Town)		
16 BIRTHPLACE OF MOTHER (City) <u>East Boston</u> (State or country) <u>Mass</u>				DATE OF BURIAL <u>Sept 2, 1948</u>		
17 Informant <u>Ruth Minton</u> Relationship, if any <u>Sister</u> (Address) <u>80 Buchanan St</u>				22 NAME OF FUNERAL DIRECTOR <u>John H. O'Malley</u> ADDRESS <u>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>Walter E. Baker</u> (Signature of Agent of Board of Health or other)				Received and filed <u>SEP 2 1948</u>		
(Official Designation) <u>H.O. Baker</u>		(Date of Issue of Permit) <u>Sept 1/48</u>		A TRUE COPY ATTEST: (Registrar)		

PARENTS

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING 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

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-7-46-1906B

PLACE OF DEATH

Suffolk
(County)Winthrop
(City or Town)

No. 20 Elmwood 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.

178

St. { (If death occurred in a hospital or institution,
give its NAME instead of street and number) }

2 FULL NAME **Edith Evelyn Crane**
(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. **20 Elmwood Avenue**
(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 **17** 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 **Henry Edward Crane**
(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 **1** Months **6** 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)
(State or Country) **Carroll Maine**

PARENTS

13 NAME OF
FATHER **Leander B. Brown**

14 BIRTHPLACE OF
FATHER (City) **Lee**
(State or Country) **Maine**

15 MAIDEN NAME
OF MOTHER **Emily Maria Lyon**

16 BIRTHPLACE OF
MOTHER (City) **Calais**
(State or Country) **Maine**

17 Informant **Mrs. Henry Knopp** (Relation, if any)
(Address) **20 Elmwood Avenue**

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed
with me BEFORE the burial or transit permit was issued:

(Signature of Agent or Board of Health or other)

H.O.
(Official Designation)

Sept. 3/48
(Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF
DEATH **August 31, 1948**
(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 P** m.

Immediate cause of death

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

What test confirmed diagnosis?

20 Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) **Charles J. Mahoney** M. D.
(Address) **20 Board of Health** Date **9-2-1948**

21 **Cedar Grove** **Dorchester**
Place of Burial, Cremation or Removal. (City or Town)
DATE OF BURIAL **Sept. 3, 1948**

22 NAME OF
FUNERAL DIRECTOR **Alfred B. Marsh**
ADDRESS **174c Winthrop St, Winthrop**

Received and Filed

SEP 7 1948
(Registrar)

19

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**

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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 case the deceased resided in another city or town at the time of death should be made forthwith and transmitted on Form R-302 to the clerk of the city or town in which the deceased resided. (See Chap. 46, Sec. 12, G. L.)

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

COPY OF
CERTIFICATE OF DEATH

Reading
(City or town making return)

Registered No. *114179*

PLACE OF DEATH

Middlesex

(County)

Reading

(City or Town)

No. Cotton Nursing Home
139 Summer Ave.

St. { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Mary Lee Davis

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 246 Winthrop 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 days. In this community yrs. 4 mos. days.
(Before death) (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX female 4 COLOR OR RACE white 5 SINGLE (write the word) MARRIED Widowed
or DIVORCED

5a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full)
(or) WIFE of Harry W. Davis (Husband's name in full)

6 Age of husband or wife if alive years

7 IF STILLBORN, enter that fact here.

8 AGE 72 Years - Months - Days | If less than 1 day Hours Minutes

Usual Occupation: Ho usewife

Industry or Business: Own Home

11 Social Security No.

12 BIRTHPLACE (City) Portland
(State or country) Me.

PARENTS

13 NAME OF FATHER Lee

14 BIRTHPLACE OF FATHER (City) Maine
(State or country)

15 MAIDEN NAME OF MOTHER Cannot be learned

16 BIRTHPLACE OF MOTHER (City) Cannot be learned
(State or country)

17 Informant Warren Davis (son)
(Address) 246 Shore Drive Winthrop

A TRUE COPY. Guy W. Ellison
ATTEST: Guy W. Ellison

(Registrar of city or town where death occurred)

DATE FILED August 30, 1948 19

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH August 27 1948
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from August 2, 1948, to August 27, 1948.
I last saw her alive on August 27, 1948 death is said to have occurred on the date stated above, at 8:00 P. M.

Immediate cause of death: Arteriosclerotic Heart Disease years

Due to...
Due to...

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations none Date of...
Of autopsy none

What test confirmed diagnosis? clinical

20 Was disease or injury in any way related to occupation of deceased? no.
If so, specify: Justin L. Anderson M. D.
(Signed) Reading Mass. Date 8/27, 1948
(Address)

21 PLACE OF BURIAL, Winthrop Winthrop
CREMATION OR REMOVAL (Cemetery) (City or Town)
DATE OF BURIAL Aug. 30 1948

22 NAME OF FUNERAL DIRECTOR John F. O'Maley
ADDRESS Winthrop

Received and filed SEP 22 1948 19
(Registrar of City or Town where deceased resided)

should be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, require physicians to insert a recital to that effect.

100m. (g)-1-45-15510

PLACE OF DEATH

1

No.

2 FULL NAME

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence, No.

(Usual place of abode)

Length of stay: In hospital or institution

(Before death)

(Specify whether)

years

months

days

In this community

yrs.

mos.

days

St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

Registered No. 180

PHYSICIAN - IMPORTANT

(Was deceased a U. S. War Veteran, if so specify WAR)

(If non-resident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Male

4 COLOR OR RACE

White

5 SINGLE (write the word)

MARRIED

WIDOWED

or DIVORCED

Single

5a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

6 Age of husband or wife if alive

years

7 IF STILLBORN, enter that fact here.

8

AGE

81

Years

Months

Days

If less than 1 day

Hours

Minutes

9 Usual

Occupation:

Retired

10 Industry

or Business:

Plasterer

11 Social Security No.

12 BIRTHPLACE (City)

(State or country)

13 NAME OF

FATHER

Charles P. Monney

14 BIRTHPLACE OF

FATHER (City)

(State or country)

Belfast Ireland

15 MAIDEN NAME

OF MOTHER

Agnes L. Monney

16 BIRTHPLACE OF

MOTHER (City)

(State or country)

Inland

17

Informant

(Address)

Mrs. Charles P. Monney

Relation, if any

Daughter

97

97

97

97

97

97

97

97

97

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

H. D.

Walter L. Baker

Sept 7/48

(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.

St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

Registered No. 180

PHYSICIAN - IMPORTANT

(Was deceased a U. S. War Veteran, if so specify WAR)

(If non-resident, give city or town and State)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF

DEATH

September 1

1948

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY, That I attended deceased from

Aug. 31, 1948, to Sept. 1, 1948.

I last saw him alive on Sept. 1, 1948, death is said to

have occurred on the date stated above, at 2 P. m.

Immediate cause of death

Chronic Myocarditis

Duration

IMPORTANT

59 years

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:

Of operations

none

Date of

Of autopsy

none

What test confirmed diagnosis? Clinical Signs

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)

Dr. J. O'Brien

Wintrop

DATE OF BURIAL

Sept 4

1948

22 NAME OF FUNERAL DIRECTOR

William H. McKeown

371 Bedford St. Lowell

Received and filed SEP 7 1948

(Registrar)

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, 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

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-10-47-221E3

PLACE OF DEATH

1

Suffolk (County)
Wentworth (City or Town)
 No. *Wentworth 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. **181**(If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No.

(Usual place of abode)

Length of stay: In hospital or institution

(Before death)

(Specify whether)

years months days.

In this community

yrs.

mos.

days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE (write the word)

MARRIED

WIDOWED

or DIVORCED

5a If married, widowed or divorced
HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

6 Age of husband or wife if alive

years

7 IF STILLBORN, enter that fact here.

8

AGE..... Years..... Months..... Days

If less than 1 day

Hours..... Minutes

Usual

9 Occupation:

Industry

10 or Business:

11 Social Security No.

12 BIRTHPLACE (City)

(State or Country)

13 NAME OF
FATHER14 BIRTHPLACE OF
FATHER (City)

(State or Country)

15 MAIDEN NAME
OF MOTHER16 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)

3

(Day)

1948

(Year)

19 I HEREBY CERTIFY, That I attended deceased from
Sept 3, 19*48*, to *Sept 3*, 19*48*.

I last saw him alive on....., 19....., death is said to

have occurred on the date stated above, at.....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)

Date

1948

21 Place of Burial, Cremation or Removal

(City or Town)

DATE OF BURIAL

22 NAME OF

FUNERAL DIRECTOR

ADDRESS

Received and Filed

SEP 7 1948

(Registrar)

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death... Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required

by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or 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 supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of 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 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

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-10-22-153

Suffolk

(County)

Winthrop

(City or Town)

No 70 Waldemar Ave

PLACE OF DEATH

1



The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD

CERTIFICATE OF DEATH

TO BE FILED FOR BURIAL PERMIT

WITH BOARD OF HEALTH

Registered No. 182

OR ITS AGENT

St. { (If death occurred in a hospital or institution, }
give its NAME instead of street and number)

2 FULL NAME Mary E. Fulham Flynn

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(Was deceased a PHYSICIAN - IMPORTANT

U. S. War Veteran,

if so specify WAR.)

(a) Residence. No. 70 Waldemar Ave

(Usual place of abode)

St. (If nonresident, give city or town and State)

Length of stay: In hospital or institution

(Before death)

(Specify whether)

years

months

days.

In this community 21 yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Female

4 COLOR OR RACE

White

5 SINGLE (write the word)

MARRIED

WIDOWED

or DIVORCED

Widowed

5a If married, widowed or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

William J. Flynn

(Husband's name in full)

6 Age of husband or wife if alive years

7 IF STILLEORN, enter that fact here.

8

AGE

82

Years

Months

Days

If less than 1 day

Hours

Minutes

9 Occupation:

Housewife

Industry

10 or Business:

Own Home

11 Social Security No.

12 BIRTHPLACE (City)

Boston

(State or Country)

Mass

13 NAME OF FATHER

John N. Fulham

14 BIRTHPLACE OF FATHER (City)

(State or Country)

Ireland

15 MAIDEN NAME OF MOTHER

Ellen Leonard

16 BIRTHPLACE OF MOTHER (City)

(State or Country)

Ireland

17

Informant

John Flynn

(Relation, if any)

(Address)

70 Waldemar Ave

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)

(Official Designation)

(Date of Issue of Permit)

H.O.

Sept 7/48

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH

September 4, 1948

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY, That I attended deceased from September 1948 to September 1948

I last saw her alive on August 28, 1948, death is said to have occurred on the date stated above, at 5:30 A.M.

Immediate cause of death

Duration

Probable coronary occlusion minutes

Due to Arterio-sclerotic heart disease years

Due to Generalized arterio-sclerosis years

Other conditions (Include pregnancy within 3 months of death)

Major findings:

Of operations

Date of

Of autopsy

What test confirmed diagnosis? clinical

20 Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed)

(Address)

Arthur C. M. D.

Winthrop Mass Date 7 Sept 1948

21

Place of Burial, Cremation or Removal

(City or Town)

DATE OF BURIAL

Sept 7 1948

19

22

NAME OF FUNERAL DIRECTOR

ADDRESS

John H. O'Malley

Winthrop

Received and Filed

19

SEP 7 1948

(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 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).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a 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

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-303 to the clerk of the city or town in which the deceased resided. (See Chap. 46, Sec. 12, G. L.)

50m-(b)-6-44-14607

PLACE OF DEATH

1

Suffolk

(County)

Boston

(City or Town)

No. Mass. Memorial Hospital



The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY

DIVISION OF VITAL STATISTICS

COPY OF
CERTIFICATE OF DEATH

Boston

(City or town making return)

Registered No.

7894
133

St. { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

John W Cartwright

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence, No.

71 Waldemar Ave.

(Usual place of abode)

St.

Winthrop Mass.

(If nonresident, give city or town and State)

Length of stay: In hospital or Institution

(Before death)

(Specify whether)

years 2 months 7 days

In this community

yrs. 2 mos. 7 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 Louisa Fallen

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

6 Age of husband or wife if alive 72 years

7 IF STILLBORN, enter that fact here.

8 AGE 76 Years 6 Months 1 Days If less than 1 day
Hours Minutes

Usual

9 Occupation:

Retired

Industry

10 or Business:

Steel Worker

11 Social Security No.

None

12 BIRTHPLACE (City)

(State or country)

England

13 NAME OF FATHER

George Cartwright

14 BIRTHPLACE OF FATHER (City)

(State or country)

England

15 MAIDEN NAME OF MOTHER

Annie Skidmore

16 BIRTHPLACE OF MOTHER (City)

(State or country)

England

17 Informant

(Address)

Wife

(Relation, if any)

A TRUE COPY.

ATTEST:

(Registrar of city or town where death occurred)

DATE FILED

Sept. 9

19 48

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH

Sept. 5/48

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY, That I attended deceased from June 29 19 48, to Sept. 5, 19 48

I last saw him alive on Sept. 5, 19 48, death is said to have occurred on the date stated above, at 8 AM m.

Immediate cause of death

Undetermined

Heart Failure

Due to Hypertensive Arterio Sclerotic Heart Disease

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings: Benign prostatic

Of operations

hypertrophy

Date of

8-19-48

Of autopsy

Myocardial fibrosis

What test confirmed diagnosis?

biopsy

20 Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed)

D B Stearns

M. D.

(Address)

Boston Mass

Date

9-5 19 48

21 PLACE OF BURIAL, CREMATION OR REMOVAL

Winthrop Cem-Winthrop Mass.

(Cemetery)

(City or Town)

DATE OF BURIAL

Sept. 8/48

19

22 NAME OF FUNERAL DIRECTOR

F E Brown

ADDRESS

East Boston Mass.

Received and filed

SEP 20 1948

19

(Registrar of City or Town where deceased resided)

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, 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. 43 Washington Ave



The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

Registrar's No. 181

To be filed for burial permit
with Board of Health
or its Agent.

St. { (If death occurred in a hospital or institution,
give its NAME instead of street and number)

PHYSICIAN-IMPORTANT

{ (Was deceased a
U. S. War Veteran,
if so specify WAR)

2 FULL NAME Helen Lyons
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 78 Shawmut St. 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 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 widow

5a If married, widowed, or divorced
HUSBAND of _____
(Give maiden name of wife in full)
(or) WIFE of Martin Lyons
(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 _____ Hours _____ Minutes
If less than 1 day

Usual
9 Occupation: At home

Industry
10 or Business: Household

11 Social Security No. _____

12 BIRTHPLACE (City) Manchester
(State or country) N.H.

13 NAME OF
FATHER Andrew Smith

14 BIRTHPLACE OF
FATHER (City) Patterson
(State or country) N.J.

15 MAIDEN NAME
OF MOTHER Sarah Tierny

16 BIRTHPLACE OF
MOTHER (City) _____
(State or country) Ireland

17 Informant George J. Smith Relation, if any brother
(Address) 174 Laurel St. Manchester N.H.

was filed with me BEFORE the burial or transit permit was issued:
I HEREBY CERTIFY that a satisfactory standard certificate of death

Walter H. Barker
(Signature of Agent of Board of Health or other
Health Officer) 9/14/48
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF
DEATH Sept. 11 1948
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from
Jan 1, 1948, to Aug Sept 11, 1948
I last saw her alive on Sept 11, 1948, death is said to
have occurred on the date stated above, at 6 45 P.M.

Immediate cause of death Carcinoma of Bowel 1947

Due to metastases to liver 1948

Due to _____

Other conditions.
(Include pregnancy within 3 months of death) **IMPORTANT**

Major findings:
Of operations Cancer of Bowel & liver Physician
Date of op April 1948 Underline
the cause to
which death
should be
charged sta-
tistically.

Of autopsy no

What test confirmed diagnosis? _____

20 Was disease or injury in any way related to occupation of deceased? no
If so, specify _____

(Signed) A C Benjamin, M. D.

(Address) Chelsea Date 9/13, 1948

21 Stamwood Emmett
Place of Burial, Cremation or Removal. (City or Town)

DATE OF BURIAL Sept 16 1948

22 NAME OF
FUNERAL DIRECTOR R. J. De Nails
ADDRESS Revere

Received and filed SEP 16 1948 19 _____

(Registrar)

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required

by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

PLACE OF DEATH
1Suffolk
(County)
Winthrop
(City or Town)The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATHTo be filed for burial permit
with Board of Health
or its Agent.

Registered No. 185

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 Pitman
(If deceased is a married, widowed or divorced woman, give also maiden name)(a) Residence, No. 455 Shirley St.,
(Usual place of abode)St. Winthrop, Mass
(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

3 SEX

MALE

4 COLOR OR RACE

WHITE

5 SINGLE (write the word)

MARRIED
WIDOWED
or DIVORCED

Single

5a If married, widowed or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

6 Age of husband or wife if alive

years

7 IF STILLBORN, enter that fact here.

STILLBORN

8

AGE

Years

Months

Days

If less than 1 day

Hours

Minutes

Usual

9 Occupation:

Industry

10 or Business:

11 Social Security No.

12 BIRTHPLACE (City)
(State or Country)Winthrop
Mass13 NAME OF
FATHER

STANLEY PITMAN

14 BIRTHPLACE OF
FATHER (City)
(State or Country)

LACONIA

N. H.

15 MAIDEN NAME
OF MOTHER

MARY McNEAL

16 BIRTHPLACE OF
MOTHER (City)
(State or Country)

CANADA

17

Informant
(Address)STANLEY PITMAN (Relation, if any)
455 SHIRLEY STI 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)9/15/48
(Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF
DEATHSeptember 13 1948
(Month) (Day) (Year)

19

I HEREBY CERTIFY,

That I attended deceased from

February 13, 1948, to Sept. 13, 1948

I last saw h

live on

19

, death is said to

have occurred on the date stated above, at

m.

Duration

Immediate cause of death

IMPORTANT

Stillborn (8 1/2 mos)

Due to

Erythroblastosis

Due to

Erythroblastosis

Other conditions

(Include pregnancy within 3 months of death)

IMPORTANT

Major findings:
Of operations

Physician

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 WINTHROP (City or Town)

DATE OF BURIAL

SEPTEMBER 15 1948

22 NAME OF
FUNERAL DIRECTOR

ADDRESS

John F. O'Malley
WINTHROP MASS

Received and Filed

SEP 16 1948
(Registrar)

19

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

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by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

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Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

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.

186

1 PLACE OF DEATH
Suffolk County
Winthrop
Winthrop Community Hosp.

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Mr. Ralph Gallo
(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. 447 Meridian
(Usual place of abode)

St. East Boston
(If nonresident, give city or town and State)

Length of stay: In hospital or institution 2 wks. (Before death) (Specify whether) years months 5 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
MARRIED
WIDOWED
or DIVORCED

18 DATE OF DEATH Sept. 15 1948
(Month) (Day) (Year)

5a If married, widowed or divorced
HUSBAND of Anna Caliva
(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 10, 1948, to Sept 15, 1948.
I last saw him alive on Sept 15, 1948, death is said to
have occurred on the date stated above, at 3:10 P. m.

6 Age of husband or wife if alive 58 years

Immediate cause of death

7 IF STILLBORN, enter that fact here.

8 AGE 58 Years Months Days If less than 1 day Hours Minutes

Uremia Retinitis
Dug to Chronic hepatitis
Diabetic Mellitus since 1934
Dug to Diabetic Retinitis
blindness, ptosis, partial os.
Other conditions arteriosclerotic Ht dis
(Include pregnancy within 3 months of death)
decompensation

9 Usual Occupation: Proprietor

10 Industry or Business: Grocery store

11 Social Security No. none

12 BIRTHPLACE (City) Italy
(State or Country)

13 NAME OF FATHER Mario Gallo

14 BIRTHPLACE OF FATHER (City) Italy
(State or Country)

15 MAIDEN NAME OF MOTHER Giovanna Coradine

16 BIRTHPLACE OF MOTHER (City) Italy
(State or Country)

17 Informant Anna Gallo (Relationship) wife
(Address) 447 Meridian St.

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued.

Walter A. Waples
(Signature of Agent of Board of Health or other)

Health Officer 9/17/48
(Official Designation) (Date of Issue of Permit)

Major findings: Of operations

Date of

Of autopsy

What test confirmed diagnosis?

20 Was disease or injury in any way related to occupation of deceased? No

If so, specify D. D. Potito
(Signed)

(Address) 172 Beacon St. Date 9/15 1948

21 Place of Burial, Cremation or Removal Holy Cross East Malden
(City or Town)

DATE OF BURIAL Sept 18 1948

22 NAME OF FUNERAL DIRECTOR James J. Pietro

ADDRESS 204 Marlboro St. E.B.

Received and Filed SEP 20 1948

(Registrar)

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required

by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or 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

N. B.—WHITE PLAINLY, WITH UNFADING BLACK INK THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100m-2-40-D-729-a

PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)

No. Winthrop Community Hospital

Frank W Penney

2 FULL NAME

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No.

186 Highland Ave.

(Usual place of abode)

St.

Length of stay: In hospital or institution

Hosp.

(Specify whether)

years

months

3

days.

In this community

38

yrs.

mos.

days.

(If nonresident, give city or town and state)

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS



STANDARD

CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

Registered No.

187

(If death occurred in a hospital or institution,
give its NAME instead of street and number)

(If U. S.
War Veteran,
specify WAR)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE (write the word) MARRIED WIDOWED or DIVORCED Married

5a If married, widowed, or divorced
HUSBAND of Florence Bradbury
(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 79 Years 9 Months 3 Days If less than 1 day Hours Minutes

9 Occupation: Usual Machinist

10 Industry or Business: Retired

11 Social Security No. 031-10-8734A

12 BIRTHPLACE (City) Skowhegan
(State or country) Maine

13 NAME OF FATHER Henry Penney

14 BIRTHPLACE OF FATHER (City) Skowhegan
(State or country) Maine

15 MAIDEN NAME OF MOTHER Ann Conant

16 BIRTHPLACE OF MOTHER (City) Topsham
(State or country) Maine

17 Informant Merle D Penney (Son)
(Address) 71 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:

(Official Designation)

(Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Sept 17 1948
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from
9-15-48, 1948 to 9-17, 1948
I last saw him alive on 9-17, 1948, death is said to
have occurred on the date stated above, at 11:15 A.M.
Immediate cause of death: Sudden Immersion 1 day

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?

If so, specify

(Signed)

(Address)

Date

M. D.

21 Pine Grove Waterville Me.

Place of Burial, Cremation or Removal (City or Town)

DATE OF BURIAL Sept. 20 1948

22 NAME OF FUNERAL DIRECTOR

ADDRESS

Received and filed

19

(Registrar)

RETURN OF CERTIFICATES OF DEATH

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall 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 to be buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously obtained, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., (Tercentenary Edition).*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed 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 helpfulness of various pursuits can be known. Make some entries in this section for every person aged 10 years and over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework*. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

SPACE FOR ADDITIONAL INFORMATION

Copies of returns of deaths recorded during the previous month which occurred in your city or town in case the deceased resided in another city or town at the time of death should be made forthwith and transmitted on Form R-302 to the clerk of the city or town in which the deceased resided. (See Chap. 46, Sec. 12, G. L.)

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

COPY OF
CERTIFICATE OF DEATH

Danvers

(City or town making return)

Registered No.

188

PLACE OF DEATH

Essex

(County)

Danvers

(City or Town)

No. Danvers State Hospital, Hathorne, Mass.

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Henry A. Cherry

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence, No.

41 Mermaid Ave., Winthrop, Mass.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of stay: In hospital or institution

(Before death)

(Specify whether)

years 2 months 2 days.

In this community

yre.

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

Cannot be learned

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

6 Age of husband or wife if alive

years

7 IF STILLBORN, enter that fact here.

8

AGE

65

Years.....Months.....Days

If less than 1 day

Hours.....Minutes

Usual

9 Occupation:

Dentist

Industry

10 or Business:

11 Social Security No.

12 BIRTHPLACE (City)

(State or country)

Russia

13 NAME OF

FATHER

Jacob Cherry

14 BIRTHPLACE OF

FATHER (City)

(State or country)

Russia

15 MAIDEN NAME

OF MOTHER

Ida Freidman

16 BIRTHPLACE OF

MOTHER (City)

(State or country)

Russia

17

Informant

(Address)

Mary K. McPhillips

(Relation, if any)

Hathorne, Mass.

A TRUE COPY.

ATTEST:

(Registrar of city or town where death occurred)

DATE FILED

Sept. 28 19 48

MEDICAL CERTIFICATE OF DEATH

18 DATE OF

DEATH

September 21

1948

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY, That I attended deceased from

July 19

19 48

to

Sept. 21

19 48

I last saw him alive on

Sept. 21

19 48

death is said to

have occurred on the date stated above, at

11:00p.

a.m.

Duration

Immediate cause of death

Arteriosclerotic heart disease

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? no

If so, specify

(Signed) Francis A. Sullivan

(Address) Hathorne, Mass.

Date 9/24 19 48

21 PLACE OF BURIAL, Ohav-Zedek

West Roxbury

CREMATION OR REMOVAL

(Cemetery)

(City or Town)

DATE OF BURIAL

Sept. 23

19 48

22 NAME OF

FUNERAL DIRECTOR

H. J. Torf

ADDRESS

Chelsea, Mass.

Received and filed

OCT 6 1948

19

(Registrar of City or Town where deceased resided)

PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)



The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

(City or town making return)

STANDARD
CERTIFICATE OF DEATH

Registrar's No.

189

No. 204 Cottage Park Road

St. { (If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME Harry Nelson Gushee

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 204 Cottage Park Road

(Usual place of abode)

St.

(If nonresident, give city or town and State)

Length of stay: In hospital or Institution
(Before death)

(Specify whether)

years

months

days.

In this community 30yrs.

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

Lura C Wheeler

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

6 Age of husband or wife if alive

56

years

7 IF STILLBORN, enter that fact here.

8 AGE 56 Years 2 Months 20 Days

If less than 1 day

Hours

Minutes

9 Usual

Occupation: Salesman

10 Industry

or Business: Oil Concern

11 Social Security No.

011-05-3390

12 BIRTHPLACE (City)
(State or country)

Appleton

Maine

13 NAME OF
FATHER

Lindley M Gushee

14 BIRTHPLACE OF
FATHER (City)
(State or country)

Appleton

Maine

15 MAIDEN NAME
OF MOTHER

Helen J Sherman

16 BIRTHPLACE OF
MOTHER (City)
(State or country)

Haverhill

Mass.

17 Informant
(Address)

Lura C Gushee

Relation, if any

204 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)

(Official Designation)

(Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF
DEATH

Sept. 21

(Month)

1948

(Day)

(Year)

19 I HEREBY CERTIFY, That I attended deceased from

Sept. 20, 1948, to Sept. 21, 1948

I last saw him alive on Sept. 21, 1948, death is said to

have occurred on the date stated above, at 5:30 A.M.

Immediate cause of death

Coronary Thrombosis

Duration
IMPORTANT

Sudden

Due to

Due to

Other conditions. Rheumatism
(Include pregnancy within 3 months of death)6 years
IMPORTANTMajor findings:
Of operations

none

Date of

Of autopsy

none

What test confirmed diagnosis? Clinical Signs

Physician

Underline
the cause to
which death
should be
charged sta-
tistically.20 Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed)

(Address) Winthrop, Mass.

Date Sept. 21, 1948

21 Winthrop

Place of Burial, Cremation or Removal.

(City or Town)

DATE OF BURIAL

Sept 23

1948

22 NAME OF

FUNERAL DIRECTOR

ADDRESS

Received and filed

SEP 24 1948

19

A TRUE COPY ATTEST:

(Registrar)

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

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SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

See instructions in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

100M-7-46-19068

PLACE OF DEATH

Suffolk
(County)
Wentworth
(City or Town)



The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

Registered No.

190

No. *Wentworth Rest Home*

St. { (If death occurred in a hospital or institution, give its NAME instead of street and number) }

2 FULL NAME

Katherine Hurney

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No.

(Usual place of abode)

78 Angleside Ave

St.

(If nonresident, give city or town and State)

Length of stay: In hospital or institution
(Before death)

(Specify whether)

years

months *10* days.In this community *20* yrs.

mos.

days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Female

4 COLOR OR RACE

White

5 SINGLE (write the word)

MARRIED
WIDOWED
or DIVORCED*Married*5a If married, widowed or divorced
HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

Edward Hurney
(Husband's name in full)

6 Age of husband or wife if alive

years

7 IF STILLBORN, enter that fact here.

8 AGE

82 years

Months

Days

If less than 1 day
Hours

Minutes

Usual

9 Occupation:

*Home*10 Industry
or Business:

11 Social Security No.

12 BIRTHPLACE (City)
(State or Country)*Woburn Mass*13 NAME OF
FATHER*Patrick (unable to obtain)*14 BIRTHPLACE OF
FATHER (City)
(State or Country)*Ireland*15 MAIDEN NAME
OF MOTHER*Lizdget O'Connor*16 BIRTHPLACE OF
MOTHER (City)
(State or Country)*Ireland*17 Informant
(Address)*Ralph Hurney (Relation, if any)
75 Angleside Ave*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)

(Official Designation)

(Date of Issue of Permit)

9/25/48

MEDICAL CERTIFICATE OF DEATH

18 DATE OF
DEATH*September 23 - 1948*
(Month) (Day) (Year)

19

HEREBY CERTIFY, That I attended deceased from
July 4, 19*48*, to *Sept 23*, 19*48*
I last saw her alive on *Sept 22*, 19*48*, death is said to
have occurred on the date stated above, at *9.33 A* m.

Immediate cause of death

*Chronic Myocarditis*Duration
IMPORTANT*6 years*

Due to

*interosseous**malefactors*

Due to

senility

Other conditions

(Include pregnancy within 3 months of death)

IMPORTANT

Major findings:
Of operations*None*

Physician

Of autopsy

None

Date of

What test confirmed diagnosis?

*Physical Exam*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)

John F. Welch

(Address)

*Wentworth*M. D.
Date *Sept 24*, 19*48*

21

Place of Burial, Crematorium or Removal.

DATE OF BURIAL

Wentworth
Sept 24 25, 19*48*

22 NAME OF

FUNERAL DIRECTOR

ADDRESS

Wentworth
210 Wentworth St

Received and Filed

SEP 27 1948

(Registrar)

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required

by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or 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

Copies of returns of deaths occurring during the previous month which occurred in your city or town in case the deceased resided in another city or town at the time of death should be made forthwith and transmitted on Form R-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-(d)-6-43-12056

The Commonwealth of Massachusetts

Boston

OFFICE OF THE SECRETARY
COPY OF
MEDICAL EXAMINER'S
CERTIFICATE OF DEATH

(City or town making return)

Registered No. **81791**

PLACE OF DEATH

Suffolk

(County)

Boston

(City or Town)

No. **Peter B. Brigham Hospital**

St. { (If death occurred in a hospital or institution, give its NAME instead of street and number)

Katie Wolfe

2 FULL NAME (If deceased is a married, widowed or divorced woman, give also maiden name.)

18 Beach Road

(a) Residence, No.

(Usual place of abode)

St. **Winthrop Mass.**

(If nonresident, give city or town and State)

Length of stay: In hospital or institution years months days. In this community yrs. mos. days.
(Before death) (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX **F** 4 COLOR OR RACE **W** 5 SINGLE (write the word) **Widow**
MARRIED
WIDOWED
or DIVORCED

5a If married, widowed, or divorced
HUSBAND of (Give maiden name of wife in full)
(or) WIFE of **Samuel J. Wolfe**
(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. **---**

12 BIRTHPLACE (City) **Russia**
(State or country)

13 NAME OF FATHER **Harry Gill**

14 BIRTHPLACE OF FATHER (City) **Russia**
(State or country)

15 MAIDEN NAME OF MOTHER **Goldie ---**

16 BIRTHPLACE OF MOTHER (City) **Russia**
(State or country)

17 Informant **A. Doaker** (Address) **10 Copley St. Brookline**
Relation, if any **Son in Law**

A TRUE COPY.

Attest: **[Signature]**
(Registrar of city or town where death occurred)

DATE FILED **Sept. 28 19 48**

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH **Sept. 24/48**
(Month) (Day) (Year)

19 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows: (If an injury was involved, state fully.)
**Arterio sclerotic heart disease
fractured lt. humerus**

20 Accident, suicide, or homicide (specify) **accidental**
Date of occurrence **Sept. 22 19 48**

Where did Injury occur? **Winthrop Mass.**
(City or town and State)

Did Injury occur in or about the home, on farm, in industrial place, or in
~~other place~~ (Specify type of place)

Manner of Injury **Fell accidentally at her home**

Nature of Injury **on Sept. 22/48**

While at work? Was there an autopsy? **No**

21 Was disease or Injury in any way related to occupation of deceased?

If so, specify
(Signed) **W J Brickley** M. D.
(Address) **Boston Mass** Date **9-24-19 48**

22 **Sons of Israel So. Lawrence**
Place of Burial, Cremation or Removal (City or Town)

DATE OF BURIAL **Sept. 26/48** 19

23 NAME OF FUNERAL DIRECTOR **B. Birnbach**
ADDRESS **Dorchester Mass.**

Received and filed 19

OCT 4 1948
(Registrar of City or Town where deceased resided)

DEATH in plain terms, so 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-7-46-19068

PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)

No. 60 Orlando 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.

192

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, WWI
if so specify WAR)

2 FULL NAME William B. Nugent
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 60 Orlando Ave.
(Usual place of abode)

St. (If nonresident, give city or town and State)

Length of stay: In hospital or institution None years months days. In this community 8 yrs. mos. days.
(Before death) (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE (write the word) MARRIED WIDOWED or DIVORCED Single

5a If married, widowed or divorced
HUSBAND of. (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

6 Age of husband or wife if alive years

7 IF STILLBORN, enter that fact here.

8 AGE 56 Years 8 Months 15 Days If less than 1 day Hours Minutes

9 Usual Occupation: Clerk

10 Industry or Business: Soldier's Relief Dept.

11 Social Security No. None

12 BIRTHPLACE (City) East Boston,
(State or Country) Mass.

13 NAME OF FATHER Charles J. Nugent

14 BIRTHPLACE OF FATHER (City) Fairfield
(State or Country) Vermont

15 MAIDEN NAME OF MOTHER Jane V. Farley

16 BIRTHPLACE OF MOTHER (City) Salem
(State or Country) Mass.

17 Informant Miss Gertrude B. Nugent Sister
(Address) 60 Orlando Ave., Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed
with me BEFORE the burial or transit permit was issued.

Walter J. Baker
(Signature of Agent of Board of Health or other)

Health Officer (Official Designation) 9/28/48 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH September 27 1948
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from
19 —, 19 —, to —, 19 —

I last saw h — alive on —, 19 —, death is said to
have occurred on the date stated above, at 3:20 P. m.

Immediate cause of death

Natural causes
Due to Probable coronary occlusion - hours

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

20 Was disease or injury in any way related to occupation of deceased? no
If so, specify

(Signed) Arthur C. Murphy M. D.
(Address) Winthrop Board of Health Date Sept 28 1948

21 Holy Cross Cem. Malden
Place of Burial, Cremation or Removal (City or Town)

DATE OF BURIAL September 29, 1948

22 NAME OF FUNERAL DIRECTOR Richard C. Kirby
ADDRESS 17 Bennington St., E. Boston

Received and Filed

OCT 4 1948
(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 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 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-7-46-1906B

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.

193

PHYSICIAN-IMPORTANT

(Was deceased a
U. S. War Veteran, No
if so specify WAR)

2 FULL NAME James P. Shea
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 289 Pleasant Street Winthrop St.
(Usual place of abode)

(If nonresident, give city or town and State)

Length of stay: In hospital or institution Hospital
(Before death) (Specify whether)

years months 10 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 widowed

5a If married, widowed or divorced HUSBAND of Mary 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 years

7 IF STILLBORN, enter that fact here.

8 AGE 68 Years 11 Months 19 Days If less than 1 day Hours Minutes

Usual Occupation: Pressman

10 Industry or Business: Post Publishing Co

11 Social Security No. 011-09-5742

12 BIRTHPLACE (City): Boston
(State or Country) Massachusetts

13 NAME OF FATHER John Shea

14 BIRTHPLACE OF FATHER (City): Ireland
(State or Country)

15 MAIDEN NAME OF MOTHER Catherine Marshall

16 BIRTHPLACE OF MOTHER (City): Ireland
(State or Country)

17 Informant James J. Shea (son, if any)
(Address) 289 Pleasant Street Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued.

(Signature of Agent of Board of Health or other)

Health Officer (Official Designation) 9/28/48 (Date of Issue of Permit)

18 DATE OF DEATH September 27 1948
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from Sept. 14, 1948, to Sept. 27, 1948
I last saw him alive on Sept. 27, 1948, death is said to have occurred on the date stated above, at 9:30 A.M.

Immediate cause of death

Duration IMPORTANT

Lobar Pneumonia (left) 2 weeks
Due to Acute Coronary Thrombosis 1/2 hour

Due to

Other conditions none
(Include pregnancy within 3 months of death)

IMPORTANT

Major findings: none
Of operations

Physician

Date of

Of autopsy none

What test confirmed diagnosis? X-rays, - clinical

Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) Jacob J. Aliquis M.D.
(Address) 562 Shirley St Date Sept. 28, 1948

21 Winthrop Winthrop
Place of Burial, Cremation or Removal (City or Town)

DATE OF BURIAL September 30 1948 19

22 NAME OF FUNERAL DIRECTOR Richard C. Kirby
ADDRESS Boston

Received and Filed

OCT 5 1948

(Registrar)

19

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required

by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. 191State of NEW HAMPSHIRE

1. PLACE OF DEATH:

(a) County Carroll
(b) City or town Freedom
(If outside city or town limits, write RURAL)
(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____

In this community 6 days
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mass. (b) County Suffolk
(c) City or town Winthrop
(If outside city or town limits, write RURAL)(d) Street No. 159 Winthrop St.
(If rural, give location)

(e) If foreign born, how long in U. S. A. _____ years.

3. (a) FULL NAME Allen Clifford Bangs

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex male 5. Color or race white

6. (b) Name of husband or wife _____

6. (a) Single, widowed, married, divorced single
6. (c) Age of husband or wife if alive _____ years7. Birth date of deceased Sept. 22, 1944
(Month) (Day) (Year)8. AGE: Years 3 Months 9 Days 18 If less than one day
hr. _____ min. _____9. Birthplace Winthrop Mass.
(City, town, or country) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

12. Name Allan C. Bangs13. Birthplace Winthrop Mass.
(City, town, or country) (State or foreign country)14. Maiden name Margaret Crane15. Birthplace Charlestown Mass.
(City, town, or country) (State or foreign country)

MOTHER FATHER

16. (a) Informant's own signature Allan C. Bangs(b) Address 159 Winthrop St. Winthrop17. (a) burial (b) Date thereof 7/13/48
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place; burial or cremation Winthrop Cemetery18. (a) Signature of funeral director Herbert Marsh(b) Address Winthrop St., Winthrop, Mass.19. (a) 7/11/48 (b) Edwin A. Calley
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. Date of death: Month July day 10
year 1948 hour 11 minute 45 pm

21. I hereby certify that I attended the deceased from _____

that I last saw him alive on _____, 19____, to _____, 19____,
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Cerebral HemorrhageDue to Code No. 83A1, 97Due to Congenital vassular diseaseOther conditions _____
(Exclude pregnancy within 3 months of death)Major findings:
Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place)

23. Signature Francis J. C. Dube MD (M. D. or other)Address Ctr. Ossipee, Med. Ref. Date signed 7/11/48

PHYSICIAN

Underline the cause to which death should be charged statistically.

OCT 19 1948

Carroll County

terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, require physicians to insert a recital to that effect.

100m-(g)-1-45-1-55-40

PLACE OF DEATH		The Commonwealth of Massachusetts OFFICE OF THE SECRETARY DIVISION OF VITAL STATISTICS		To be filed for burial permit with Board of Health or its Agent.	
1	Suffolk Winthrop No. 65 Wilshire St	STANDARD CERTIFICATE OF DEATH		Registered No. 195	
No. 65 Wilshire St				ST. (If death occurred in a hospital or institution, give its NAME instead of street and number)	
2 FULL NAME Nicholas Rozantes (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 Wilshire (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 2 yrs. mon. 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 Georgia Sakellariadis (Give maiden name of wife in full)		(or) WIFE of (Husband's name in full)			
6 Age of husband or wife if alive 46 years					
7 IF STILLBORN, enter that fact here.					
8 AGE 62 Years Months Days If less than 1 day Hours Minutes					
9 Usual Occupation: Retired					
10 Industry or Business: Restaurant Business					
11 Social Security No. 012-20-4294					
12 BIRTHPLACE (City) Phrestanna, Sparta (State or country) Greece					
13 NAME OF FATHER Costantinos Rozantes					
14 BIRTHPLACE OF FATHER (City) Phrestanna, Sparta (State or country) Greece					
15 MAIDEN NAME OF MOTHER Demetria Sakellariadis					
16 BIRTHPLACE OF MOTHER (City) Phrestanna, Sparta (State or country) Greece					
17 Informant Mrs. Georgia Rozantes Relation, if any (Address) 65 Wilshire 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: Walter A. Baker (Signature of Agent of Board of Health or other) Health Officer (Date of Issue of Permit) 10/4/48					
MEDICAL CERTIFICATE OF DEATH					
18 DATE OF DEATH Oct 2 1948 (Month) (Day) (Year)					
19 I HEREBY CERTIFY, That I attended deceased from Sept 28, 1948, to Oct 2, 1948. I last saw him alive on Oct 2, 1948, death is said to have occurred on the date stated above, at 6:30 P.M. Immediate cause of death Coronary thrombosis & Congestive heart 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? EKG					
20 Was disease or injury in any way related to occupation of deceased? NO. If so, specify (Signed) M. D. (Address) 447 Wilshire St Winthrop Date Oct 2 1948					
21 Winthrop Cem. Winthrop Place of Burial, Cremation or Removal (City or Town) DATE OF BURIAL Oct. 4 1948					
22 NAME OF FUNERAL DIRECTOR Christy J. Morris ADDRESS 77 Summer St. Lynn, Mass Received and Read OCT 5 1948 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 certificate shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or 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 diseases unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by 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 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.)

25M-(f)-11-42 10746

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. 869196

PLACE OF DEATH

Suffolk

(County)

Boston

(City or Town)

No. Mass. General Hospital

St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Phillip J McKenna

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence, No. 64 Somerset Ave.

(Usual place of abode)

Winthrop Mass.

(If nonresident, give city or town and State)

Length of stay: In hospital or institution..... years montha 2 days. In this community yrs. mos. 2 days.
(Before death) (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX M 4 COLOR OR RACE W 5 SINGLE (write the word) MARRIED Single WIDOWED or DIVORCED

5a If married, widowed, or divorced

HUSBAND of (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

6 Age of husband or wife if alive..... years

7 IF STILLBORN, enter that fact here.

8 AGE 17 Years..... Months..... Days | If less than 1 day Hours..... Minutes

9 Usual Occupation: Student

10 Industry or Business: High School

11 Social Security No. -----

12 BIRTHPLACE (City) Boston Mass.
(State or country)

13 NAME OF FATHER Arthur J McKenna

14 BIRTHPLACE OF FATHER (City) Everett Mass.
(State or country)

15 MAIDEN NAME OF MOTHER Mary A Buckley

16 BIRTHPLACE OF MOTHER (City) Winthrop Mass.
(State or country)

17 Informant Mother (Relation, if any)
(Address)

A TRUE COPY

ATTEST: (Registrar of city or town where death occurred)

DATE FILED Oct. 8 1948

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Oct. 4/48
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from Oct. 2 19 48 to Oct. 4 19 48
I last saw him alive on Oct. 4 19 48, death is said to have occurred on the date stated above, at 3:35AM

Immediate cause of death: Intracranial hemorrhage Duration 6 Hrs

Due to Ac. lymphatic leukemia 1 Week

Due to

Other conditions: (Include pregnancy within 3 months of death) Physician

Major findings: None Underline the cause to which death should be charged statistically.
Of operations Date of

Of autopsy: Clinical

What test confirmed diagnosis?

20 Was disease or injury in any way related to occupation of deceased?.....
If so, specify C L Clay M. D.
(Signed) Mass. General Hospt Date 10-11-19 48
(Address)

21 PLACE OF BURIAL, Holy Cross-Malden Mass.
CREMATION OR REMOVAL (Cemetery) (City or Town)

DATE OF BURIAL Oct. 7/48 19

22 NAME OF FUNERAL DIRECTOR F M Donahue
ADDRESS Charlestown Mass

Received and filed Oct. 16 1948 19

(Registrar of City or Town where deceased resided)

PHYSICIANS should state exact statement of OCCUPATION. Exact statement of OCCUPATION. See instructions and extracts from the laws on back of certificate. is very important.

100m-2-40-D-729-a

PLACE OF DEATH

Winthrop
(County)Suffolk
(City or Town)

No. Winthrop Community Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Baby Boy Smith
(If deceased is a married, widowed or divorced woman, give also maiden name.)(a) Residence No. 128 Walnut Ave., Revere, Mass.
(Usual place of abode)

(If nonresident, give city or town and state)

Length of stay: In hospital or institution Hospital 0 years 0 months 0 days. In this community 0 yrs. 0 mos. 0 days.
(Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE (write the word) MARRIED WIDOWED or DIVORCED Single

5a If married, widowed, or divorced
HUSBAND of (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

6 Age of husband or wife if alive years

7 IF STILLBORN, enter that fact here. Stillborn

8 AGE 0 Years 0 Months 0 Days If less than 1 day Hours Minutes

9 Occupation: none

10 Industry or Business: none

11 Social Security No. "

12 BIRTHPLACE (City) Winthrop
(State or country) Mass.

13 NAME OF FATHER Seymour Paul Smith

14 BIRTHPLACE OF FATHER (City) Portsmouth
(State or country) New Hampshire

15 MAIDEN NAME OF MOTHER Celia Blistein

16 BIRTHPLACE OF MOTHER (City) Chelsea
(State or country) Mass.17 Informant Mr. S.P. Smith (Father)
(Address) 128 Walnut 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)

(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. 197

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Oct 4 1948
(Month) (Day) (Year)19 I HEREBY CERTIFY, That I attended deceased from
, 19, to , 19.
I last saw him alive on , 19, death is said to
have occurred on the date stated above, at m.
Immediate cause of death: Congenital anomaliesDuration
IMPORTANTDue to Spina Bifida
Hydrocephalus
Due to HydrocephalusOther conditions
(Include pregnancy within 3 months of death)

IMPORTANT

Major findings:

Of operations

Date of

Of autopsy

What test confirmed diagnosis? (Microscopic findings)

PHYSICIAN

Underline
the cause to
which death
should be
charged statistically.

20 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) M. O. Selman M. D.
(Address) 205 Boston St. Date 10/4 194821 Winthrop Cemetery Winthrop
Place of Burial, Cremation or Removal (City or Town)

DATE OF BURIAL October 5, 1948

22 NAME OF FUNERAL DIRECTOR Alfred B. Marsh
ADDRESS 174 Winthrop St. Winthrop

Received and filed Oct 5 1948

(Registrar)

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., (Tercentenary Edition).*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . *Chap. 114, Sec. 46, G. L., (Tercentenary Edition).*

RULES OF PRACTICE

The 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 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

(City or town making return)

STANDARD
CERTIFICATE OF DEATH

Registrar's No. **198**

No. **20 Bowdoin Street**

St. { (If death occurred in a hospital or institution, give its NAME instead of street and number)

1 FULL NAME **Catherine Louise Conant**

(If deceased is a married, widowed or divorced woman, give also maiden name.)

{ PHYSICIAN-IMPORTANT
(Was deceased a U. S. War Veteran, if so specify WAR)

(a) Residence. No. **20 Bowdoin 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 **6 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 **Fred Conant** (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 **7** Months **12** 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) **Missouri**
(State or country)

13 NAME OF FATHER **Unable to obtain**

14 BIRTHPLACE OF FATHER (City) **Unable to obtain**
(State or country)

15 MAIDEN NAME OF MOTHER **Unable to obtain**

16 BIRTHPLACE OF MOTHER (City) **Unable to obtain**
(State or country)

17 Informant **Gladys Johnson** Relation if any **Daughter**
(Address) **20 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:

(Signature of Agent of Board of Health or other) **Walter H. Baker**
(Official Designation) **Health Officer** (Date of Issue of Permit) **10/8/48**

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH **Oct. 7 1948**
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from **4/25/47**, 19 to **10/7/48**, 19

I last saw **her** alive on **9/28/48**, 19, death is said to have occurred on the date stated above, at **2-30 AM.**

Immediate cause of death

Coronary Arterio-sclerosis with
Convulsive seizure

Duration
IMPORTANT

Due **General Arterio-sclerosis**

4/22/47

1937

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? **Clinical**

20 Was disease or injury in any way related to occupation of deceased? **No**

If so, specify (Signed) **H. W. Serockoff** M. D.
(Address) **32 Mon. St. Chelsea** Date **10/7 1948**

21 **Woodlawn** **Everett**
Place of Burial, Cremation or Removal (City or Town)

DATE OF BURIAL **Oct. 9 1948**

22 NAME OF FUNERAL DIRECTOR **Edward J. Reynolds**
ADDRESS **Winthrop Mass.**

Received and filed **OCT 8 1948** 19

A TRUE COPY ATTEST: (Registrar)

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, 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 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

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 case the deceased resided in another city or town at the time of death should be made forthwith and transmitted on Form R-803 to the clerk of the city or town in which the deceased resided. (See Chap. 46, Sec. 12, G. L.)

25M-(P)-11-42 10746

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. 885199

PLACE OF DEATH

Suffolk

(County)

Boston

(City or Town)

No.

Mass. General Hospital

St. { (If death occurred in a hospital or institution, give its NAME instead of street and number)

Charles T Foote

2 FULL NAME

(If deceased is a married, widowed or divorced woman, give also maiden name.)

39 Johnson Ave.

(a) Residence, No.

(Usual place of abode)

St.

Winthrop Mass.

(If nonresident, give city or town and State)

Length of stay: In hospital or institution

(Before death)

(Specify whether)

years

months 11 days.

In this community

yrs.

mos. 11 days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

M

4 COLOR OR RACE

W

5 SINGLE (write the word)

MARRIED
WIDOWED
or DIVORCED

Widowed

5a If married, widowed, or divorced

Eleanor M Hall

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

6 Age of husband or wife If alive

years

7 IF STILLBORN, enter that fact here.

8

AGE 73 Years 10 Months 19 Days | If less than 1 day

Hours Minutes

Usual

Occupation:

Manager

Industry

10 or Business:

Retail Mdse.

11 Social Security No.

Cannot be learned

12 BIRTHPLACE (City)

Hampstead N.H.

(State or country)

13 NAME OF
FATHER

Alfred Foote

14 BIRTHPLACE OF
FATHER (City)

New Hampshire

(State or country)

15 MAIDEN NAME
OF MOTHER

Frances Randall

16 BIRTHPLACE OF
MOTHER (City)

New Hampshire

(State or country)

17 Informant
(Address)

C R Foote

Relation of any

(Son)

A TRUE COPY.

ATTEST:

(Registrar of city or town where death occurred)

DATE FILED

Oct/14 19 48

MEDICAL CERTIFICATE OF DEATH

18 DATE OF
DEATH

(Month)

(Day)

(Year)

Oct. 9/48

19 I HEREBY CERTIFY, That attended deceased from

Sept./30

19 48

to

Oct. 9

19 48

I last saw him alive on Oct. 9 19 48

death is said to

have occurred on the date stated above, at 9 PM m.

Duration

Immediate cause of death

Cholecystitis and cholangitis
acute

1 Week

Due to

Due to

Other conditions Broncho pneumonia
(Include pregnancy within 3 months of death)
pulm edema, biliary cirrhosis

Physician

Major findings:

Carcinoma in region
of ampulla of Vater

Date of 10-4-48

Of autopsy 10-10-48

What test confirmed diagnosis?

20 Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) E H Wilson Jr.

(Address) Mass. General Hospt Date 10-10 19 48

21 PLACE OF BURIAL, Old Hampstead Cem-Hampstead

CREMATION OR REMOVAL (City or Town) N.H.

DATE OF BURIAL Oct/12/48 19

22 NAME OF

FUNERAL DIRECTOR

R C Kirby

ADDRESS

Boston Mass.

Received and filed OCT 22 1948 19

(Registrar of City or Town where deceased resided)

DEATH in plain terms, so 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.

200

PLACE OF DEATH

No.

160 Somerset Ave

St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Ellen Jenkins (Cuseck)

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No.

(Usual place of abode)

160 Somerset Ave

St.

(If nonresident, give city or town and State)

Length of stay: In hospital or institution
(Before death)

(Specify whether)

years

months

days.

In this community 50 yrs.

mos.

days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE (write the word)

MARRIED
WIDOWED
OR DIVORCED

18 DATE OF
DEATH

October

9

(Day)

1948

(Year)

5a If married, widowed or divorced
HUSBAND of:

(Give maiden name of wife in full)

(or) WIFE of

George J. Jenkins

(Husband's name in full)

6 Age of husband or wife if alive

years

7 IF STILLBORN, enter that fact here.

8

AGE 68

Years

Months

Days

If less than 1 day

Hours

Minutes

9 Usual
Occupation:

Real Estate Broker

10 Industry
or Business:

11 Social Security No.

12 BIRTHPLACE (City)
(State or Country)

St John N.B.

13 NAME OF
FATHER

Michael Cuseck

14 BIRTHPLACE OF
FATHER (City)
(State or Country)

St John N.B.

15 MAIDEN NAME
OF MOTHER

Mary O'Brien

16 BIRTHPLACE OF
MOTHER (City)
(State or Country)

St John N.B.

PARENTS

17

Informant
(Address)

Philip Jenkins (son)
160 Somerset Ave

(Relation, if any)

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)

Health Officer

(Date of Issue of Permit)

10/11/48

MEDICAL CERTIFICATE OF DEATH

19 I HEREBY CERTIFY, That I attended deceased from

June 25, 1948, to October 9, 1948

I last saw her alive on October 9, 1948, death is said to

have occurred on the date stated above, at 5:30 A. M.

Immediate cause of death

Hypertensive Heart Disease
with acute Left Ventricular Failure

Due to Hypertension

Coronary Thrombosis

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Date of

Of autopsy None

What test confirmed diagnosis?

20 Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Dorothy Cheney Appleton

M. D.

(Address) 1770 Highland Ave. Weymouth, Mass. 1948

21 Place of Burial, Cremation or Removal

DATE OF BURIAL

Oct 12

1948

22 NAME OF
FUNERAL DIRECTOR

Maurice W. Kirby

ADDRESS

210 Wintthrop St. Wintthrop

Received and Filed

OCT 13 1948

(Registrar)

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required

by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or 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

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

(City or town making return)

COPY OF
CERTIFICATE OF DEATH

Registered No. 886201

PLACE OF DEATH

Suffolk

(County)

Boston

(City or Town)

No. Long Island Hospital

St. (If death occurred in a hospital or institution,
give its NAME instead of street and number)

James J Murphy

2 FULL NAME

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence, No.

20 Hale Ave.

(Usual place of abode)

St.

Winthrop Mass.

(If nonresident, give city or town and State)

Length of stay: In hospital or institution

(Before death)

(Specify whether)

years

months 10

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 Widower
WIDOWED
or DIVORCED

5a If married, widowed, or divorced

HUSBAND of

Grace Powers

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

6 Age of husband or wife if alive

years

7 IF STILLBORN, enter that fact here.

8

AGE

61

Years

2

Months

18

Days

If less than 1 day

Hours

Minutes

Usual

9 Occupation:

Watchman

Industry

10 or Business:

L.I.H. Boston Mass

11 Social Security No.

12 BIRTHPLACE (City)
(State or country)

Boston Mass.

PARENTS

13 NAME OF
FATHER

John B Murphy

14 BIRTHPLACE OF
FATHER (City)
(State or country)

Boston Mass.

15 MAIDEN NAME
OF MOTHER

Mary F Burns

16 BIRTHPLACE OF
MOTHER (City)
(State or country)

Boston Mass.

17

Informant
(Address)

L.I.H. Records

(Station, if any)

A TRUE COPY.

ATTEST:

(Registrar of city or town where death occurred)

DATE FILED

Oct. 14/48

19

MEDICAL CERTIFICATE OF DEATH

18 DATE OF
DEATH

(Month)

Oct. 10/48

(Day)

(Year)

19 I HEREBY CERTIFY, That I attended deceased from

Oct. 1

19

47

to

Oct. 10

19

48

I last saw him alive on

Oct. 10

19

48

death is said to

have occurred on the date stated above, at

8:45P

m.

Duration

Immediate cause of death

Chronic myocarditis with failure

Due to Arterio sclerotic heart disease Yrs.

Due to Chronic bronchitis Mos.

Due to Pulmonary emphysema Yrs.

Other conditions Post operative abdominal hernia Years

(Include pregnancy within 3 months of death) Physician

Major findings: Gall bladder operation

Of operations

Date of ? 1941

Of autopsy

What test confirmed diagnosis? Clinical

20 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) James V Sacchetti M. D. 48

(Address) L.I.H. Boston Date 10-10-19

21 PLACE OF BURIAL, Holy Cross-Malden Mass.

CREMATION OR REMOVAL (Cemetery) (City or Town)

DATE OF BURIAL Oct. 13/48 19

22 NAME OF FUNERAL DIRECTOR E P Caggiano

ADDRESS Winthrop Mass.

Received and filed Oct. 22 1948 19

(Registrar of City or Town where deceased resided)

Copies of returns of deaths recorded during the previous month which occurred in your city or town in case the deceased resided in another city or town at the time of death should be made forthwith and transmitted on Form R-302 to the clerk of the city or town in which the deceased resided. (See Chap. 46, Sec. 12, G. L.)

PLACE OF DEATH

Suffolk
(County)Winthrop
(City or Town)

626 Pleasant Street

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.

202

St. { (If death occurred in a hospital or institution,
give its NAME instead of street and number)2 FULL NAME **Earle Noyes Balkin**
(If deceased is a married, widowed or divorced woman, give also maiden name.)(a) Residence. No. **626 Pleasant St.**
(Usual place of abode)

St. (If nonresident, give city or town and State)

Length of stay: In hospital or institution
(Before death) (Specify whether)years months days. In this community **38** yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX **Female** 4 COLOR OR RACE **White** 5 SINGLE (write the word)
MARRIED
or **DIVORCED** **Married**5a If married, widowed or divorced
HUSBAND of... (Give maiden name of wife in full)
(or) WIFE of **Herbert George Balkin**
(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 **1** Months **2** Days If less than 1 day
Hours Minutes9 Occupation: **At Home**10 Industry or Business: **House wife**11 Social Security No. **None**12 BIRTHPLACE (City)
(State or Country) **Orient Heights
E. Boston, Mass.**13 NAME OF FATHER **John Graham**14 BIRTHPLACE OF FATHER (City)
(State or Country) **Belfast
Ireland**15 MAIDEN NAME OF MOTHER **Ellen Blakeley**16 BIRTHPLACE OF MOTHER (City)
(State or Country) **Belfast
Ireland**17 Informant **Herbert G. Balkin (Husband)**
(Address) **626 Pleasant St. Winthrop, Mass.**I HEREBY CERTIFY that a satisfactory standard certificate of death was filed
with me BEFORE the burial or transit permit was issued.**Walter G. Baker**
(Signature of Agent of Board of Health or other)
Health Officer (Official Designation) **10/14/48** (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH **October 11 1948**
(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 **11 P.** m.

Immediate cause of death

**Natural causes
Presumably coronary occlusion 2 hours
Due to
Generalized arterio-sclerosis years**

Other conditions (Include pregnancy within 3 months of death)

Major findings: **Had Smithwick operation
Of operations at Mass. Mem. Hop.**
Date of **1946**Of autopsy **none**What test confirmed diagnosis? **clinical**20 Was disease or injury in any way related to occupation of deceased? **no**
If so, specify(Signed) **Arthur C. Murray** M. D.
Member of Board of Health **Oct. 12 1948**21 Place of Burial, Cremation or Removal. **Winthrop Cemetery Winthrop**
(City or Town)DATE OF BURIAL **October 14, 1948**22 NAME OF FUNERAL DIRECTOR **Alfred B. Marsh**ADDRESS **174 Winthrop St. Winthrop**

Received and Filed

OCT 20 1948

(Registrar)

information shown on this certificate is for official use only. It is not to be used for any other purpose. Exact statement of OCCUPATION is very important. DEATH in plain terms, so that it may be properly classified. 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

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 STATISTICSCOPY OF
CERTIFICATE OF DEATH

Boston

(City or town making return)

8865-2503

Registered No.

PLACE OF DEATH

Suffolk

(County)

Boston

(City or Town)

No. Mass. General Hospt

SL { (If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME Gertrude M Hill

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence, No.

(Usual place of abode)

St.

Winthrop Mass.

(If nonresident, give city or town and State)

Length of stay: In hospital or institution.....
(Before death) (Specify whether)

years

months 19 days.

In this community yrs.

mos.

19 days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

F

4 COLOR OR RACE

W

5 SINGLE (write the word)

MARRIED

WIDOWED

or DIVORCED

Widowed

5a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

George N Hill

(Husband's name in full)

6 Age of husband or wife if alive..... years

7 IF STILLBORN, enter that fact here.

8 87 Years 2 Months 13 Days | If less than 1 day
AGE..... Hours..... Minutes

Usual

9 Occupation:

Housewife

Industry

10 or Business:

Own Home

11 Social Security No.

None

12 BIRTHPLACE (City)

---Maine

(State or country)

PARENTS

13 NAME OF
FATHER

Unable to obtain

14 BIRTHPLACE OF
FATHER (City)

Unable to obtain

(State or country)

15 MAIDEN NAME
OF MOTHER

Unable to obtain

16 BIRTHPLACE OF
MOTHER (City)

Unable to obtain

(State or country)

17

Informant.....
(Address)

E M Mitchell

Relationship..... Daughter

A TRUE COPY

ATTEST:

(Registrar of city or town where death occurred)

DATE FILED

Oct 14/48

19

MEDICAL CERTIFICATE OF DEATH

18 DATE OF
DEATH

Oct. 11/48

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY, That I attended deceased from
Sept. 25, 1948, to Oct. 11, 1948I last saw her alive on Oct. 11, 1948, death is said to
have occurred on the date stated above, at 9:30AM m.

Duration

Immediate cause of death

Cerebral thrombosis

5 days

Due to.....

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings:

None

Of operations.....

Date of.....

Of autopsy.....

autopsy

What test confirmed diagnosis?

20 Was disease or injury in any way related to occupation of deceased?

If so, specify.....

(Signed) C I Clay

(Address) Mass. General Hospt Date 10-11-48 M. P.

21 PLACE OF BURIAL, Glenwood Cem-Everett Mass.

CREMATION OR REMOVAL

(Cemetery) Oct. 13/48

(City or Town)

DATE OF BURIAL

19

22 NAME OF

FUNERAL DIRECTOR

H S Reynolds

ADDRESS

Winthrop Mass.

Received and filed

19

OCT 22 1948
(Registrar of City or Town where deceased resided)

Copies of returns of deaths recorded during the previous month which occurred in your city or town in case the deceased resided in another city or town, at the time of death should be made forthwith and transmitted on Form R-305 to the clerk of the city or town in which the death occurred. (See Chap. 46, Sec. 12, G. L.)

OFFICE OF THE SECRETARY
COPY OF
MEDICAL EXAMINER'S
CERTIFICATE OF DEATH

(City or town making return)

Registered No. 9581

1 PLACE OF DEATH
Suffolk
(County)
Boston
(City or Town)
No. 475 Mass. Ave.



St. { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME George Betts
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(a) Residence. No. 259 Bowdoin 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 15 yrs. moa. 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 Anna Pommet
HUSBAND of (Give maiden name of wife in full)
(or) WIFE of (Husband's name in full)

6 Age of husband or wife if alive 59 years

7 IF STILLBORN, enter that fact here.

8 AGE 60 Years Months Days | If less than 1 day Hours Minutes

Usual Occupation: Laundry Business

Industry Laundry
10 or Business:

11 Social Security No. -----

12 BIRTHPLACE (City) Walpole Mass.
(State or country)

13 NAME OF FATHER George L Betts

14 BIRTHPLACE OF FATHER (City) Boston Mass.
(State or country)

15 MAIDEN NAME OF MOTHER Mary Crowley

16 BIRTHPLACE OF MOTHER (City) Ireland
(State or country)

17 Informant Wife (Relation, if any)
(Address)

A TRUE COPY.

ATTEST: (Registrar of city or town where death occurred)

DATE FILED Oct. 18 19 48

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Oct. 14/48
(Month) (Day) (Year)

19 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows: (If an injury was involved, state fully.)
Coronary sclerosis
treated therefor with positive E.K.G

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 after climbing 3 flights of stairs

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

(Signed) (Address) Date 10-15 19 48

22 Winthrop Cem-Winthrop Mass.
Place of Burial, Cremation or Removal (City or Town)

DATE OF BURIAL Oct. 18/48 19

23 NAME OF FUNERAL DIRECTOR M W Kirby

ADDRESS Winthrop Mass.

Received and filed OCT 22 1948

(Registrar of City or Town where deceased resided)

Suffolk

(County)

Winthrop

(City or Town)

No. Winthrop Community Hospital

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

Registered No.

205

St. (If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME Helen M. Walters

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence, No. 6 Bellvista Road

(Usual place of abode)

St. Brighton, Mass.

(If nonresident, give city or town and State)

Length of stay: In hospital or institution Hospital

(Before death)

(Specify whether)

years

months

6 days.

In this community 58 yrs. 1 mo. 22 days.

PHYSICIAN-IMPORTANT

(Was deceased a
U. S. War Veteran,
if so specify WAR) None

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE (write the word)

MARRIED

WIDOWED

or DIVORCED

Female White

Single

5a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

6 Age of husband or wife if alive

years

7 IF STILLBORN, enter that fact here.

8 AGE 58 Years 1 Months 22 Days

If less than 1 day

Hours Minutes

Usual

9 Occupation: Clerk

Industry

10 or Business: Newspaper Co.

11 Social Security No. 012-01-7637

12 BIRTHPLACE (City) Boston,

(State or country)

Mass.

13 NAME OF

FATHER

James M. Walters

14 BIRTHPLACE OF

FATHER (City)

Charlestown,

(State or country)

Mass.

15 MAIDEN NAME

OF MOTHER

Catherine McLaughlin

16 BIRTHPLACE OF

MOTHER (City)

(State or country)

Ireland

17 Informant Catherine Walters

(Address)

6 Bellvista Rd. Brighton, 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

October

15,

1948.

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY, That I attended deceased from
Oct 8, 1948, to Oct 15, 1948

I last saw him alive on Oct 15, 1948, death is said to
have occurred on the date stated above, at 1.30 A. m.

Immediate cause of death.

Arteriosclerotic heart

disease

IMPORTANT

1946

Due to

Arteriosclerosis

Due to

Other conditions

(Include pregnancy within 3 months of death)

IMPORTANT

Major findings:

Of operations

Date of

Of autopsy

What test confirmed diagnosis? Electrocardiogram

Physician

Underline
the cause to
which death
should be
charged sta-
tionally.

20 Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed)

(Address)

M. D.

Date 10-15-1948

21 New Calvary Boston, Mass.

Place of Burial, Cremation or Removal.

(City or Town)

DATE OF BURIAL

October

18,

1948.

22 NAME OF
FUNERAL DIRECTOR

Edward J. Gaffney & Sons

ADDRESS Medford, Massachusetts.

Received and Read

OCT 20 1948

19

(Registrar)

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required

by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION



The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

Boston

(City or town making return)

COPY OF
CERTIFICATE OF DEATH

Registered No. 898 206

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)

Morris Ross

2 FULL NAME

(If deceased is a married, widowed or divorced woman, give also maiden name.)

241 Shirley

Winthrop Mass.

(If U. S.
War Veteran,
specify WAR)

(a) Residence, No.

(Usual place of abode)

St.

(If nonresident, give city or town and State)

Length of stay: In hospital or Institution.....
(Before death) (Specify whether)

years

months 4 days.

In this community 8 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 Married

5a If married, widowed, or divorced HUSBAND of Ida Krasnecovitz

(Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

6 Age of husband or wife if alive 54 years

7 IF STILLBORN, enter that fact here.

8 AGE 70 Years Months Days If less than 1 day
Hours Minutes

9 Usual Occupation: Grocer Self

10 Industry or Business: Retail Goods

11 Social Security No. None

12 BIRTHPLACE (City) Russia
(State or country)

13 NAME OF FATHER ---- Ross

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 I E Ross
(Address)

Relationship (Wife)

A TRUE COPY

ATTEST

(Registrar of city or town where death occurred)

DATE FILED

Oct. 19

1948

18 DATE OF DEATH

Oct. 16/48

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY, That I attended deceased from Oct. 12, 1948 to Oct. 16, 1948

I last saw him alive on Oct. 16, 1948, death is said to have occurred on the date stated above, at 12:01A m.

Duration

Immediate cause of death

Bleeding duodenal ulcer

40 Yrs

Due to Pneumonia

Term.

Due to Pericarditis

Term.

Other conditions (Include pregnancy within 3 months of death)

Physician

Major findings: None
Of operations

Date of

Underline the cause to which death should be charged statistically.

Of autopsy None Clinical

What test confirmed diagnosis?

20 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) G W Thorn

(Address) P. Bent Brigham Hospital Date 10-16-48

21 PLACE OF BURIAL, Koyner Umgegend West Rox.

CREMATION OR REMOVAL

(Cemetery)

(City or Town)

DATE OF BURIAL

Oct. 17/48

19

22 NAME OF FUNERAL DIRECTOR
ADDRESS

H J Torf

Chelsea Mass.

Received and filed

19

(Registrar of City or Town where deceased resided)

should be carefully supplied: MEDICAL EXAMINERS should state CAUSE AND MANNER OF DEATH in plain terms, so that it may be properly classified under the International Classification of Causes of Death. See reverse side for extracts from the laws relative to the return of certificates of death.

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect

50m-(f)-6-43-12056

PLACE OF DEATH
 1 Suffolk (County)
Winthrop (City or Town)
 No. 25 Prospect St. Ave St. { (If death occurred in a hospital or institution, give its NAME instead of street and number)

FULL NAME William Cole (Correct name)
 (If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence, No. 25 Prospect St. Winthrop St. { (If nonresident, give city or town and State)
 (Usual place of abode)

Length of stay: In hospital or institution _____ years _____ months _____ days. In this community 5 yrs. _____ mos. _____ days.
 (Before death) (Specify whether)

The Commonwealth of Massachusetts
 OFFICE OF THE SECRETARY
 DIVISION OF VITAL STATISTICS
 MEDICAL EXAMINER'S
 CERTIFICATE OF DEATH

To be filed for burial permit
 with Board of Health
 or its Agent.

Registered No. 207

PHYSICIAN-IMPORTANT

(Was deceased a
 U. S. War Veteran,
 If so specify WAR) No

PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH	
3 SEX <u>Male</u>	4 COLOR OR RACE <u>White</u>	5 SINGLE (write the word) <u>MARRIED</u> WIDOWED or DIVORCED <u>Married</u>	18 DATE OF DEATH <u>October - 18 - 1948</u> (Month) (Day) (Year)	
5a If married, widowed, or divorced HUSBAND of <u>Irene Cohen</u> (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.) <u>acute Cardiac Failure!</u> <u>Rheumatic Heart Disease</u> <u>Coronary Sclerosis</u>	
6 Age of husband or wife if alive <u>32</u> years			20 Accident, suicide, or homicide (specify) _____	
7 IF STILLBORN, enter that fact here.			Date of occurrence _____ 19 _____	
8 AGE <u>36</u> Years _____ Months _____ Days If less than 1 day _____ Hours _____ Minutes			Where did Injury occur? _____ (City or town and State)	
9 Usual Occupation: <u>Copywriter</u>			Did Injury occur in or about home, on farm, in industrial place, or in public place? _____ (Specify type of place)	
10 Industry or Business: <u>Boston Globe</u>			Manner of Injury <u>Found dead in his bed</u>	
11 Social Security No. _____			Nature of Injury _____	
12 BIRTHPLACE (City) _____ (State or country) <u>New York, N.Y.</u>			While at work? _____ Was there an autopsy? <u>no</u>	
PARENTS	13 NAME OF FATHER <u>Rubin Cohen</u>		21 Was disease or injury in any way related to occupation of deceased? _____	
	14 BIRTHPLACE OF FATHER (City) <u>Rumania</u> (State or country) <u>Roumania</u>		If so, specify _____ (Signed) <u>Mr. J. Brickley</u> M. D. (Address) <u>Boston</u> <u>Post 18-1948</u>	
	15 MAIDEN NAME OF MOTHER <u>Bessie Abramovitz</u>		22 <u>Mt. Lebanon-Mohliver-West Roxbury</u> Place of Burial, Cremation or Removal. (City or Town)	
	16 BIRTHPLACE OF MOTHER (City) <u>Rumania</u> (State or country) <u>Roumania</u>		DATE OF BURIAL <u>October 20, 1948</u>	
17 Informant <u>Irene Cole</u> (Address) <u>25 Prospect Ave., Winthrop</u> (Relation, if any) <u>Wife</u>			23 NAME OF FUNERAL DIRECTOR <u>Benjamin Birnbach</u> ADDRESS <u>10 Washington St., Dorchester</u>	
I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued: <u>Walter H. Baker</u> (Signature of Agent of Board of Health or other) <u>Health Officer</u> (Official Designation) <u>10/19/48</u> (Date of Issue of Permit)				
			Received and filed _____ 19 _____ <u>OCT 20 1948</u> (Registrar)	

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death... Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which

it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed 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 anaesthetic." "Fracture of the skull with associated internal injury sustained under circumstances unknown."

If disease or injury was related to occupation, specify. If investigation shows the death to have been due to disease, specify: (1) Under cause its known or presumable nature; and (2) under manner, indicate the circumstances leading to medico-legal inquiry. For example: "Hemorrhage spontaneous of the brain (basal ganglia) (found dead in bed)." "Heart disease, presumably coronary sclerosis. (Sudden death)."

DESCRIPTION (for unknown person).....
.....
.....
.....
.....
.....

NOTICE TO UNDERTAKERS: No embalming fluid, or any substitute therefor, shall be injected into the body of any person supposed to have met his death by violence, until a permit, signed by the Medical Examiner, has first been obtained.—General Laws, Chap. 38, Sec. 14.

THIS CERTIFICATE CONSTITUTES SUCH PERMIT

See instructions and extracts from the laws on back of certificate.
If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

100M-7-46-19068

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

Registered No.

208

Suffolk
(County)
Dorchester
(City or Town)



No. 100 Summit Avenue

St. { (If death occurred in a hospital or institution give its NAME instead of street and number)

2 FULL NAME

Daniel M. Gougle
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No.

(Usual place of abode)

100 Summit Avenue St.

(If nonresident, give city or town and State)

Length of stay: In hospital or institution
(Before death)

(Specify whether)

years

months

days

In this community 30 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)

(Husband's name in full)

6 Age of husband or wife if alive

years

7 IF STILLBORN, enter that fact here.

8

AGE 81 Years

Months

Days

If less than 1 day
Hours

Minutes

9 Occupation:

Usual
Industry

10 or Business:

11 Social Security No.

12 BIRTHPLACE (City)
(State or Country)

PARENTS

13 NAME OF
FATHER14 BIRTHPLACE OF
FATHER (City)

(State or Country)

15 MAIDEN NAME
OF MOTHER16 BIRTHPLACE OF
MOTHER (City)

(State or Country)

17 Informant
(Address)

(Relation, if any)

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed
with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF
DEATH

(Month)

(Day)

(Year)

19

I HEREBY CERTIFY, That I attended deceased from

March 1, 1948, to Oct 18, 1948

I last saw him alive on Oct 18, 1948, death is said to

have occurred on the date stated above, at 5:55 P. M.

Immediate cause of death

Coronary Occlusion

Due to

Arterio sclerotic Heart Dis

Due to

Hypertrophied St. kidney

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)

(Address)

Date

M. D.

21

Place of Burial, Cremation or Removal.

(City or Town)

DATE OF BURIAL

1948

22 NAME OF
FUNERAL DIRECTOR

ADDRESS

Received and Filed

19

OCT 25 1948

(Registrar)

Duration

IMPORTANT

1 day

3 yrs.

8 mo

3 mo.

IMPORTANT

Physician

Underline
the cause to
which death
should be
charged sta-
tistically.

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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(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by 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-10-47-22153

Suffolk
(County)
Winthrop
(City or Town)
No. *26 Enfield 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. **209**

1 PLACE OF DEATH
2 FULL NAME *June W. Burke*
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(a) Residence. No. *26 Enfield Rd.* St. *Winthrop*
(Usual place of abode) (If nonresident, give city or town and State)
Length of stay: In hospital or institution *no* years months days. In this community *no* yrs. mos. days.
(Before death) (Specify whether)

PHYSICIAN-IMPORTANT

(Was deceased a
U. S. War Veteran, *no*
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 *78* Years *—* Months *—* Days If less than 1 day
Usual Hours *—* Minutes
9 Occupation: *Retired Clerk*
Industry
10 or Business: *School Comm. City of Boston*
11 Social Security No. *none*
12 BIRTHPLACE (City)
(State or Country) *Brooklyn N.Y.*
PARENTS
13 NAME OF FATHER *William F. Burke*
14 BIRTHPLACE OF FATHER (City)
(State or Country) *St. John New Brunswick*
15 MAIDEN NAME OF MOTHER *Margaret F. Ryan*
16 BIRTHPLACE OF MOTHER (City)
(State or Country) *Cork Ireland*
17 Informant *Alice E. Burke* (Relation, if any)
(Address) *26 Enfield Rd. Wm.*

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) *10/27/48* (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH *October 26, 1948*
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from *Oct 15, 1948* to *October 25, 1948*

I last saw her alive on *Oct 25, 1948* death is said to

have occurred on the date stated above, at *5:30 A.M.*

Immediate cause of death *5:03*

Carcinoma of Rectum

Due to *—*

Due to *—*

Other conditions *—*

(Include pregnancy within 3 months of death)

Major findings: *none*

Of operations *—*

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 *no*

(Signed) *A. J. O'Brien M.D.* M. D.

(Address) *Winthrop* Date *Oct 26, 1948*

21 *St. Pauls* *Arlington*

Place of Burial, Cremation or Removal (City or Town)

DATE OF BURIAL *October 28, 1948*

22 NAME OF FUNERAL DIRECTOR *John G. Kelly*

ADDRESS *286 Meridian St., W.B.*

Received and Filed *—* 19 *—*

OCT 28 1948

(Registrar)

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

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A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required

by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same. . . .—General Laws, Chap. 38, Sec. 6.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners will investigate and certify to all deaths 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 _____

Copies of returns of deaths recorded during the previous month which occurred in your city or town in case the deceased resided in another city or town at the time of death should be made forthwith and transmitted on Form R-302 to the clerk of the city or town in which the deceased resided. (See Chap. 46, Sec. 12, G. L.)

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

Somerville

(City or town making return)



COPY OF
CERTIFICATE OF DEATH

Registered No. 768210

PLACE OF DEATH

Middlesex
(County)

Somerville
(City or Town)

No. Somerville Hospital
Crocker St.,

St. (If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME John J. Ferrins
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S.
War Veteran,
specify WAR)

(a) Residence, No. 11 Neptune Ave., Winthrop, Mass.
(Usual place of abode)

(If nonresident, give city or town and State)

Length of stay: In hospital or institution Hospital years 1 months 11 days. In this community 1 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 DIVORCED

5a If married, widowed, or divorced Bridget Mulleague
HUSBAND of (Give maiden name of wife in full)
(or) WIFE 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 Occupation: Laborer

Industry or Business: Retired

11 Social Security No. ---

12 BIRTHPLACE (City) Ireland.
(State or country)

13 NAME OF FATHER James Ferrins

14 BIRTHPLACE OF FATHER (City) Ireland.
(State or country)

15 MAIDEN NAME OF MOTHER Catherine Grady

16 BIRTHPLACE OF MOTHER (City) Ireland.
(State or country)

17 Informant James Ferrins (Son, if any)
(Address) 20 Seymour St., Winthrop, Mass.

A TRUE COPY.

ATTEST: (Registrar of city or town where death occurred)

DATE FILED 10/27/1948.

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Oct. 26, 1948.
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from Sept. 17, 1948, to Oct. 26, 1948.
I last saw him alive on Oct. 26, 1948, death is said to have occurred on the date stated above, at 3.50 P. m.

Immediate cause of death Cerebral Accident

Due to Arteriosclerosis ?
Arteriosclerotic Heart Disease ?
Due to Diabetes e ease
Gangrene left great toe 10-15-48

Other conditions (Include pregnancy within 3 months of death)

Major findings: Gangrene right foot
Of operations Date of 10/15/48

Of autopsy

What test confirmed diagnosis?

20 Was disease or injury in any way related to occupation of deceased?

If so, specify (Signed) Richard A. Maguire M. D.
(Address) 432 Medford St. Som. Date: 10/26/48.

21 PLACE OF BURIAL, St. Patrick's Cem.,
CREMATION OR REMOVAL Watertown, Mass. (Cemetery)
DATE OF BURIAL Oct. 29, 1948. (City or Town)

22 NAME OF FUNERAL DIRECTOR John F. O'Maley
ADDRESS Winthrop, Mass.

Received and filed NOV 5 1948 19

(Registrar of City or Town where deceased resided)

OFFICE OF THE SECRETARY
COPY OF
MEDICAL EXAMINER'S
CERTIFICATE OF DEATH

Braintree

(City or town making return)

Registered No.

211

PLACE OF DEATH

Norfolk

(County)

Braintree

(City or Town)

No.

44 Marshall

St. { (If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME

(Male Infant) Rosenthal

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S.
War Veteran,
specify WAR)

(a) Residence, No.

49 Pearl Avenue

(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.

7 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 - Years 8 Months - 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)

Boston

(State or country)

Mass.

13 NAME OF

FATHER

Edward Rosenthal

14 BIRTHPLACE OF

FATHER (City)

Lawrence

(State or country)

Mass.

15 MAIDEN NAME

OF MOTHER

Rose Pransky

16 BIRTHPLACE OF

MOTHER (City)

Boston

(State or country)

Mass.

17 Informant

Edward Rosenthal (father)

Relation if any

(Address)

49 Pearl Ave. Winthrop, Mass.

A TRUE COPY.

ATTEST

C. Woodsum

(Registrar of city or town where death occurred)

DATE FILED

October 27,

1948

MEDICAL CERTIFICATE OF DEATH

18 DATE OF
DEATH

October

26,

1948

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY that I have investigated the death
of the person above-named and that the CAUSE AND MANNER thereof
are as follows: (If an injury was involved, state fully.)Heart Disease - Congenital type -
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

(Signed)

Robert R. Ryan

M. D.

(Address)

Weymouth

Date 10/26/48

22

Beth Israel Cem.

Everett

Place of Burial, Cremation or Removal.

(City or Town)

DATE OF BURIAL

October

28,

1948

23 NAME OF

FUNERAL DIRECTOR

H. J. Torf

ADDRESS

151 Washington Ave. Chelsea

Received and filed

19

OCT 28 1948

(Registrar of City or Town where deceased resided)

19

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required

by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

resided in another city or town at the time of death should be made forthwith and transmitted on Form R-302 to the clerk of the city or town in which the deceased resided. (See Chap. 49, Sec. 12, G. L.)

50m. (b) -6-44-14607

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

COPY OF
CERTIFICATE OF DEATH

Chelsea

(City or town making return)

Registered No. 516 213

PLACE OF DEATH

Suffolk

(County)

Chelsea

(City or Town)

No. Chelsea Memorial Hospital

St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Natala Arena

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S. War Veteran, specify WAR) no

(a) Residence. No. 538 Shirley St.

(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

days

In this community 34 yrs.

mos.

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE (write the word)

Female

white

MARRIED
WIDOWED
or DIVORCED

Widowed

5a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

Frank Arena

(Husband's name in full)

6 Age of husband or wife if alive years

7 IF STILLBORN, enter that fact here.

8 AGE 46 Years Months Days If less than 1 day Hours Minutes

9 Usual Occupation: Tailor shop

10 Industry or Business: Plymouth Mfg. Co.

11 Social Security No. 015-14-2179

12 BIRTHPLACE (City) Italy
(State or country)

PARENTS

13 NAME OF FATHER

Canteloro Ingegneri

14 BIRTHPLACE OF FATHER (City)

(State or country)

Italy

15 MAIDEN NAME OF MOTHER

Rosa Donate

16 BIRTHPLACE OF MOTHER (City)

(State or country)

Italy

17 Informant Jackie Arena (Relation, if any)

(Address) 538 Shirley St., Winthrop

A TRUE COPY.

ATTEST:

(Registrar of city or town where death occurred)

DATE FILED Sept. 9 1948 19

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH

Sept. 7, 1948

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY. That I attended deceased from Sept. 3, 1948, to Sept. 7, 1948

I last saw her alive on Sept. 7, 1948, death is said to have occurred on the date stated above, at 7:00 P.M.

Immediate cause of death

Septicemia following repair of vesico vaginal fistula

Duration

4 days

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Date of

Of autopsy

What test confirmed diagnosis? Clinical

20 Was disease or injury in any way related to occupation of deceased?

If so, specify

H.L. Masters

(Signed)

(Address) 62 Revere St., Rev. Date 9/9/1948 M. D.

21 PLACE OF BURIAL, CREMATION OR REMOVAL St. Michael Boston

(Cemetery)

(City or Town)

DATE OF BURIAL

Sept. 10

1948

22 NAME OF FUNERAL DIRECTOR Vincent Rapino

ADDRESS 9 Chelsea St., East Boston

Received and filed

NOV 24 1948

19

(Registrar of City or Town where deceased resided)

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

Medford

(City or town making return)

Middlesex

(County)

Medford

(City or Town)

No. 558 Riverside Ave.

St. { (If death occurred in a hospital or institution,
give its NAME instead of street and number)

Registered No. 211

COPY OF
CERTIFICATE OF DEATH

2 FULL NAME Samuel Bunting Murray

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence, No. 217 Lincoln

(Usual place of abode)

St. Winthrop

(If nonresident, give city or town and State)

Length of stay: In hospital or institution. Nursing home - months 1 years - months 7 days.
(Before death) (Specify whether)

In this community 7 yrs. mos. days.

(If U. S.
War Veteran,
specify WAR)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX male 4 COLOR OR RACE white 5 SINGLE (write the word)
MARRIED widowed
WIDOWED
or DIVORCED5a If married, widowed or divorced
HUSBAND of Augusta Manwaring
(Give maiden name of wife in full)
(or) WIFE of
(Husband's name in full)

6 Age of husband or wife If alive years

7 IF STILLBORN, enter that fact here.

8 AGE 85 Years 9 Months 15 Days | If less than 1 day
Hours MinutesUsual
9 Occupation: Hat cutterIndustry
10 or Business: Retired11 Social Security No. none
12 BIRTHPLACE (City) Norwalk
(State or country) Conn

13 NAME OF FATHER Unable to obtain

14 BIRTHPLACE OF FATHER (City) Unable to obtain
(State or country)15 MAIDEN NAME Unable to obtain
OF MOTHER16 BIRTHPLACE OF MOTHER (City) Unable to obtain
(State or country)17 Informant George Everbeck (nephew)
(Address) 211 Lincoln St. Winthrop

A TRUE COPY.

ATTEST: (Registrar of city or town where death occurred)

DATE FILED Oct 13, 1948 19

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH October 9 1948
(Month) (Day) (Year)19 I HEREBY CERTIFY, That I attended deceased from
Oct 1946 to Oct 9 1948.
I last saw him alive on Oct 9 1948, death is said to
have occurred on the date stated above, at 2:50 P.m.

Immediate cause of death

Bronchopneumonia 3dys
Due to Acute respiratory infection 5dys

Due to

Other conditions Generalized arterio-sclerosis
(Include pregnancy within 3 months of death)
PhysicianMajor findings: Underline
Of operations 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) Paul P. Weinsaft M. D.
258 Shore Drive
(Address) Winthrop Date 10/19/4821 PLACE OF BURIAL Mt. Olivet, Brooklyn,
CREMATION OR REMOVAL (Cemetery) N.Y. (City or Town)

DATE OF BURIAL Oct 13, 1948 19

22 NAME OF FUNERAL DIRECTOR Howard S. Reynolds
ADDRESS Winthrop, Mass.

Received and filed NOV 12 1948 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-303 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

Danvers

(City or town making return)

Essex

(County)

Danvers

(City or Town)

COPY OF
CERTIFICATE OF DEATH

Registered No.

215

No. Danvers State Hospital, Hathorne, Mass. St.

(If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME Henry A. Marks

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence, No. 125 Cliff Ave., Winthrop, Mass. 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 9 days

In this community

yrs.

mos.

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Male

4 COLOR OR RACE

White

5 SINGLE (write the word)

MARRIED

WIDOWED

or DIVORCED

widowed

5a If married, widowed, or divorced

HUSBAND of

1. Lena Wagner

(Give maiden name of wife in full)

(or) WIFE of

2. Joyce Steadman

(Husband's name in full)

6 Age of husband or wife If alive

years

7 IF STILLBORN, enter that fact here.

8

AGE

85

Years

11

Months

24

Days

If less than 1 day

Hours

Minutes

Usual

Occupation:

Boot maker (retired)

Industry

10 or Business:

11 Social Security No.

None

12 BIRTHPLACE (City)

(State or country)

New York

13 NAME OF
FATHER

John Marks

14 BIRTHPLACE OF
FATHER (City)

(State or country)

Germany

15 MAIDEN NAME
OF MOTHER

Margaret Hawkes

16 BIRTHPLACE OF
MOTHER (City)

(State or country)

Germany

17

Informant

(Address)

Mary K. McPhillips

(Relation, if any)

Hathorne, Mass.

A TRUE COPY.

ATTEST:

(Registrar of city or town where death occurred)

DATE FILED

October 26 1948

MEDICAL CERTIFICATE OF DEATH

18 DATE OF
DEATH

October

17

1948

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY, That I attended deceased from
Oct. 8 1948 to Oct. 17 1948I last saw him alive on Oct. 17 1948, death is said to
have occurred on the date stated above, at 6:00 p.m.

Duration

Immediate cause of death

Arteriosclerotic heart disease 1 yr--

Due to Generalized Arteriosclerosis

5 yrs--

Due to

Other conditions

(Include pregnancy within 3 months of death)

Physician

Major findings:

Of operations

Date of

Of autopsy

What test confirmed diagnosis?

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) Hathorne, Mass. Date 10/23 48

21 PLACE OF BURIAL Forrester Dale Cem. Malden

CREMATION OR REMOVAL

(Cemetery)

(City or Town)

DATE OF BURIAL

Oct. 20

1948

22 NAME OF

FUNERAL DIRECTOR

ADDRESS

Collin Dennis

Malden, Mass.

Received and filed

NOV 10 1948

19

(Registrar of City or Town where deceased resided)

Copies of returns of deaths recorded during the previous month when 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.)

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

Danvers

(City or town making return)

COPY OF
CERTIFICATE OF DEATH

Registered No. 216

Essex

(County)

Danvers

(City or Town)

No. Danvers State Hospital, Hathorne, Mass. { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Johanna O'Shea (Wall)

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. Winthrop, Mass. 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 9 months 17 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

Daniel O'Shea

(Husband's name in full)

6 Age of husband or wife if alive

years

7 IF STILLBORN, enter that fact here.

8 78

Years

3

Months

25

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) Carthage

(State or country)

New York

13 NAME OF
FATHER

William Wall

14 BIRTHPLACE OF
FATHER (City)

(State or country)

Ireland

15 MAIDEN NAME
OF MOTHER

Marie Ryan

16 BIRTHPLACE OF
MOTHER (City)

(State or country)

Ireland

17 Informant

(Address)

Mary K. McPhillips

Relation, if any

Hathorne, Mass.

A TRUE COPY.

ATTEST:

(Registrar of city or town where death occurred)

DATE FILED

Oct. 26

19

48

MEDICAL CERTIFICATE OF DEATH

18 DATE OF
DEATH

October 21

1948

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY, That I attended deceased from
Jan. 4, 1948, to Oct. 21, 1948.I last saw her alive on Oct. 21, 1948 death is said to
have occurred on the date stated above, at 6:35 p.m.

Duration

Immediate cause of death

Acute Coronary Thrombosis

1 day

Due to General Arteriosclerosis

1 yr.

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Date of

Of autopsy

Clinical

What test confirmed diagnosis?

20 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Pasquale Buoniconto

M. D.

(Address) Hathorne, Mass. Date 10/26/48

21 PLACE OF BURIAL Winthrop Cem., Winthrop

CREMATION OR REMOVAL

(Cemetery)

(City or Town)

DATE OF BURIAL

October 25

19

48

22 NAME OF

FUNERAL DIRECTOR

John F. O'Maley

ADDRESS

Winthrop, Mass.

Received and filed

NOV 10 1948

19

(Registrar of City or Town where deceased resided)

Returns of deaths recorded during the previous month which occurred in your city or town in case the deceased resided in another city or town at the time of death should be forwarded and transmitted on Form R-302 to the clerk of the city or town in which the deceased resided. (See Chap. 46, Sec. 12, G. L.)

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

BROOKLINE

(City or town making return)

COPY OF
CERTIFICATE OF DEATH

Registered No. 765217

PLACE OF DEATH

NORFOLK
(County)BROOKLINE
(City or Town)

No. Allerton Hospital

St. { (If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME Louise A. Rowe

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence, No. 110 Loring Road
(Usual place of abode)Winthrop, Massachusetts
(If nonresident, give city or town and State)Length of stay: In hospital or Institution... Hospital
(Before death) (Specify whether)

years months 9 days.

In this community 34 yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE (write the word)
MARRIED WIDOWED or DIVORCED Widowed5a If married, widowed, or divorced
HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of Charles Rowe
(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 3 Months 10 Days | If less than 1 day
Hours Minutes

9 Usual Occupation: Housewife

10 Industry or Business: Own home

11 Social Security No. none

12 BIRTHPLACE (City) Newcastle
(State or country) Maine

13 NAME OF FATHER Addison G. Austin

14 BIRTHPLACE OF FATHER (City) Maine
(State or country)

15 MAIDEN NAME OF MOTHER Mary Tague

16 BIRTHPLACE OF MOTHER (City) Newcastle
(State or country) Maine

17 Informant Richard Rowe (Address) 110 Loring Rd., Winthrop, Mass. (Relation, if any) son

A TRUE COPY.

ATTEST: (Registrar of city or town where death occurred)

DATE FILED November 2 1948

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH October 29 1948
(Month) (Day) (Year)19 I HEREBY CERTIFY, That I attended deceased from
October 21, 1948, to October 29, 1948.
I last saw her alive on October 29, 1948, death is said to
have occurred on the date stated above, at 6 p.m.

Immediate cause of death

Due to Bronchopneumonia 2 days

Due to Cerebral Thrombosis 10 days
Generalized Arterio Sclerosis years

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Date of

Of autopsy

What test confirmed diagnosis? Clinical

20 Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) Henry Baker M. D.
(Address) 483 Beacon St. Boston Date 10-29-4821 PLACE OF BURIAL, Winthrop Winthrop, Mass.
CREMATION OR REMOVAL (Cemetery) (City or town)

DATE OF BURIAL November 1 1948

22 NAME OF FUNERAL DIRECTOR Howard S. Reynolds
ADDRESS Winthrop, Massachusetts

Received and filed NOV 13 1948 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-303 to the clerk of the city or town in which the deceased resided. (See Chap. 46, Sec. 12, G. L.)

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, C. L., Chap. 48, Sec. 10, requires physicians to insert a recital to that effect.

100m-(r)-3-46-18278

PLACE OF DEATH

Suffolk
(County)
Winthrop
(City or Town)

Boston
128/48



The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

(City or town making return)

STANDARD

CERTIFICATE OF DEATH

Registrar's Number *213*

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 (Boy) Bognanno*
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN-IMPORTANT
(Was deceased a U. S. War Veteran, if so specify WAR)

(a) Residence. No. *U.S. 73 Huntington St. E. Boston*
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or institution *20* years months days. In this community years months 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. *Stillborn*

8 AGE Years Months Days If less than 1 day Hours Minutes

Usual Occupation: _____

Industry or Business: _____

11 Social Security No. _____

12 BIRTHPLACE (City) *Winthrop* (State or country) *Mass*

13 NAME OF FATHER *Joseph Bognanno*

14 BIRTHPLACE OF FATHER (City) *East Boston* (State or country) *Mass*

15 MAIDEN NAME OF MOTHER *Theresa Wians*

16 BIRTHPLACE OF MOTHER (City) *East Boston* (State or country) *Mass*

17 Informant *Joseph Bognanno* Relation if any *Father*
(Address) *687 Huntington 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:

Walter L. Baker
(Signature of Agent of Board of Health or other Health Officer) (Date of Issue of Permit) *11/2/48*
(Official Designation)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH *Nov. 1 - 1948*
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.

I last saw him alive on _____, 19____, death is said to

have occurred on the date stated above, at _____ M.

Immediate cause of death _____

Stillborn

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 *Charles Meloni*

(Signed) *Co. J. Haverhill* M.D.

(Address) _____ Date *11/1/48*

21 *Woodlawn* Place of Burial, Cremation or Removal. (City or Town)

DATE OF BURIAL *Nov 3* 19 *48*

22 NAME OF FUNERAL DIRECTOR *Suzanne L. Fournier*

ADDRESS *39 Orleans St. E. Boston*

Received and filed _____

NOV 4 1948

(Registrar)

A TRUE COPY ATTEST:

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten

of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or 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 septicæmia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e.g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE.....

DATE OF DISCHARGE.....

RANK, RATING.....

ORGANIZATION AND OUTFIT.....

SERVICE NUMBER.....

PLACE OF DEATH
1Suffolk
(County)Winthrop
(City or Town)

No. Winthrop Community Hospital

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.

219

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 Boy Sousa.
(If deceased is a married, widowed or divorced woman, give also maiden name.)(a) Residence, No. 337 Maverick St., E. 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 Single18 DATE OF DEATH Nov. 1 1948
(Month) (Day) (Year)5a It married, widowed or divorced
HUSBAND or (Give maiden name of wife in full)
(or) WIFE of (Husband's name in full)19 I HEREBY CERTIFY, That I attended deceased from
Nov. 1, 1948, to Nov. 1, 1948
I last saw him alive on Nov. 1, 1948 death is said to
have occurred on the date stated above, at 8:31 a. m.
Immediate cause of death Stillborn
Perapsed Cord

6 Age of husband or wife if alive years

7 IF STILLBORN, enter that fact here. Still-born ✓

8 AGE Years Months Days If less than 1 day Hours Minutes

9 Usual Occupation:

10 Industry or Business:

11 Social Security No.

12 BIRTHPLACE (City) Winthrop
(State or Country) Mass.13 NAME OF FATHER Gasto Sousa14 BIRTHPLACE OF FATHER (City) Portugal
(State or Country)15 MAIDEN NAME OF MOTHER Maria Palmarino16 BIRTHPLACE OF MOTHER (City) Boston
(State or Country)17 Informant Gasto Sousa (Father if any)
(Address) 337 Maverick St. East BostonI HEREBY CERTIFY that a satisfactory standard certificate of death was filed
with me BEFORE the burial or transit permit was issued:
Walter J. Baker, Jr.
(Signature of Agent of Board of Health or other)
Health Officer (Official Designation) 11/3/48 (Date of Issue of Permit)Due to
Due toOther conditions
(Include pregnancy within 3 months of death)Major findings:
Of operationsDate of
Of autopsy clinical
What test confirmed diagnosis?20 Was disease or injury in any way related to occupation of deceased?
If so, specify Stillborn
(Signed) Walter J. Baker, Jr. M. D.
(Address) 238 Maverick St. E. Boston Date 11/1/4821 Holy Cross Cemetery Malden
Place of Burial, Cremation or Removal. (City or Town)
DATE OF BURIAL Nov. 3 - 48 1922 NAME OF FUNERAL DIRECTOR Vincent J. Marino
ADDRESS 9 Chelsea St. East BostonReceived and Filed 19
NOV 4 1948
(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

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-10-47-22153

Suffolk

(County)

Winthrop

(City or Town)

No. 30 Waldemar Ave.

PLACE OF DEATH

1



The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD

CERTIFICATE OF DEATH

TO BE FILED FOR BURIAL PERMIT
WITH BOARD OF HEALTH
OR ITS AGENT

Registered No. 220

St. { (If death occurred in a hospital or institution,
give its NAME instead of street and number) }

2 FULL NAME William P. Boudreau

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 30 Waldemar Ave.
(Usual place of abode)

St. (If nonresident, give city or town and State)

Length of stay: In hospital or institution years months days. In this community 3 yrs. mos. days.
(Before death) (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE (write the word)
MARRIED
WIDOWED
or DIVORCED

Male

White

Married

5a If married, widowed or divorced
HUSBAND of Mary Finnegan

(Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

6 Age of husband or wife if alive. 68 years

7 IF STILLBORN, enter that fact here.

8 AGE 72 Years Months Days | If less than 1 day
Hours Minutes

9 Usual Occupation: Fireman Retired

10 Industry or Business: Boston Fire Dept

11 Social Security No.

12 BIRTHPLACE (City) Gloucester
(State or Country) Mass13 NAME OF
FATHER

Lamong Boudreau

14 BIRTHPLACE OF
FATHER (City)
(State or Country)

Arichat

N. S.

15 MAIDEN NAME
OF MOTHER

Delena Landry

16 BIRTHPLACE OF
MOTHER (City)
(State or Country)

Arichat

N. S.

17 Informant Mary Boudreau (Relation, if any)
(Address) 30 Waldemar 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)

Walter S. Baker 11/6/48

MEDICAL CERTIFICATE OF DEATH

18 DATE OF
DEATH

Nov.

5

1948

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY, That I attended deceased from
September 6, 1948, to Nov. 5, 1948

I last saw him alive on Nov. 5, 1948, death is said to

have occurred on the date stated above, at 2 P. m.

Duration

Immediate cause of death

Bronchopneumonia

IMPORTANT

Due to Cerebral Thrombosis - rt.

3 mos

Due to General arteriosclerosis

yrs.

Other conditions.
(Include pregnancy within 3 months of death)Major findings:
Of operationsIMPORTANT
Physician

Date of

Of autopsy

What test confirmed diagnosis? new

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) D. Anna Stoffer M. D.
(Address) 21 Broad St. F.B. Date Nov. 5, 194821 Oak Hill Gloucester Mass
Place of Burial, Cremation or Removal. (City or Town)
DATE OF BURIAL Nov. 8 194822 NAME OF
FUNERAL DIRECTOR John F. O'Malley

ADDRESS Winthrop

Received and Filed NOV 10 1948

(Registrar)

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required

by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or 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. (g.) 1-45-15510

extracts from the laws on back of certificate.

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.



The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

To be filed for burial permit
with Board of Health
or its Agent.

STANDARD
CERTIFICATE OF DEATH

Registered No. 221

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 Doris Ada (Gatter) Burns

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 198 Somerset Ave.
(Usual place of abode)

St. (If nonresident, give city or town and State)

Length of stay: In hospital or institution Hosp. years 2 months days. In this community 35 yrs. mos. days.
(Before death) (Specify whether)

PHYSICIAN - IMPORTANT

(Was deceased a
U. S. War Veteran,
if so specify WAR)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX Female 4 COLOR OR RACE White 5 SINGLE (write the word)
MARRIED
WIDOWED
or DIVORCED Married

5a If married, widowed, or divorced
HUSBAND of

(or) WIFE of Ralph K Burns
(Give maiden name of wife in full)
(Husband's name in full)

6 Age of husband or wife if alive 53 years

7 IF STILLBORN, enter that fact here.

8 AGE 54 Years 0 Months 16 Days | If less than 1 day
Hours Minutes

9 Usual Occupation: Housewife

10 Industry or Business: Own home

11 Social Security No. 021-09-8325

12 BIRTHPLACE (City) Somerville
(State or country) Mass.

PARENTS

13 NAME OF FATHER William J Gatter

14 BIRTHPLACE OF FATHER (City) London
(State or country) England

15 MAIDEN NAME OF MOTHER Florence E Diffin

16 BIRTHPLACE OF MOTHER (City) Calais
(State or country) Maine

17 Informant Ralph K Burns (Relationship, if any)
(Address) 198 Somerset Ave. Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation) Health Officer (Date of Issue of Permit) 11/8/48

18 DATE OF DEATH Nov. 6, 1948
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from
Sept 5, 1948 to Nov 5, 1948
I last saw h. p. alive on Nov 5, 1948, death is said to
have occurred on the date stated above, at 10:45 P. M.

Immediate cause of death

Mesenteric Thrombosis

Duration

IMPORTANT

8 weeks

Due to

Due to

Other conditions None
(Include pregnancy within 8 months of death)

IMPORTANT

Major findings: Esanguinated Bowels

Of operations Esanguinated Date of Sept 7, 1948

Of autopsy None

What test confirmed diagnosis? Operation

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? Yes
If so, specify None

(Signed) David J. O'Brien M. D.
(Address) 170 State St. Winthrop Date Nov 6, 1948

21 Winthrop Winthrop Nov 6
Place of Burial, Cremation or Removal. (City or Town)

DATE OF BURIAL Nov. 9 1948

22 NAME OF FUNERAL DIRECTOR Edward S. Fennell
ADDRESS 1111 Main St.

Received and filed NOV 10 1948 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 _____

DEATH in plain terms, so 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-10-47-22153



The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD

CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

Registered No. **222**

Suffolk
(County)
Winthrop
(City or Town)
No. **29 Cora Street**

2 FULL NAME **May Ella Thompson**

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. **29 Cora Street**
(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)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX **F** 4 COLOR OR RACE **White** 5 SINGLE (write the word) **MARRIED**
or WIDOWED or DIVORCED

5a If married, widowed or divorced

HUSBAND of
(Give maiden name of wife in full)

(or) WIFE of **John Thompson**
(Husband's name in full)

6 Age of husband or wife if alive. **75** years

7 IF STILLBORN, enter that fact here.

8 AGE **72** Years **5** Months **21** Days If less than 1 day
Hours Minutes

9 Usual Occupation: **At Home**

Industry
10 or Business:

11 Social Security No. **none**

12 BIRTHPLACE (City)
(State or Country) **Ireland**

13 NAME OF FATHER **John Dyer**

14 BIRTHPLACE OF FATHER (City)
(State or Country) **Ireland**

15 MAIDEN NAME OF MOTHER **Unable to obtain**

16 BIRTHPLACE OF MOTHER (City)
(State or Country) **Ireland**

17 Informant **Mrs. Arthur M. Maskell, daughter**
(Address) **29 Cora Street**

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) **11/8/48** (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH **November 6, 1948**
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from **Nov 6, 1948** to **Nov 6, 1948**

I last saw him alive on **Nov 4, 1948** death is said to have occurred on the date stated above, at **8 A** m.

Duration
Immediate cause of death. **Coronary stop** **IMPORTANT**

intentional

Due to

Due to

Other conditions. (Include pregnancy within 3 months of death) **IMPORTANT**

Major findings: Of operations

Date of

Of autopsy

What test confirmed diagnosis?

20 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) **C. Thompson** M. D.

(Address) **C. Thompson** Date **11/6** 19 **48**

Winthrop Cemetery Winthrop

Place of Burial, Cremation or Removal. (City or Town)

DATE OF BURIAL **November 8, 1948** 19 **48**

22 NAME OF FUNERAL DIRECTOR **Alfred B. Marsh**

ADDRESS **174 Winthrop Street**

Received and Filed. **NOV 10 1948** 19 **48**

(Registrar)

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen 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 Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by 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 extracts from the laws on back of certificate.

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

100m. (g.)-1-45-15510



The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD
CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

Registered No.

223

PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)

No. 62 Pleasant Street

St. (If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME Fanny Dearborn Warnock

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence, No. 62 Pleasant Street

(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
WIDOWED
or DIVORCED Widow

5a If married, widowed, or divorced

HUSBAND of

Wm. James Warnock (Give maiden name of wife in full)

(or) WIFE of

Wm. James Warnock (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 8

Months 25

Days

If less than 1 day

Hours

Minutes

Usual

9 Occupation:

At Home

Industry

10 or Business:

11 Social Security No.

12 BIRTHPLACE (City)

(State or country)

Jamaica Plain, Mass.

13 NAME OF

FATHER Samuel Dearborn

14 BIRTHPLACE OF

FATHER (City)

(State or country)

Maine

15 MAIDEN NAME

OF MOTHER

Elizabeth Ann Thomas

16 BIRTHPLACE OF

MOTHER (City)

(State or country)

Devonshire, England

17 Informant

(Address)

Miss Mary B. Warnock (Daughter)

62 Pleasant St., Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

Health Officer

11/10/48

(Official Designation)

(Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF

DEATH

November

8

1948

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY.

That I attended deceased from

May 25, 1947, to Nov. 8, 1948

I last saw him alive on Oct 30, 1948, death is said to

have occurred on the date stated above, at 855 P. m.

Duration

Immediate cause of death

Acute coronary occlusion

IMPORTANT

Due to

1. Arteriosclerotic heart disease

2 yrs.

Due to

2. Hypertension

2 yrs.

Due to

3. Atherosclerotic

2 yrs.

Other conditions

(Include pregnancy within 3 months of death)

IMPORTANT

Major findings:

Of operations

X

Date of

Of autopsy

X

What test confirmed diagnosis?

X

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)

(Address)

Myron H. King

561 Shirley St. Winthrop

Date

Nov. 9

1948

M. D.

21 Mount Auburn

Cambridge

Place of Burial, Cremation or Removal.

(City or Town)

DATE OF BURIAL

Nov.

12,

1948

22 NAME OF

FUNERAL DIRECTOR

ADDRESS

Eastman Funeral Service, Inc.

896 Beacon Street, Boston, Mass.

Received and filed

NOV 12 1948

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 _____

DEATH in plain terms, so 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. 224

Suffolk
(County)
Winthrop
(City or Town)

No. 40 Belcher St. St. { (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Margaret T. McCarthy Halligan
(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. 40 Belcher St. St. (If nonresident, give city or town and State)

Length of stay: In hospital or institution (Before death) years months days. In this community 37 yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX Female 4 COLOR OR RACE White 5 SINGLE (write the word) MARRIED WIDOWED or DIVORCED Widowed

18 DATE OF DEATH Nov 10 1948
(Month) (Day) (Year)

5a If married, widowed or divorced
HUSBAND of (Give maiden name of wife in full)
(or) WIFE of John E. Halligan
(Husband's name in full)

19 I HEREBY CERTIFY, That I attended deceased from July 1, 1948, to Nov 10, 1948
I last saw him alive on Nov 7, 1948, death is said to have occurred on the date stated above, at 7 A. m.

6 Age of husband or wife if alive. years

Immediate cause of death. Carcinoma Ovaries
C. Ovaries

7 IF STILLBORN, enter that fact here.

8 AGE 69 Years Months Days If less than 1 day Hours Minutes

Due to

Usual Occupation: Housewife

Due to

Industry or Business: Own Home

11 Social Security No.

12 BIRTHPLACE (City) East Boston
(State or Country) Mass

Other conditions (Include pregnancy within 3 months of death)

IMPORTANT

13 NAME OF FATHER William McCarthy

Major findings: Of operations

Physician

14 BIRTHPLACE OF FATHER (City) Ireland
(State or Country)

Date of

Underline the cause to which death should be charged statistically.

15 MAIDEN NAME OF MOTHER Margaret Nocturn

What test confirmed diagnosis?

16 BIRTHPLACE OF MOTHER (City) Ireland
(State or Country)

20 Was disease or injury in any way related to occupation of deceased?....

If so, specify (Signed) (Address) Date 11.10.1948 M. D.

17 Informant John Halligan (Relation, if any) Son
(Address) 40 Belcher St

21 Winthrop Winthrop
Place of Burial, Cremation or Removal (City or Town)
DATE OF BURIAL Nov 12 1948 19

22 NAME OF FUNERAL DIRECTOR John J. O'Malley
ADDRESS Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent or Board of Health or other) Walter H. Baker
(Official Designation) Health Officer (Date of Issue of Permit) 11.10.48

Received and Filed NOV 12 1948 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, fix it in the certificate as a record of the war, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent appointed or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if such, as required by law, or in the case of a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required

by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or 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, asthonia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative busyness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by 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.

104 Highland Ave.

2 FULL NAME

Rose Porter Fisher

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence, No.

104 Highland Ave

(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 30 yrs.

mos.

days.

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

(City or town making return)

STANDARD
CERTIFICATE OF DEATH

Registrar's No.

225

{ (If death occurred in a hospital or institution,
give its NAME instead of street and number){ PHYSICIAN-IMPORTANT
(Was deceased a
U. S. War Veteran,
if so specify WAR)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

1 SEX Female	4 COLOR OR RACE White	5 SINGLE (write the word) MARRIED WIDOWED or DIVORCED Widowed
5a If married, widowed, or divorced HUSBAND of _____ (Give maiden name of wife in full)		
(or) WIFE of William W. Fisher (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 6 Months 26 Days If less than 1 day Hours _____ Minutes _____		
9 Occupation: Retired		
10 Industry or Business: Manager Birmingham		
11 Social Security No. _____		
12 BIRTHPLACE (City) (State or country) Bridgeport, Ohio		
13 NAME OF FATHER William Porter		
14 BIRTHPLACE OF FATHER (City) (State or country) Pennsylvania		
15 MAIDEN NAME OF MOTHER Catherine Davis		
16 BIRTHPLACE OF MOTHER (City) (State or country) Wales, England		
17 Informant Maudie Moore (Relation, if any) (Address) 104 Highland Ave		

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)

11/15/48
(Date of Issue of Permit)

18 DATE OF DEATH November 13, 1948 (Month) (Day) (Year)	19 I HEREBY CERTIFY, That I attended deceased from May 21, 1947, to November 13, 1948 I last saw her alive on November 10, 1948, death is said to have occurred on the date stated above, at 9:00 A.M. Immediate cause of death Cerebral Hemorrhage with right hemiplegia Due to arteriosclerosis & hypertensive heart disease Other conditions None (Include pregnancy within 3 months of death) Major findings: None Of operations None Date of _____ Of autopsy None What test confirmed diagnosis? Clinical & laboratory	Duration IMPORTANT 2 months 2 years 2 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?— If so, specify Maurice Traustein Jr., M.D. (Signed) 562 Shirley St. Wm. B. 13, 1948 (Address)	21 Place of Burial, Cremation or Removal Winthrop Cemetery, Winthrop (City or Town) DATE OF BURIAL Nov 15, 1948	
22 NAME OF FUNERAL DIRECTOR ADDRESS 180 W. Winthrop St. Winthrop	Received and filed NOV 17 1948	

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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A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen 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

Information should be carefully supplied. In case of death in a hospital, the attending physician should state on the back of the certificate the 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-10-47-22153

Suffolk

(County)

Winthrop

(City or Town)

PLACE OF DEATH

1

No. Winthrop Community Hospital

St. { (If death occurred in a hospital or institution, give its NAME instead of street and number) }

2 FULL NAME Alice Mary Cochran

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 64 Cottage Park 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 6 days.

In this community

55

yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE (write the word)

female

white

MARRIED
WIDOWED
or DIVORCED single

5a If married, widowed or divorced
HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

6 Age of husband or wife if alive years

7 IF STILLBORN, enter that fact here.

8

AGE 67 Years 7 Months 16 Days

If less than 1 day

Hours Minutes

Usual

9 Occupation housekeeping

Industry

10 or Business own home

11 Social Security No. 012-18-6605

12 BIRTHPLACE (City)

St. John's

(State or Country)

New Brunswick

13 NAME OF
FATHER

John Cochran

14 BIRTHPLACE OF
FATHER (City)

St. John's

(State or Country)

New Brunswick

15 MAIDEN NAME
OF MOTHER

Margaret Minahan

16 BIRTHPLACE OF
MOTHER (City)

Chatham

(State or Country)

England

17

Informant

Miss. Margaret Cochran (Relation, if any)

(Address)

64 Cottage Park Road, Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Walter S. Baker

(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. 226

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 VAW)

No.

(If nonresident, give city or town and State)

In this community

55

yrs. mos. days.

MEDICAL CERTIFICATE OF DEATH

18 DATE OF

DEATH

November

17

1948

(Month)

(Day)

(Year)

19

I HEREBY CERTIFY,

That I attended deceased from

Nov. 11, 1948, to Nov. 17, 1948

I last saw him alive on Nov. 16, 1948, death is said to

have occurred on the date stated above, at 7:15 Am.

Immediate cause of death 9:15

Due to Central pneumonia

Due to hypertension

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Date of

Of autopsy

What test confirmed diagnosis?

20 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) C. Minahan

(Address) 64 Cottage Park Road

Date 11/17/1948

21 Winthrop Cemetery, Winthrop

Place of Burial, Cremation or Removal

DATE OF BURIAL Nov. 19, 1948

(City or Town)

22 NAME OF

FUNERAL DIRECTOR Alfred B. Marsh

ADDRESS 174 Winthrop St. Winthrop

Received and Filed NOV 20 1948

(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 _____

DATE OF ENTERING MILITARY SERVICE _____

DATE OF DISCHARGE _____

RANK, RATING _____

ORGANIZATION AND OUTFIT _____

SERVICE NUMBER _____

terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

Registered No. 222

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. Winthrop Community Hospital
444 Lincoln Street

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 Jean S. Nelson (Smith)
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence, No. 20 Seymour Street
(Usual place of abode)

SL (If nonresident, give city or town and State)

Length of stay: In hospital or institution 22 years months 30 days. In this community yrs. mos. days.
(Before death) (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE (write the word)
MARRIED Widowed
WIDOWED
or DIVORCED

5a If married, widowed, or divorced
HUSBAND of (Give maiden name of wife in full)
(or) WIFE of Joseph A. Nelson
(Husband's name in full)

6 Age of husband or wife if alive years

7 IF STILLBORN, enter that fact here.

8 AGE 68 Years 0 Months 20 Days | If less than 1 day
Hours Minutes

9 Usual Occupation: Housewife

10 Industry or Business:
11 Social Security No. 021-05-1088

12 BIRTHPLACE (City) Scotland
(State or country)

13 NAME OF FATHER Unable to obtain

14 BIRTHPLACE OF FATHER (City) Scotland
(State or country)

15 MAIDEN NAME OF MOTHER Unable to obtain

16 BIRTHPLACE OF MOTHER (City) Scotland
(State or country)

17 Informant Florence Tewksbury (Daughter)
(Address) 20 Seymour Street

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 11/20/48
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH November 18 1948
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from
May 25, 1948, to November 18, 1948
I last saw her alive on November 15, 1948. Death is said to
have occurred on the date stated above, at 4:00 p.m.

Immediate cause of death: Carcinoma right heart Duration

Due to Generalized metastatic carcinoma of the breast

Due to Cerebral Hemorrhage with Right Hemiplegia
Other conditions: none
(Include pregnancy within 8 months of death)

Major findings: Carcinoma of heart
Of operations

Date of Feb 1948 Underline the cause to which death should be charged statistically.

Of autopsy none
What test confirmed diagnosis: clinical & pathological

20 Was disease or injury in any way related to occupation of deceased? No
If so, specify: Jacob's Ankylosis M.D.
(Signed) Date 11/19/48

(Address) 62 Winthrop St. Date 11/19/48
21 Winthrop Cemetery Winthrop
Place of Burial, Cremation or Removal. (City or Town)

DATE OF BURIAL November 20, 1948

22 NAME OF FUNERAL DIRECTOR: Howard S. Reynolds
ADDRESS: 180 Winthrop Street

Received and filed: NOV 20 1948
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

See instructions in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

100M-7-46-19068

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 <i>Suffolk</i> (County) <i>Winthrop</i> (City or Town)				Registered No. <i>228</i>	
No. <i>20 Wilshire ST</i>				St. { (If death occurred in a hospital or institution, give its NAME instead of street and number) }	
2 FULL NAME <i>Isabella Miranda (Nicola)</i> (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. <i>20 Wilshire ST</i> (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. <i>11</i> mos. days.	
PERSONAL AND STATISTICAL PARTICULARS					
3 SEX <i>female</i>	4 COLOR OR RACE <i>white</i>	5 SINGLE (write the word) MARRIED WIDOWED or DIVORCED <i>widowed</i>		18 DATE OF DEATH <i>Nov 27 1948</i> (Month) (Day) (Year)	
5a If married, widowed or divorced HUSBAND of <i>Bartolomeo Miranda</i> (Give maiden name of wife in full) (or) WIFE of <i>Bartolomeo Miranda</i> (Husband's name in full)				19 I HEREBY CERTIFY, That I attended deceased from <i>Nov 26</i> , 19 <i>48</i> , to <i>Nov 27</i> , 19 <i>48</i> I last saw him alive on <i>Nov 27</i> , 19 <i>48</i> , death is said to have occurred on the date stated above, at <i>5:30 p.m.</i> Immediate cause of death <i>Heart Pulmonary Edema</i> Due to <i>Cerebral Ischemia</i> <i>(right hemiplegia)</i> Due to <i>hypertension</i> <i>stroke</i> Other conditions (Include pregnancy within 3 months of death) Major findings: Of operations Date of Of autopsy What test confirmed diagnosis? <i>Cholesterol</i>	
6 Age of husband or wife if alive. years				Duration <i>IMPORTANT</i>	
7 IF STILLBORN, enter that fact here.				Date of death <i>Nov 27/48</i>	
8 AGE <i>74</i> Years Months Days		If less than 1 day Hours Minutes		Date of death <i>Nov 27/48</i>	
9 Usual Occupation: <i>retired</i>				Date of death <i>Nov 27/48</i>	
10 Industry or Business: <i>at home</i>				Date of death <i>Nov 27/48</i>	
11 Social Security No. <i>none</i>				Date of death <i>Nov 27/48</i>	
12 BIRTHPLACE (City) (State or Country) <i>Italy</i>				Date of death <i>Nov 27/48</i>	
13 NAME OF FATHER <i>Giovanni B. Nicola</i>				Date of death <i>Nov 27/48</i>	
14 BIRTHPLACE OF FATHER (City) (State or Country) <i>Italy</i>				Date of death <i>Nov 27/48</i>	
15 MAIDEN NAME OF MOTHER <i>Mrs. Kuber</i>				Date of death <i>Nov 27/48</i>	
16 BIRTHPLACE OF MOTHER (City) (State or Country) <i>Italy</i>				Date of death <i>Nov 27/48</i>	
17 Information (Address) <i>Winthrop 20 Wilshire ST</i>				Date of death <i>Nov 27/48</i>	
I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued: <i>Walter S. Baker</i> (Signature of Agent of Board of Health or other) <i>Health Officer</i> (Official Designation)		21 Place of Burial, Cremation or Removal. (City or Town) <i>Winthrop</i> DATE OF BURIAL <i>Nov 30/48</i>		22 NAME OF FUNERAL DIRECTOR <i>Salvatore Rocco</i> ADDRESS <i>319 Broadway</i> Received and Filed <i>DEC 3 1948</i> (Registrar)	

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required

by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or 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

Danvers

(City or town making return)

COPY OF
CERTIFICATE OF DEATH

Registered No.

229

PLACE OF DEATH

Essex

(County)

Danvers

(City or Town)

No. Danvers State Hospital, Hathorne, Mass.

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Caroline L. Gallagher (Warren)

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence, No. 104 Highland St., Winthrop, Mass.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of stay: In hospital or institution 4 years 6 months 0 days.

(Before death)

(Specify whether)

In this community yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE (write the word) MARRIED WIDOWED or DIVORCED Widowed

5a If married, widowed, or divorced

HUSBAND of (Give maiden name of wife in full)

(or) WIFE of Joseph Gallagher (Husband's name in full)

6 Age of husband or wife if alive years

7 IF STILLBORN, enter that fact here.

8 AGE 81 Years 9 Months 17 Days | If less than 1 day Hours Minutes

Usual Occupation: Unable to work

Industry or Business:

11 Social Security No. None

12 BIRTHPLACE (City) Charlestown (State or country) Mass.

13 NAME OF FATHER Charles Warren

14 BIRTHPLACE OF FATHER (City) Maine (State or country)

15 MAIDEN NAME OF MOTHER Mary Connolly

16 BIRTHPLACE OF MOTHER (City) Ireland (State or country)

17 Informant Mary K. McPhillips (Relation, if any) (Address) Hathorne, Mass.

A TRUE COPY.

ATTEST: (Registrar of city or town where death occurred)

DATE FILED Dec. 1 19 48

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH November 29 1948 (Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from Sep. 11, 1944, to Nov. 29, 1948

I last saw her alive on Nov. 29, 1948, death is said to have occurred on the date stated above, at 6:53 p.m.

Immediate cause of death

Bronchopneumonia 4 days

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Date of

Of autopsy Autopsy

What test confirmed diagnosis?

20 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Julius W. Fryer M. D. (Address) Hathorne, Mass. Date 11/30/48

21 PLACE OF BURIAL, St. Paul's Cem. Arlington (Cremation or removal) (Cemetery) (City or Town)

DATE OF BURIAL Dec. 2 19 48

22 NAME OF FUNERAL DIRECTOR F. E. Flaherty ADDRESS Somerville, Mass.

Received and filed DEC 8 1948 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.)

DEATH in plain terms, so 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-10-47-22153

PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)

No. 106 Grand View Ave

St. { (If death occurred in a hospital or institution, give its NAME instead of street and number) }

2 FULL NAME Sylvester J. O'Connor

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 106 Grand View 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)

In this community 6 yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Male

4 COLOR OR RACE

White

5 SINGLE (write the word)

MARRIED
WIDOWED
or DIVORCED

5a If married, widowed or divorced HUSBAND of Mary L. Doolan

(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 77 Years Months Days If less than 1 day Hours Minutes

9 Usual Occupation: Retired

10 Industry or Business: Printer

11 Social Security No. 015--05--9590

12 BIRTHPLACE (City) South Boston (State or Country) Mass

PARENTS

13 NAME OF FATHER Thomas O'Connor

14 BIRTHPLACE OF FATHER (City) Ireland (State or Country)

15 MAIDEN NAME OF MOTHER Ann Doyle

16 BIRTHPLACE OF MOTHER (City) Ireland (State or Country)

17 Informant Mary L. O'Connor (Relationship if any) Wife (Address) 106 Grand View Ave

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation) (Date of Issue of Permit)

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD

CERTIFICATE OF DEATH

230 TO BE FILED FOR BURIAL PERMIT

WITH BOARD OF HEALTH
Registered No. OR ITS AGENT

St. { (If death occurred in a hospital or institution, give its NAME instead of street and number) }

(Was deceased a U. S. War Veteran if so specify VETERAN) - IMPORTANT

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH

Nov 29 1948
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from

19 to 19

I last saw him alive on 19, death is said to

have occurred on the date stated above, at 4:15 P. m.

Duration

Immediate cause of death

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Date of

Of autopsy

What test confirmed diagnosis?

Physician

IMPORTANT

the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased?.....

If so, specify

(Signed) M. D. (Address) Date 12/30/48

21 Winthrop Winthrop (City or Town)

Place of Burial, Cremation or Removal

DATE OF BURIAL

22 NAME OF FUNERAL DIRECTOR

ADDRESS

Winthrop

Received and Filed

DEC 3 1948
(Registrar)

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required

by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or 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, asthcnia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION _____

DATE OF ENTERING MILITARY SERVICE _____

DATE OF DISCHARGE _____

RANK, RATING _____

ORGANIZATION AND OUTFIT _____

SERVICE NUMBER _____

PLACE OF DEATH
1Suffolk
(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. 231

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) no2 FULL NAME Elizabeth Tassinari
(If deceased is a married, widowed or divorced woman, give also maiden name.)(a) Residence, No. 61 Chelsea St. St. East Boston
(Usual place of abode) (If nonresident, give city or town and State)Length of stay: In hospital or institution Hospital years months 1 days. In this community 52 yrs. mos. days.
(Before death) (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX female 4 COLOR OR RACE white 5 SINGLE (write the word) MARRIED WIDOWED or DIVORCED widowed

5a If married, widowed, or divorced
HUSBAND of (Give maiden name of wife in full)
(or) WIFE of John Tassinari
(Husband's name in full)

6 Age of husband or wife if alive years

7 IF STILLBORN, enter that fact here.

8 AGE 65 Years Months Days If less than 1 day Hours Minutes

9 Usual Occupation: house work

10 Industry or Business: At home

11 Social Security No. none

12 BIRTHPLACE (City)
(State or country) Italy

13 NAME OF FATHER John Campoli

14 BIRTHPLACE OF FATHER (City)
(State or country) Italy

15 MAIDEN NAME OF MOTHER Mary (unknown)

16 BIRTHPLACE OF MOTHER (City)
(State or country) Italy17 Informant Mary Tassinari (daughter)
(Address) 61 Chelsea St. East BostonI HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:(Signature of Agent of Board of Health or other)
(Official Designation) (Date of Issue of Permit) 12/3/48

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Nov 30, 1948
(Month) (Day) (Year)19 I HEREBY CERTIFY, That I attended deceased from
Nov 27, 1948, to Nov 30, 1948I last saw him alive on Nov 30, 1948, death is said to
have occurred on the date stated above, at 1:00 p.m.

Immediate cause of death 1:55 p.m. Duration

Pulmonary edema IMPORTANT

Due to Coronary Thrombosis

Due to Acute Coronary Thrombosis

Other conditions (Include pregnancy within 8 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 Chest Exam

20 Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) (Address) 1948 Date Dec 3, 1948 M. D.

21 Holy Cross Cemetery Malden
Place of Burial, Cremation or Removal. (City or Town)

DATE OF BURIAL Dec. 3 - 1948 19

22 NAME OF FUNERAL DIRECTOR Vincent Appino
ADDRESS 9 Chelsea St. East Boston

Received and filed DEC 3 1948 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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Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by 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. _____

Registrar's No. _____

232

State of _____

NEW HAMPSHIRE

1. PLACE OF DEATH:

(a) County Rockingham
(b) City or town Hampton
(If outside city or town limits, write RURAL)
(c) Name of hospital or institution:
14 Towle Avenue
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community Five Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Massachusetts (b) County Suffolk
(c) City or town Winthrop
(If outside city or town limits, write RURAL)
(d) Street No. 125 Sargent St.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) FULL NAME Mary Jane Creighton

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female race White divorced Married
5. Color or _____
6. (b) Name of husband or wife William Henry Creighton
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Sept. 3, 1865
(Month) (Day) (Year)

8. AGE: Years _____ Months _____ Days _____
If less than one day
83 0 1 — hr. — min.

9. Birthplace Milton N. S.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name John Whittington
13. Birthplace Canada (City, town, or county) (State or foreign country)
14. Maiden name Elizabeth Dugan
15. Birthplace Nova Scotia (City, town, or county) (State or foreign country)

16. (a) Informant's own signature John Creighton

(b) Address Hampton, New Hampshire

17. (a) Burial _____ (b) Date thereof 9-7-48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place; burial or cremation Winthrop Cemetery
Winthrop, Mass.

18. (a) Signature of funeral director Raymond Sturgis

(b) Address Hampton, New Hampshire

19. (a) 9-6-48 (b) William Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. Date of death: Month Sept. day 4
year 48 hour 11 minute 50

21. I hereby certify that I attended the deceased from June, 1948 to Sept., 1948:
that I last saw her alive on Sept., 1948:
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Cerebral hemorrhage
Broncho pneumonia
Duration
1 day
2 days

Due to _____
Due to Code No. 83A
107

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____
While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature Wayne P. Bryer (M. D. or other) M. D.
Address Hampton, New Hampshire Date signed 9-4-48

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED



DEC 20 1948 AM

Copies of returns of deaths recorded during the previous month which occurred in your city or town in case the deceased resided in another city or town at the time of death should be made forthwith and transmitted on Form R-302 to the clerk of the city or town in which the deceased resided. (See Chap. 46, Sec. 12, G. L.)

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
COPY OF
CERTIFICATE OF DEATH

BOSTON

(City or town making return)

233

Registered No. 9907

PLACE OF DEATH

SUFFOLK
BOSTON

(City or Town)

No. Boston City Hosp

St. { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME David J. Kneeland

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 26 Pleasant

(Usual place of abode)

St. Winthrop

(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 M 4 COLOR OR RACE W 5 SINGLE (write the word) MARRIED WIDOWED or DIVORCED Wid.

5a If married, widowed or divorced HUSBAND of Josephine Ryan (Give maiden name of wife in full)
(or) WIFE of (Husband's name in full)

6 Age of husband or wife if alive years

7 IF STILLBORN, enter that fact here.

8 AGE 67 Years..... Months..... Days | If less than 1 day Hours..... Minutes

Usual

9 Occupation: Chauffeur

10 Industry or Business: Newspaper Dely

11 Social Security No. 025-09-8409

12 BIRTHPLACE (City) San Francisco Cal.
(State or country)

13 NAME OF FATHER --- Kneeland

14 BIRTHPLACE OF FATHER (City) Cal.
(State or country)

15 MAIDEN NAME OF MOTHER ----

16 BIRTHPLACE OF MOTHER (City) Cal.
(State or country)17 Informant. dau. (Relation, if any)
(Address)

A TRUE COPY.

ATTEST: Michael J. Manning
(Registrar of city or town where death occurred)

DATE FILED 11/19/48 19

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Nov. 16, 1948
(Month) (Day) (Year)19 I HEREBY CERTIFY, That I attended deceased from 11/12/48, 19 to 11/16/48 19
I last saw him alive on 19, death is said to have occurred on the date stated above, at 3 05A m.

Duration

Immediate cause of death
Cerebral hemorrhage 4 da
Essential hypertension 20 YDue to.....
Due to.....Other conditions.
(Include pregnancy within 3 months of death)

Physician

Major findings:
Of operations.....
Date of.....

Underline the cause to which death should be charged statistically.

Of autopsy.....

What test confirmed diagnosis? clin

20 Was disease or injury in any way related to occupation of deceased?

If so, specify.....

(Signed) M. W. O'CONNELL M. D.
(Address) BCH Date 11/16/4821 PLACE OF BURIAL, Winthrop-Winthrop
CREMATION OR REMOVAL (Cemetery) (City or Town)

DATE OF BURIAL 11/19/48 19

22 NAME OF FUNERAL DIRECTOR J. F. O'Maley
ADDRESS Winthrop

Received and filed DEC 14 1948 19

(Registrar of City or Town where deceased resided)



The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

(City or town making return)

COPY OF
CERTIFICATE OF DEATHRegistered No. **231**

1 PLACE OF DEATH
Middlesex
(County)
Concord
(City or Town)
No. Emerson Hospital



St. { (If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME ----- Paone
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 33 Paine St. Winthrop, Mass.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or institution ----- years months days. In this community yrs. mos. days.
(Before death) (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX Male 4 COLOR OR RACE White 5 SINGLE (write the word)
MARRIED
WIDOWED
or DIVORCED

18 DATE OF DEATH November 17, 1948
(Month) (Day) (Year)

5a If married, widowed, or divorced
HUSBAND of -----
(Give maiden name of wife in full)
(or) WIFE of -----
(Husband's name in full)

19 I HEREBY CERTIFY, That I attended deceased from
19 -----, to Nov. 17, 1948.
I last saw h. in alive on Nov. 17, 1948, death is said to
have occurred on the date stated above, at ----- m. Duration

6 Age of husband or wife if alive ----- years

Immediate cause of death -----

7 IF STILLBORN, enter that fact here. Stillborn

Intra-uterine asphyxia

8 AGE ----- Years ----- Months ----- Days | If less than 1 day
Hours ----- Minutes

Due to Pressure on cord

9 Usual Occupation: -----

Due to -----

10 Industry or Business: -----

Other conditions -----
(Include pregnancy within 3 months of death)

11 Social Security No. -----

12 BIRTHPLACE (City) Concord, Mass.
(State or country)

Major findings:
Of operations ----- Date of -----
Of autopsy Intra-uterine asphyxia
Pulmonary atelectasis

What test confirmed diagnosis? -----
20 Was disease or injury in any way related to occupation of deceased? No

If so, specify -----
(Signed) Randolph Piper M. D.
(Address) Concord, Mass. Date Nov. 17, 1948

21 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Cross, Malden
(Cemetery) (City or Town)

DATE OF BURIAL November 19, 1948.

22 NAME OF FUNERAL DIRECTOR R. J. DeNeill
ADDRESS Revere, Mass.

Received and filed DEC 20 1949 19

(Registrar of City or Town where deceased resided)

PARENTS
13 NAME OF FATHER Ralph J. Paone
14 BIRTHPLACE OF FATHER (City) Revere, Mass.
(State or country)
15 MAIDEN NAME OF MOTHER Louisa Venti
16 BIRTHPLACE OF MOTHER (City) Concord, Mass.
(State or country)
17 Informant Ralph J. Paone Relation, if any (Father)
(Address) 33 Paine St., Winthrop, Mass.

A TRUE COPY. *Cornelia Lawrence*

ATTEST: (Registrar of city or town where death occurred)

DATE FILED November 27, 1948.

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DEC 20 1948 AM

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
COPY OF
CERTIFICATE OF DEATH

BOSTON
(City or town making return)
Registered No. 1040 **235**



1 PLACE OF DEATH
SUFFOLK
(County)
BOSTON
(City or Town)
No. JEWISH MEM HOSP

St. { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME BARNETT COHEN
(If deceased is a married, widowed or divorced woman, give also maiden name.)

{ (If U. S. War Veteran, specify WAR)

(a) Residence, No. 35 SEAFOAM AVE St. WINTHROP MASS
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or institution HCSP years 1 months 26 days. In this community yrs. 1 mos. 26 days.
(Before death) (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX M 4 COLOR OR RACE W 5 SINGLE (write the word) MARRIED WIDOWED or DIVORCED WIDOWED

5a If married, widowed, or divorced HUSBAND of JUNE LEVY
(Give maiden name of wife in full)
(or) WIFE of (Husband's name in full)

6 Age of husband or wife if alive years

7 IF STILLBORN, enter that fact here.

8 AGE 74 Years Months Days If less than 1 day Hours Minutes

9 Usual Occupation: OPERATOR RETIRED

10 Industry or Business: MEN'S VESTS

11 Social Security No.

12 BIRTHPLACE (City) POLAND
(State or country)

PARENTS

13 NAME OF FATHER ABRAHAM COHEN

14 BIRTHPLACE OF FATHER (City) POLAND
(State or country)

15 MAIDEN NAME OF MOTHER MOLLIE

16 BIRTHPLACE OF MOTHER (City) POLAND
(State or country)

17 Informant ABRAHAM COHEN (Relation, if any) SON
(Address)

A TRUE COPY.

ATTEST:

(Registrar of city or town where death occurred)

DATE FILED 19

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH DEC 2, 1948
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from OCT 6, 1948, to DEC 2, 1948

I last saw him alive on DEC 2, 1948, death is said to have occurred on the date stated above, at 1:35 P.M.

Immediate cause of death: CEREBRAL VASCULAR ACCIDNEI
RECURRENT AND BRONCHOPNEUMONIA 3 DAYS
Due to GEN ARTERIO SCLEROSIS YRS.
HYPERTENSION RT SIDED PARESIS 4 MOS
Due to LEFT HEMIPLEGIA 3 DAYS

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 DAVID BLUMS, M. D.
(Signed) (Address) FRANKLIN GARDENS Date DEC 2, 1948

21 PLACE OF BURIAL, CREMATION OR REMOVAL MAPLE HILL CEM PEABODY
(Cemetery) (City or Town)

DATE OF BURIAL DEC 3, 1948 19

22 NAME OF FUNERAL DIRECTOR B. BERNBACH
ADDRESS 10 WASHINGTON ST DOR

Received and filed DEC 6, 1948 19

(Registrar of City or Town where deceased resided)

resided in another city or town in which the deceased resided. (See Chap. 40, Sec. 12, G. L.)

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DEC 27 1948 AM

PLACE OF DEATH

Suffolk
(County)Boston Wintthrop
(City or Town)

No. 23 Sturgis St Wintthrop

St. { (If death occurred in a hospital or institution,
give its NAME instead of street and number)

Registered No.

236

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.2 FULL NAME Mary R. Wyman
(If deceased is a married, widowed, or divorced woman, give also maiden name.)(a) Residence, No. 23 Sturgis St Wintthrop St.
(Usual place of abode)

(If nonresident, give city or town and State)

Length of stay: in hospital or institution years months days. In this community 10 yrs. mos. days.
(Before death) (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE (write the word)
MARRIED
WIDOWED
or DIVORCED 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 78 Years - Months - Days | If less than 1 day
Hours MinutesUsual
9 Occupation: Retired office workerIndustry
10 or Business: State House

11 Social Security No. none

12 BIRTHPLACE (City) Lynn
(State or country) Mass.

13 NAME OF FATHER Ephraim Wyman

14 BIRTHPLACE OF FATHER (City) Not known
(State or country) Nova Scotia

15 MAIDEN NAME OF MOTHER Mary Bedford

16 BIRTHPLACE OF MOTHER (City) Not known
(State or country) Nova Scotia17 Informant: Lottie O. Mardene (Relation, if any)
(Address) 2141 Baylston MassI 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)

H.O. ake
(Official Designation)Dec 4/48
(Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Dec - 3 - 1948
(Month) (Day) (Year)19 I HEREBY CERTIFY that I have investigated the death
of the person above-named and that the CAUSE AND MANNER thereof
are as follows: (If an injury was involved, state fully.)Hypertensive Heart Disease;
Chronic Coronary Sclerosis;
Acute Cardiac Failure20 Accident, suicide, or homicide (specify) 19
Date of occurrenceWhere did
Injury occur?
(City or town and State)Did injury occur in or about home, on farm, in industrial place, or in public
place?
(Specify type of place)

Manner of Injury and dead on floor of bed

Nature of Injury lacerations

While at work? Was there an autopsy? no

21 Was disease or injury in any way related to occupation of deceased?

If so, specify Thru J. S. Fisher

(Signed) Thru J. S. Fisher M. D.
(Address) Boston Dec-3-194822 Mount Pleasant, Waltham
Place of Burial, Cremation or Removal. (City or Town)

DATE OF BURIAL December 4, 1948

23 NAME OF FUNERAL William B. Leland

ADDRESS 692 Park Ave, Wintthrop, Mass.

Received and filed DEC 6 1948 19

(Registrar)

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death... Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhumate a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which

it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made... Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same;...—General Laws, Chap. 38, Sec. 6.

... He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—General Laws, Chap. 38, Sec. 7.

... The medical examiner certifies the cause and manner of death to the best of his knowledge and belief.

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

STATEMENT OF CAUSE OF DEATH

Medical Examiners in certifying to a death will state the cause and manner thereof, and will specify: (1) Under cause, the nature of an injury and of its consequences; and (2) under manner, the mode of its production together with the circumstances when these are known. For example: "Compound fracture of the femur with ensuing septicemia (gaa bacillua) 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.)"

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

so that it may be properly classified under the International Classification of Causes of Death. See reverse side for extracts from the laws relative to the return of certificates of death.

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect

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. **237**

PLACE OF DEATH

Suffolk
(County)

Winthrop
(City or Town)

No. **194 Main St**



St. { If death occurred in a hospital or institution,
give its NAME instead of street and number }

2 FULL NAME **Emily Claremont**
(If deceased is a married, widowed or divorced woman, give also maiden name)

(a) Residence, No. **194 Main St.**
(Usual place of abode)

St. **Winthrop**
(If nonresident, give city or town and State)

Length of stay: In hospital or Institution..... years months days. In this community **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

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 **Bernard Claremont**
(Husband's name in full)

6 Age of husband or wife if alive **90** years

7 IF STILLBORN, enter that fact here.

8 AGE **90** Years **2** Months Days | If less than 1 day
Hours Minutes

Usual
9 Occupation: **Retired -**

Industry
10 or Business: **At Home**

11 Social Security No.

12 BIRTHPLACE (City)
(State or country) **Nova Scotia**

13 NAME OF
FATHER **Seraphim Jasquard**

14 BIRTHPLACE OF
FATHER (City)
(State or country) **France**

15 MAIDEN NAME
OF MOTHER **Madeleine Meuse**

16 BIRTHPLACE OF
MOTHER (City)
(State or country) **Nova Scotia**

17 Informant **Dennis A. Claremont** Relation, if any
(Address) **57 Newhall 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 H. Baker
(Signature of Agent of Board of Health or other)

Health Officer (Official Designation) **12/10/48** (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH **December 8 1948**
(Month) (Day) (Year)

19 I HEREBY CERTIFY that I have investigated the death
of the person above-named and that the CAUSE AND MANNER thereof
are as follows: (If an injury was involved, state fully.)
Arteriosclerotic heart disease
Fracture of spine

20 Accident, suicide, or homicide (specify) **Accident**
Date of occurrence **11-24-1948**
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? **At home**
(Specify type of place)

Manner of injury **fell to floor**
Nature of injury **Fracture**

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. Stors** M. D.
(Address) **Beverly Hills** Date **12-9-1948**

22 **Holy Cross Cem. Malden**
Place of Burial, Cremation or Removal (City or Town)

DATE OF BURIAL **Sat. Dec. 11- 1948**

23 NAME OF FUNERAL DIRECTOR **John B. Macdonald**
ADDRESS **537 Pleasant St. Malden**

Received and filed **DEC 17 1948** 19

(Registrar)

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death... Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which

It has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made... Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same;...—General Laws, Chap. 38, Sec. 6.

...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 (gss 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.)"

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. 108 Tafts 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. 233

St. { (If death occurred in a hospital or institution)
give its NAME instead of street and number }

2 FULL NAME Emma F. (West) Connors
(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. 108 Tafts 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 4 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 (If maiden name of wife in full)

(or) WIFE of Patrick J. Connors
(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:

housework

10 Industry
or Business:

at home

11 Social Security No.

none

12 BIRTHPLACE (City)
(State or Country)

Charlestown Mass

PARENTS

13 NAME OF
FATHER

Andrew J. West

14 BIRTHPLACE OF
FATHER (City)
(State or Country)

unknown

15 MAIDEN NAME
OF MOTHER

Mary S. Mickel

16 BIRTHPLACE OF
MOTHER (City)
(State or Country)

unknown

17 Informant
(Address)Miss Ruth Connors (Daughter)
108 Tafts Ave

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
Health Officer)

12/9/48
(Date of Issue of Permit)

18 DATE OF
DEATHDecember 8, 1948
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from
December 2, 1948, to December 8, 1948
I last saw her alive on December 8, 1948, death is said to
have occurred on the date stated above, at 12:20 P. m.

Immediate cause of death

Acute Coronary thrombosis
Due to
Arteriosclerotic + hypertensive
Due to heart disease

Other conditions None
(Include pregnancy within 3 months of death)

Major findings:
Of operations

None

Of autopsy

None

What test confirmed diagnosis? Clinical & Laboratory

20 Was disease or injury in any way related to occupation of deceased?

If so, specify (Signed) Deswise Transmittal, Jr. M. D.
(Address) 562 Chapel St, Waltham Date 12/8 1948

21 Place of Burial, Cremation or Removal.

Everett
(City or Town)

DATE OF BURIAL Dec 11, 1948

22 NAME OF
FUNERAL DIRECTORJoseph Curnane
Everett Mass

Received and Filed

DEC 17 1948

19

(Registrar)

Duration

IMPORTANT

2 hours

1 year

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

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

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. 239

No. 15 Johnson Avenue St. (If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME Thomas Gerrard Hancock

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 15 Johnson 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 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 married

5a If married, widowed or divorced HUSBAND of Lilly Smart
(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 8 Months 23 Days If less than 1 day Hours Minutes

9 Occupation: retired retail milk dealer

10 Industry or Business: own business

11 Social Security No. none

12 BIRTHPLACE (City) Childer Thornton (State or Country) Eastham District, England

PARENTS

13 NAME OF FATHER Thomas Hancock

14 BIRTHPLACE OF FATHER (City) England (State or Country)

15 MAIDEN NAME OF MOTHER Emily Gerrard

16 BIRTHPLACE OF MOTHER (City) England (State or Country)

17 Informant Mrs. T.G. Hancock (Relationship) wife (Address) 15 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:

Valter H. Baker Jr. (Signature of Agent of Board of Health or other) Health Officer 12/10/48 (Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH December 8 1948
(Month) (Day) (Year)

19 I, HEREBY CERTIFY, That I attended deceased from April 7, 1948, to Dec 8, 1948

I last saw him alive on Dec 7, 1948, death is said to

have occurred on the date stated above, at 1 P. m.

Immediate cause of death

Coronary Thrombosis

Duration

IMPORTANT 3 days

Due to Hypertension

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?

IMPORTANT Physician

Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Louis F. Salerni M. D. (Address) 175 Pleasant St. Date Dec 9, 1948

21 Winthrop Cemetery, Winthrop

Place of Burial, Cremation or Removal DATE OF BURIAL December 11 1948

22 NAME OF FUNERAL DIRECTOR Alfred B. Morak

ADDRESS 174 Winthrop St., Winthrop

Received and Filed. DEC 17 1948

(Registrar)

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required

by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or 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 _____

DEATH in plain terms, so 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. **240**

1 PLACE OF DEATH
Suffolk
(County)
Winthrop
(City or Town)
No. **267 Washington Avenue** St. { (If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME **Samuel Hardy Underwood**
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. **267 Washington Avenue** 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 **40** yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX **male** 4 COLOR OR RACE **white** 5 SINGLE (write the word)
MARRIED
WIDOWED
or DIVORCED **married**

5a If married, widowed or divorced
HUSBAND of **Bernice Frances Kennedy**
(Give maiden name of wife in full)
(or) WIFE of
(Husband's name in full)

6 Age of husband or wife if alive **54** years

7 IF STILLBORN, enter that fact here.

8 AGE **64** Years **8** Months **8** Days If less than 1 day
Hours Minutes

9 Occupation: **civillian store keeper**

Industry
10 or Business: **U.S. Army Engineer's Dept.**

11 Social Security No. **028-20-8751**

12 BIRTHPLACE (City) **Logan County**
(State or Country) **Arkansas**

13 NAME OF FATHER **James Gideon Underwood**

14 BIRTHPLACE OF FATHER (City) **Arkansas**
(State or Country)

15 MAIDEN NAME OF MOTHER **Liza Allen**

16 BIRTHPLACE OF MOTHER (City) **Missouri**
(State or Country)

17 Informant **Mrs. S.H. Underwood** (Relation, if any)
(Address) **267 Washington Ave. Winthrop**

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Walter F. Baker
(Signature of Agent of Board of Health or other)

Health Officer (Official Designation)

12/13/48 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH **December 11 1948**
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from **July 1946** 19 to **December 11** 19 **48**

1 I last saw him alive on **December 11** 19 **48** death is said to have occurred on the date stated above, at **8 30 A.** m.

Immediate cause of death **Coronary thrombosis** Duration **1 minute**

Due to **Coronary artery disease** **2 years**

Due to **generalized arterio sclerosis** **2 years**

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations: **IMPORTANT Physician**

Date of: Underline the cause to which death should be charged statistically.

Of autopsy: **clinical**

What test confirmed diagnosis?

20 Was disease or injury in any way related to occupation of deceased? **No**

If so, specify **Pain Pills** (Signed) **12/13/48** M. D.

(Address) **238 S. DRUM WINTHROP** (City or Town)

21 **Winthrop Cemetery, Winthrop** (City or Town)

DATE OF BURIAL **December 14 1948** 19

22 NAME OF FUNERAL DIRECTOR **Alfred B. Marsh**

ADDRESS **174 Winthrop St. Winthrop**

Received and Filed **DEC 17 1948** (Registrar)

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death... Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

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by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same;...—General Laws, Chap. 38, Sec. 6.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.... Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE March 17 1906
DATE OF DISCHARGE March 16, 1912
RANK, RATING Sargent
ORGANIZATION AND OUTFIT 152nd Coast Artillery Co.
SERVICE NUMBER _____

Alfred 238-11

DEATH in plain terms, so 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. **241**

PLACE OF DEATH

Suffolk
(County)

Winthrop
(City or Town)

No. **135** Main St.

St. { (If death occurred in a hospital or institution,
give its NAME instead of street and number) }

2 FULL NAME **Charles D. Ginepra**
(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. **135** Main 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 **40** yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX **Male** 4 COLOR OR RACE **White** 5 SINGLE (write the word)
MARRIED
WIDOWED
or DIVORCED Married

5a If married, widowed or divorced
HUSBAND of **Lida Varney**
(Give maiden name of wife in full)

(or) WIFE of
(Husband's name in full)

6 Age of husband or wife if alive **83** years

7 IF STILLBORN, enter that fact here.

8 AGE **88** Years Months Days If less than 1 day
Hours Minutes

Usual Occupation: **Retired Shipper**

Industry or Business: **Furniture**

11 Social Security No. **019--22--6722**

12 BIRTHPLACE (City)
(State or Country) **Italy**

13 NAME OF FATHER
Morris Ginepra

14 BIRTHPLACE OF FATHER (City)
(State or Country) **Italy**

15 MAIDEN NAME OF MOTHER
Bridget Grieco

16 BIRTHPLACE OF MOTHER (City)
(State or Country) **Italy**

17 Informant **Lida Ginepra** (Relation, if any)
(Address) **135 Main 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 of Board of Health or other)

Walter S. Baker (Official Designation) **12/14/48** (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH **Dec. 13, 1948**
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from
June 23, 1948, to Dec. 13, 1948

I last saw him alive on **Dec. 12, 1948**, death is said to
have occurred on the date stated above, at **7:25 a.m.**

Immediate cause of death **Carcinoma of the**
Esophagus Duration **IMPORTANT**

Due to **Carcinoma of**
Esophagus

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) **Joseph G. Ginepra** M. D.
(Address) **135 Main St. Winthrop** Date **Dec. 13, 1948**

21 **Calvary** **Boston**
Place of Burial, Cremation or Removal (City or Town)
DATE OF BURIAL **Dec. 15, 1948**

22 NAME OF FUNERAL DIRECTOR **John F. O'Malley**
ADDRESS **Winthrop**

Received and Filed **DEC 17 1948**

(Registrar)

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death... Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, 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 the case of a certificate as hereinafter provided, if there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been earlier obtained hereunder. If the death certificate contains a recital, as required

by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same;...—General Laws, Chap. 38, Sec. 6.

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RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

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(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, apoplexy, asthma, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative harmfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who has 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



The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

Registered No. **242**

PLACE OF DEATH

1 Winthrop

(City or Town)

No. Kingspatrick's Rest Home46 Washington Ave.St. (If death occurred in a hospital or institution,
give its NAME instead of street and number)2 FULL NAME Mary Samson

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence, No. 4 James Avenue

(Usual place of abode)

St. So. Boston

(If nonresident, give city or town and State)

Length of stay: In hospital or institution Rest Home years 6 months days.

(Before death)

(Specify whether)

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
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 64 Years 8 Months 16 Days | If less than 1 day
Hours Minutes9 Usual
Occupation:Retired housekeeper

Industry

10 or Business: Own home11 Social Security No. None12 BIRTHPLACE (City) Boston

(State or country)

Mass.

PARENTS

13 NAME OF
FATHERNathan Samson14 BIRTHPLACE OF
FATHER (City)Not known

(State or country)

Russia15 MAIDEN NAME
OF MOTHERMary Sullivan16 BIRTHPLACE OF
MOTHER (City)Boston

(State or country)

Mass.17 Informant Henry Samson

(Address)

4 James Ave. S. B.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:Walter A. Baker
(Signature of Agent of Board of Health or other)Health Office
(Official Designation)12/16/48
(Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF
DEATHDec.
(Month)15
(Day)1948
(Year)

19 I HEREBY CERTIFY, That I attended deceased from

September 48 to December 15, 19 48I last saw him alive on December 15, 19 48, death is said tohave occurred on the date stated above, at 1 30 A m.

Immediate cause of death

Generalized carcinomaDue to Carcinoma of breastDue to 1 year

Other conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operationsHospitalDate of 20m 48

Of autopsy

What test confirmed diagnosis? as usual20 Was disease or injury in any way related to occupation of deceased? no
If so, specify(Signed) Walter A. Baker M. D.(Address) 46 Washington Ave. Winthrop Date 12/16 19 4821 St. Benedict Boston
Place of Burial, Cremation or Removal. (City or Town)DATE OF BURIAL Dec. 17, 1948 1922 NAME OF
FUNERAL DIRECTOR Geo. V. Field & SonADDRESS South BostonReceived and filed DEC 17 1948 19

(Registrar)

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required

by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

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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

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

PLACE OF DEATH		The Commonwealth of Massachusetts		OFFICE OF THE SECRETARY DIVISION OF VITAL STATISTICS		To be filed for burial permit with Board of Health or its Agent.	
1	Suffolk (County) Dorchester (City or Town)			STANDARD CERTIFICATE OF DEATH		Registrar's No. 243	
No. 12	St. { (If death occurred in a hospital or institution, give its NAME instead of street and number)						
2	FULL NAME John J. O'Brien (If deceased is a married, widowed or divorced woman, give also maiden name.)					{ PHYSICIAN-IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR)	
(a)	Residence No. 12 (Usual place of abode)	St. Dorchester Ave		(If nonresident, give city or town and State)			
Length of stay: In hospital or Institution (Before death)		20 yrs.		years months 4 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		18 DATE OF DEATH Dec 18 1948 (Month) (Day) (Year)			
5a If married, widowed or divorced HUSBAND of	Ruth Family (Give maiden name of wife in full)		Maid		19 I HEREBY CERTIFY, That I attended deceased from Dec 11, 1948, to Dec 18, 1948		
(or) WIFE of	(Husband's name in full)				I last saw him alive on Dec 18, 1948, death is said to have occurred on the date stated above, at 11:55 A.M.		
6 Age of husband or wife if alive	57 years				Immediate cause of death Hypertensive Pneumonia		
7 IF STILLBORN, enter that fact here.					Due to Chronic Bronchitis 6 years		
8 AGE 62 years Months Days	If less than 1 day Hours Minutes				Due to Chronic Bronchitis 10 years		
9 Usual Occupation: Retired					Other conditions Chronic Myocarditis 2 years		
10 Industry or Business: Mary Yard					(Include pregnancy within 3 months of death) Major findings: none Of operations: none Of autopsy: none What test confirmed diagnosis? X-Ray		
11 Social Security No.					Duration IMPORTANT 12 hours		
12 BIRTHPLACE (City) (State or country)	Boston Mass				Physician Underline the cause to which death should be charged statistically.		
13 NAME OF FATHER	Edward O'Brien				20 Was disease or injury in any way related to occupation of deceased? No If so, specify John J. O'Brien MS (Signed) John J. O'Brien MS (Address) Dorchester Mass Date Dec 20 1948		
14 BIRTHPLACE OF FATHER (City) (State or country)	Boston Mass				21 Immediate Cause of Death Lung Cancer Place of Burial, Cremation or Removal Lawrence (City or Town)		
15 MAIDEN NAME OF MOTHER	Mary Henry				DATE OF BURIAL Dec 21 1948		
16 BIRTHPLACE OF MOTHER (City) (State or country)	Boston Mass				22 NAME OF FUNERAL DIRECTOR R. J. A. Neill ADDRESS Dorchester		
17 Informant (Address)	Ruth O'Brien 12 Dorchester Ave		Relation, if any Wife		Received and filed 19.		
was filed with me BEFORE the burial or transit permit was issued: I HEREBY CERTIFY that a satisfactory standard certificate of death (Signature of Agent of Board of Health or other) (Official Designation) (Date of Issue of Permit)							

DEC 22 1948

(Registrar)

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

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A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician: If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required

by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)

No. 49 Prospect Ave.

St. { (If death occurred in a hospital or institution, give its NAME instead of street and number)

Registrar's No.

241

2 FULL NAME Matilda Domet Lovejoy

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence, No.

49 Prospect Ave.

St.

(If nonresident, give city or town and State)

Length of stay: In hospital or Institution
(Before death)

(Specify whether)

years

months

days.

In this community 2 yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Female White

4 COLOR OR RACE

5 SINGLE (write the word)

MARRIED
WIDOWED
or DIVORCED Single

5a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

6 Age of husband or wife if alive years

7 IF STILLBORN, enter that fact here.

8 AGE 90 Year 10 Months 22 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) Charlestown
(State or country) Mass

13 NAME OF FATHER

Joshua
Josephine Lovejoy14 BIRTHPLACE OF FATHER (City)
(State or country)Andover
Mass.

15 MAIDEN NAME OF MOTHER

Matilda D. ---

16 BIRTHPLACE OF MOTHER (City)
(State or country)

Boston

17 Informant, Josephine Abbott (Niece)
(Address) 406 Bescon St. Boston

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH December 19 1948
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from September 19 48, to December 19, 1948

I last saw her alive on Dec. 19, 1948, death is said to have occurred on the date stated above, at 4:30 P. M.

Immediate cause of death

Duration
IMPORTANT

Congestive Heart Failure 7 days

Due to Chronic Myocarditis years

Dne to Generalized Arteriosclerosis years

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 clinical

20 Was disease or injury in any way related to occupation of deceased? No

(Signed) Arthur C. Morris M. D.
(Address) Winthrop, Mass. Date Dec 26 1948

21 West Parish Andover

Place of Burial, Cremation or Removal. (City or Town)

DATE OF BURIAL Dec. 22 1948

22 NAME OF FUNERAL DIRECTOR
ADDRESS

Received and filed DEC 22 1948

A TRUE COPY ATTEST:

(Registrar)

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required

by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or 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

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. (i)-1-45-15510

PLACE OF DEATH

Suffolk
(County)

Winthrop
(City or Town)

No. 33 Crest Ave



The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
MEDICAL EXAMINER'S
CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

Registered No. 245

St. { (If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME Anna L. Roberts
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence, No. 33 Crest Ave Winthrop St.
(Usual place of abode)

(If nonresident, give city or town and State)

Length of stay: In hospital or institution..... years months days. In this community 30 yrs. mos. days.
(Before death) (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE (write the word) MARRIED WIDOWED or DIVORCED Married

5a If married, widowed, or divorced HUSBAND of (Give maiden name of wife if full) (or) WIFE of George A Roberts (Husband's name in full)

6 Age of husband or wife if alive 53 years

7 IF STILLBORN, enter that fact here.

8 AGE 49 Years 4 Months 1 Days If less than 1 day Hours Minutes

9 Occupation: Housewife

10 Industry or Business: Own Home

11 Social Security No. None

12 BIRTHPLACE (City) Chelsea (State or country) Mass

13 NAME OF FATHER Donald J McNeil

14 BIRTHPLACE OF FATHER (City) Prince Edward Isle. (State or country)

15 MAIDEN NAME OF MOTHER Alice G Dinning

16 BIRTHPLACE OF MOTHER (City) Chelsea (State or country) Mass.

17 Informant, George A Roberts (Relationship) (Address) 33 Crest Ave. Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Walter S. Baker
(Signature of Agent of Board of Health or other)

Health Officer (Official Designation) 12/19/48 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Dec-19-1948
(Month) (Day) (Year)

19 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows: (If an injury was involved, state fully.)

General Peritonitis due to thrombosis of splenic artery
Cysts of Liver

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 home, on farm, in industrial place, or in public place? (Specify type of place)

Manner of Injury Found dead on her own bed

Nature of Injury

While at work? Was there an autopsy? yes

21 Was disease or injury in any way related to occupation of deceased?

If so, specify: (Signed) W. S. Baker M. D.

(Address) Boston Dec-19-1948

22 Winthrop Winthrop
Place of Burial, Cremation or Removal. (City or Town)

DATE OF BURIAL Dec. 22 1948

23 NAME OF FUNERAL DIRECTOR Howard S. Bonnell
ADDRESS Winthrop Mass

Received and filed DEC 22 1948 19

(Registrar)

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physiolan or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death... Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall examine a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which

it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed 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.)"

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

Suffolk

(County)

Winthrop

(City or Town)

PLACE OF DEATH

1

No. 26 Circuit Road

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. 246

2 FULL NAME Jennie Elizabeth Wood

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 26 Circuit 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 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
WIDOWED Widowed
or DIVORCED

5a If married, widowed or divorced

HUSBAND of (Give maiden name of wife in full)

(or) WIFE of Orin George Wood
(Husband's name in full)

6 Age of husband or wife if alive years

7 IF STILLBORN, enter that fact here.

8 AGE 83 Years 3 Months 12 Days
If less than 1 day
Hours MinutesUsual
9 Occupation: AT homeIndustry
10 or Business:

11 Social Security No. none

12 BIRTHPLACE (City) East Boston, Mass.
(State or Country)13 NAME OF
FATHER

George Mac Millin

14 BIRTHPLACE OF
FATHER (City)
(State or Country)

Scotland

15 MAIDEN NAME
OF MOTHER

unable to obtain

16 BIRTHPLACE OF
MOTHER (City)
(State or Country)

unable to obtain

17 Informant Mrs. Orion Fisher (Relation, if any)
(Address) 26 Circuit Rd. daughterI 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) 12/24/48

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH December 22 1948
(Month) (Day) (Year)19 I HEREBY CERTIFY, That I attended deceased from
Nov. 10, 1948 to Dec 22, 1948I last saw him alive on Dec 22, 1948, death is said to
have occurred on the date stated above, at 3:15 p.m.

Immediate cause of death.

Coronary Thrombosis

Due to.

Due to.

Other conditions. Chronic Myocarditis
(Include pregnancy within 3 months of death)Major findings:
Of operations

Date of.

Of autopsy.

What test confirmed diagnosis?

20 Was disease or injury in any way related to occupation of deceased? No

If so, specify. D. Lung & Spleen M. D.
(Signed) (Address) 175 Pleasant St. Date Dec 22, 194821. Place of Burial, Cremation or Removal. (City or Town)
DATE OF BURIAL December 24 194822 NAME OF FUNERAL DIRECTOR Alfred B. Marsh
ADDRESS

Received and Filed DEC 24 1948 19

(Registrar)

Information should be carefully supplied. AGS should be stated. DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required

by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or 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

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. (f)-6-43-12056

PLACE OF DEATH

Suffolk
(County)

Wintthrop
(City or Town)

No. *148 Shore Drive*



The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
MEDICAL EXAMINER'S
CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

Registered No. *217*

2 FULL NAME *Michael W. Ray*
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. *148 Shore Drive Wintthrop* St. _____
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: in hospital or institution _____ years _____ months _____ days. In this community _____ yrs. _____ mos. *4* 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 *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 *1* Years *10* Months _____ Days | If less than 1 day
_____ Hours _____ Minutes

9 Occupation: _____
Usual

10 or Business: _____
Industry

11 Social Security No. _____

12 BIRTHPLACE (City) *PORTSMOUTH*
(State or country) *VIRGINIA*

13 NAME OF FATHER *WILBERN E RAY*

14 BIRTHPLACE OF FATHER (City) *AKRON*
(State or country) *OHIO*

15 MAIDEN NAME OF MOTHER *NELLIE KRAKOWIAK*

16 BIRTHPLACE OF MOTHER (City) *BROOKLYN*
(State or country) *NEW YORK*

17 Informant *WILBERN E RAY* (Relationship) *son*
(Address) *148 WINTHROP'S HOME DRIVE*

I HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:

Walter G. Parker
(Signature of Agent of Board of Health or other)

H. O. (Official Designation) *DEC. 24 1948* (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH *December - 23 - 1948*
(Month) (Day) (Year)

19 I HEREBY CERTIFY that I have investigated the death
of the person above-named and that the CAUSE AND MANNER thereof
are as follows: (If an injury was involved, state fully.)
meningococcus Bacteremia

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? *minor* (Specify type of place)

Manner of injury *Miss. Cortesina Rt. frontal*

Nature of injury _____

While at work? _____ Was there an autopsy? *yes*

21 Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____
(Signed) *Wm. F. Buckley* M. D.

(Address) *Boston* *DEC-24-1948*

22 *WINTHROP* *WINTHROP*
Place of Burial, Cremation or Removal (City or Town)

DATE OF BURIAL *DEC 24* 19 *48*

23 NAME OF FUNERAL DIRECTOR *John F. O'Malley*
ADDRESS *Wintthrop*

Received and filed *DEC 26 1948* 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.

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No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which

it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

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Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same;...—General Laws, Chap. 38, Sec. 6.

... 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.

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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

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

PLACE OF DEATH 1  The Commonwealth of Massachusetts OFFICE OF THE SECRETARY DIVISION OF VITAL STATISTICS STANDARD CERTIFICATE OF DEATH To be filed for burial permit with Board of Health or its Agent.		Suffolk (County)	
		Winthrop (City or Town)	
		No. 68 Fremont St. St. { (If death occurred in a hospital or institution, give its NAME instead of street and number)	
		Registrar's No. 248	
2 FULL NAME <u>Charles William Davy</u> (If deceased is a married, widowed or divorced woman, give also maiden name.)			
(a) Residence. No. <u>68 Fremont Street</u> 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 <u>40</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>December 24</u> 19<u>48</u> (Month) (Day) (Year)	
5a If married, widowed, or divorced <u>Mary A Evans</u> HUSBAND of _____ (Give maiden name of wife in full) (or) WIFE of _____ (Husband's name in full)		19 I HEREBY CERTIFY, That I attended deceased from <u>September 46</u> to <u>December 24</u> 19<u>48</u> I last saw him alive on <u>Dec. 24</u>, 19<u>48</u>, death is said to have occurred on the date stated above, at <u>9:45 A.M.</u>	
6 Age of husband or wife if alive <u>71</u> years		Duration IMPORTANT	
7 IF STILLBORN, enter that fact here.		Immediate cause of death <u>Congestive Heart Failure</u> <u>7 days</u>	
8 AGE <u>76</u> Years <u>4</u> Months <u>5</u> Days If less than 1 day Hours _____ Minutes _____		Due to <u>Arterio-sclerotic heart disease - years</u>	
9 Usual Occupation: <u>Shoe Repair</u>		Due to	
10 Industry or Business: <u>Own store</u>		Other conditions (Include pregnancy within 3 months of death)	
11 Social Security No. <u>None</u>		Major findings: Of operations <u>none</u> Date of _____	
12 BIRTHPLACE (City) <u>Portland</u> (State or country) <u>Maine</u>		Of autopsy <u>none</u> clinical	
13 NAME OF FATHER <u>Charles Davy</u>		What test confirmed diagnosis? <u>clinical</u>	
14 BIRTHPLACE OF FATHER (City) <u>Prince Edward Island</u> (State or country)		20 Was disease or injury in any way related to occupation of deceased? <u>no</u>	
15 MAIDEN NAME OF MOTHER <u>Margaret McLean</u>		If so, specify <u>Arthur C. Morgan</u> M. D. (Signed) <u>Winthrop Mass</u> (Address) <u>Dec. 24</u> 19<u>48</u> (Date)	
16 BIRTHPLACE OF MOTHER (City) <u>Prince Edward Island</u> (State or country)		21 <u>Winthrop</u> <u>Winthrop</u> Place of Burial, Cremation or Removal. (City or Town)	
17 Informant <u>Mary A Davy</u> <u>Wife</u> Relation, if any (Address) <u>68 Fremont St. Winthrop</u>		DATE OF BURIAL <u>Dec. 27</u> 19<u>48</u>	
was filed with me BEFORE the burial or transit permit was issued: I HEREBY CERTIFY that satisfactory standard certificate of death <u>Walter L. Baker</u> (Signature of Agent of Board of Health or other) <u>Health Officer</u> (Official Designation) <u>12/27/48</u> (Date of Issue of Permit)		22 NAME OF FUNERAL DIRECTOR <u>Howard Eynold</u> <u>Winthrop Mass</u> ADDRESS	
		Received and filed _____ 19____ (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.

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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

terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

100m. (g.) 1-45-15510

7

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 Elizabeth May Belcher
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN - IMPORTANT

(Was deceased a U. S. War Veteran, if so specify WAR) NO.

(a) Residence, No. 230 Lincoln St.
(Usual place of abode)

5 hours

(If nonresident, give city or town and State)

Length of stay: In hospital or institution hospital
(Before death) (Specify whether)

years

months

days

In this community 35 yrs.

mos.

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE (write the word)

female white

MARRIED
WIDOWED
or DIVORCED married

5a If married, widowed, or divorced
HUSBAND of

(or) WIFE of Eldridge Foster Belcher
(Give maiden name of wife in full)
(Husband's name in full)

6 Age of husband or wife if alive 50 years

7 IF STILLBORN, enter that fact here.

8 AGE 51 Years 4 Months 21 days | If less than 1 day
Hours Minutes

9 Usual Occupation: house wife

10 Industry or Business: own home

11 Social Security No. none

12 BIRTHPLACE (City) East Boston
(State or country) Mass.

13 NAME OF FATHER Otis Sweetland

14 BIRTHPLACE OF FATHER (City) Boston
(State or country) Mass.

15 MAIDEN NAME OF MOTHER Gretta Laura Kinnear

16 BIRTHPLACE OF MOTHER (City) Dorchester
(State or country) New Brunswick

17 Informant E. Foster Belcher (husband)
(Address) 230 Lincoln St., Winthrop

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 12/30/48
(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. 219

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.

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH DECEMBER 27, 1948
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from November 1, 1947, to December 27, 1948

I last saw her alive on December 27, 1948, death is said to have occurred on the date stated above, at 9:15 P. M.

Immediate cause of death

Cerebral Hemorrhage - massive 5 hours

Due to Hypertension

Due to

Other conditions None
(Include pregnancy within 8 months of death)

Major findings: None
Of operations

Date of

Of autopsy: None

What test confirmed diagnosis? Clinical & laboratory

20 Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Maurice Trainor, Jr. M. D.
(Address) 5625 Shirley St., Winthrop, Mass. 02150

21 Winthrop Cemetery, Winthrop
Place of Burial, Cremation or Removal (City or Town)

DATE OF BURIAL December 30, 1948

22 NAME OF FUNERAL DIRECTOR Alfred B. Marsh
ADDRESS 174 Winthrop St., Winthrop

Received and filed JAN 3 - 1949

(Registrar)

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required

by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or 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

Copies of returns of deaths which occurred in your city or town in case the deceased resided in another city or town at the time of death should be transmitted on Form R-302 to the clerk of the city or town in which the deceased resided as soon as possible after the close of the month in which the death occurred. (See Chap. 46, Sec. 12, G. L.)

50m-(c)-10-48-24658

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

COPY OF
CERTIFICATE OF DEATH

(City or town making return)

Registered No.

250

VOID

PLACE OF DEATH

(County)

(City or Town)

No.

(If death occurred in a hospital or institution,
St. { give its NAME instead of street and number)

2 FULL NAME.....

DUPLICATE OF No. 256

(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.

(Usual place of abode)

St.

(If nonresident, give city or town and State)

Length of stay: In place of death.....years.....months.....days. In place of residence.....years.....months.....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF
DEATH

(Month)

(Day)

(Year)

4 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.

DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a).....

INTERVAL BE-
TWEEN ONSET
AND DEATH

ANTE Due To
CEDENT (b)
CAUSES

Due To
(c)

OTHER
SIGNIFICANT
CONDITIONS

Major findings:
Of operations.....

Date of operation.....Was autopsy performed?.....

What test confirmed diagnosis?.....

5 Was disease or injury in any way related to occupation of deceased?.....

If so, specify.....

(Signed), M. D.

(Address)Date.....19.....

6 Place of Burial or Cremation

(City or Town)

DATE OF BURIAL.....

19.....

7 NAME OF
FUNERAL DIRECTOR.....
ADDRESS.....

Received and filed.....19.....

(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX

9 COLOR OR RACE

10 SINGLE (write the word)
MARRIED
WIDOWED
or DIVORCED

10a If married, widowed, or divorced

HUSBAND of.....

(Give maiden name of wife in full)

(or) WIFE of.....

(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12

AGE.....Years.....Months.....Days

If under 24 hours

.....Hours.....Minutes

13 Usual

Occupation:.....

(Kind of work done during most of working life)

14 Industry
or Business:.....

15 Social Security No.

16 BIRTHPLACE (City).....
(State or country)

17 NAME OF
FATHER

18 BIRTHPLACE OF

FATHER (City).....

(State or country)

19 MAIDEN NAME
OF MOTHER

20 BIRTHPLACE OF

MOTHER (City).....

(State or country)

21

Informant.....
(Address)

A TRUE COPY.

ATTEST:

(Registrar of City or Town where death occurred)

DATE FILED

19.....



should be carefully examined. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCURRENCE OF DEATH is very important. See instructions on the 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
Boston
Winthrop
(City or Town)

No.

Winthrop Community Hospital

FULL NAME

Ms. Johanna C. Murphy
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence, No.

25
(Usual place of abode)

Dep't. Rd.

St.

East Boston
(If nonresident, give city or town and State)

Length of stay: In hospital or institution
(Before death)

Hospital
(Specify whether)

years

months 5 days

In this community 67 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

91

years

7 IF STILLBORN, enter that fact here.

8

AGE 88

Years

Months

Days

If less than 1 day

Hours

Minutes

Usual

Occupation:

at Home

Industry

10 or Business:

11 Social Security No.

12 BIRTHPLACE (City)

(State or country)

13 NAME OF

FATHER

Not Known Walsh

14 BIRTHPLACE OF

FATHER (City)

(State or country)

Harbor Grace

N. H.

15 MAIDEN NAME

OF MOTHER

Not Known Walsh

16 BIRTHPLACE OF

MOTHER (City)

(State or country)

Harbor Grace

N. H.

17

Informant

(Address)

Thomas J. Murphy

(Relation, if any)

35 Dep't. Rd. & 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)

Ho

at

Dec. 31/1948

(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. 251

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

St.

East Boston
(If nonresident, give city or town and State)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF
DEATH

Dec. 31, 1948
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from

Oct. 1, 1948, to Dec. 31, 1948

I last saw her alive on Dec. 30, 1948, death is said to

have occurred on the date stated above, at 3:25 A. M.

Immediate cause of death

Duration

IMPORTANT

Aggravating pneumonia
4 days

Due to chronic bronchitis
2 yrs.

Due to arteriosclerosis

Other conditions
(Include pregnancy within 8 months of death)

IMPORTANT

Major findings:

Of operations

Physician

Date of Underline the cause to which death should be charged statistically.

Of autopsy

What test confirmed diagnosis?

20 Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) James J. Walsh M. D.

(Address) 52 West 17th St. Date 12/31/1948

21 Place of Burial, Cremation or Removal

Harbor Grace, N. H. (City or Town)

DATE OF BURIAL Jan 3, 1949

22 NAME OF FUNERAL DIRECTOR

Frederick J. Magrath

ADDRESS 1234 Boston

Received and filed JAN 3, 1949

(Registrar)

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required

by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or 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

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-306 to the clerk of the city or town in which the deceased resided as soon as possible after the close of the month in which the death occurred. (See Chap. 46, Sec. 12, G. L.)

25m (h)-1-41-4667

PLACE OF DEATH

STON
 (City or Town)

No. Mass. Gen. Hosp

The Commonwealth of Massachusetts
 OFFICE OF THE SECRETARY
 COPY OF
 MEDICAL EXAMINER'S
 CERTIFICATE OF DEATH

BOSTON

(City or town making return)

Registered No. 11452

St. { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Chester B. Hanson
 (If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence, No. 104 Cliff
 (Usual place of abode)

St. Winthrop
 (If nonresident, give city or town and State)

Length of stay: In hospital or institution 3 years 3 months 15 days. In this community 15 yrs. 15 mos. 15 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 Marr.

5a If married, widowed, or divorced
 HUSBAND of Lillian Kerr
 (Give maiden name of wife in full)
 (or) WIFE of _____
 (Husband's name in full)

6 Age of husband or wife If alive 56 years

7 IF STILLBORN, enter that fact here.

8 AGE 55 Years. Months. Days | If less than 1 day
 Hours. Minutes

Usual
 9 Occupation: Sales eng.

Industry
 10 or Business: heating equipt.

11 Social Security No.

12 BIRTHPLACE (City) Chelsea
 (State or country)

13 NAME OF
 FATHER Harry Hanson

14 BIRTHPLACE OF
 FATHER (City) _____
 (State or country) Norway

15 MAIDEN NAME
 OF MOTHER Augusta Bengtson

16 BIRTHPLACE OF
 MOTHER (City) _____
 (State or country) Sweden

17 Informant wife (Relation, if any)
 (Address)

A TRUE COPY.

ATTEST: 12/29/48
 (Registrar of city or town where death occurred)

DATE FILED 19

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Dec. 25/48
 (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.)

Flame burns of body and of arms
Old cerebral hemorrhage

20 Accident, suicide, or homicide (specify) accidental

Date of occurrence 12/23/48 19

Where did
 Injury occur? Winthrop
 (City or town and State)

Did injury occur in or about the home, on farm, in industrial place, or in public place? about home
 (Specify type of place)

Manner of
 Injury Clothing accidentally

Nature of
 Injury ignited at his home 12/23/48

While at work? Was there an autopsy? no

21 Was disease or Injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) W J Brickley M. D.
 (Address) Boston Date 12/25/48

22 Winthrop - Winthrop
 Place of Burial, Cremation or Removal (City or Town)

DATE OF BURIAL 12/28/48 19

23 NAME OF
 FUNERAL DIRECTOR M W Kirby
 ADDRESS Winthrop

Received and filed 19

JAN 22 1949
 (Registrar of City or Town where deceased resided)

RECEIVED



JAN 22 1949 PM

RECEIVED



JAN 22 1949 PM

The Commonwealth of Massachusetts

BOSTON

(City or town making return)

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICSCOPY OF
CERTIFICATE OF DEATH

Registered No. 11318

251

1 PLACE OF DEATH

SUFFOLK
(County)BOSTON
(City or Town)

No. 1 THE INFANTS HOSP

St. (If death occurred in a hospital or institution,
give its NAME instead of street and number)

JOHN F HARVEY

2 FULL NAME

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence, No. 58 SOMERSET AVE
(Usual place of abode)

ST. WINTHROP MASS

(If nonresident, give city or town and State)

Length of stay: In hospital or Institution HOSP
(Before death) (Specify whether)

years

months

days

In this community

yrs.

mos.

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

M

4 COLOR OR RACE

W

5 SINGLE (write the word)
MARRIED
WIDOWED
or DIVORCED 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 22 Days | If less than 1 day
Hours MinutesUsual
9 Occupation:Industry
10 or Business:

11 Social Security No.

12 BIRTHPLACE (City) BOSTON MASS
(State or country)13 NAME OF
FATHER JOSEPH M HARVEY14 BIRTHPLACE OF
FATHER (City) WINTHROP MASS
(State or country)15 MAIDEN NAME
OF MOTHER MARY M KELLEHER16 BIRTHPLACE OF
MOTHER (City) E BOSTON
(State or country)17 Informant J M HARVEY (Relation if any)
(Address) WINTHROP (FATHER)

A TRUE COPY

ATTEST: (Registrar of city or town where death occurred)

DATE FILED 19

MEDICAL CERTIFICATE OF DEATH

18 DATE OF
DEATH

DEC 30, 1948

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY, That I attended deceased from
DEC 29, 1948 to DEC 30, 1948I last saw him alive on DEC 30, 1948, death is said to
have occurred on the date stated above, at 4:45P.m.

Immediate cause of death

BRONCHO PNEUMONIA

6 DAYS

STAPHYLOCOCCUS AUREUS

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

AS ABOVE Date of

Of autopsy

What test confirmed diagnosis?

20 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) C C WILLIAMS, M. D.

(Address) 300 LONGWOOD AVE Date DEC 30, 1948

21 PLACE OF BURIAL, HOLY CROSS CEM MALDEN
CREMATION OR REMOVAL (Cemetery) (City or Town)

DATE OF BURIAL DEC 31, 1948

22 NAME OF
FUNERAL DIRECTOR J F O'MALEY
ADDRESS WINTHROP

Received and filed JAN 22, 1949 JAN 3, 1949

(Registrar of City or Town where deceased resided)

resided in another city or town at the time of death should be made forthwith and transmitted on Form R-302 to the clerk of the city or town in which the deceased resided. (See Chap. 46, Sec. 12, G. L.)

RECEIVED



JAN 22 1949 PM

STANDARD CERTIFICATE OF DEATH

State File No. _____

Registrar's No. _____

253

State of

MAINE

1. PLACE OF DEATH:

(a) County

YORK

(b) City or town

BIDDEFORD

(c) Name of hospital or institution:

Trull Hosp.

(d) Length of stay: In hospital or institution

In this community

1 day

(Specify whether

2. USUAL RESIDENCE OF DECEASED:

(a) State

Mass.

(b) County

Suffolk

(c) City or town

Winthrop

(d) Street No.

65 Loring Rd.

(e) If foreign born, how long in U. S. A.?

years.

3. (a) FULL NAME

Evelyn S. Henderson

3. (b) If veteran,

name war

3. (c) Social Security

No.

4. Sex

F

5. Color or

race W

6. (a) Single, widowed, married

divorced M

6. (b) Name of husband or wife

Henry W. Henderson

6. (c) Age of husband or wife if

alive 49 years

7. Birth date of deceased

May 5, 1899

8. AGE:

Years

Months

Days

If less than one day

49

4

27

hr. — min. —

9. Birthplace

Revere, Mass.

10. Usual occupation

Housewife

11. Industry or business

12. Name

Charles F. Bates

13. Birthplace

West Bath, Maine

14. Maiden name

Bates

15. Birthplace

West Bath, Maine

16. (a) Informant's own signature

Henry W. Henderson

(b) Address

17. (a)

Burial

(b) Date thereof

Oct. 5, 1948

(c) Place; burial or cremation

Winthrop, Mass.

18. (a) Signature of funeral director

Dennett & Craig

(b) Address

Saco, Maine

19. (a) Oct. 5, 1948

(Date received local registrar)

Armand Duquette

(Registrar's signature)

MEDICAL CERTIFICATION

20. Date of death: Month

Oct.

day

2

year

1948

hour

minute

—

21. I hereby certify that I attended the deceased from

—, 19—, to

—, 19—

that I last saw h. — alive on

—, 19—

and that death occurred on the date and hour stated above.

Immediate cause of death

Fractured skull,
internal injuries.
Due to Automobile accident.

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur?

(d) Did injury occur in or about home, on farm, in industrial place, in public

place?

While at work?

23. Signature

Laura B. Stickney

(M. D. or other) M. D.

Address

Saco, Maine

Date signed



STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. 256

State of NEW HAMPSHIRE

1. PLACE OF DEATH:

(a) County Merrimack
(b) City or town New London
(If outside city or town limits, write RURAL)
(c) Name of hospital or institution:
New London Hospital
(If not in hospital or institution, write street number and location)
(d) Length of stay: In hospital or institution 10 hours
In this community 5 days
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mass. (b) County ---
(c) City or town Winthrop
(If outside city or town limits, write RURAL)
(d) Street No. 69 Undine Avenue
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

3. (a) FULL NAME Paul Benson

3. (b) If veteran,
name war ---

3. (c) Social Security
No. ---

4. Sex male race white

6. (b) Name of husband or wife
Thelma West

7. Birth date of deceased Sept. 4 1912
(Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
<u>36</u>	<u>3</u>	<u>25</u>	<u>hr. min.</u>

9. Birthplace Medford Mass.
(City, town, or county) (State or foreign country)

10. Usual occupation Bookkeeper

11. Industry or business ---

12. Name Peter Benson

13. Birthplace Sweden
(City, town, or county) (State or foreign country)

14. Maiden name Sophie Pearson

15. Birthplace Sweden
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature New London Hosp.

(b) Address New London, NH

17. (a) burial (b) Date thereof 12/30/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place; burial or cremation Oak Grove Cemetery
Medford, Mass.

18. (a) Signature of funeral director Pressey & Hale

(b) Address New London, NH

19. (a) 12/29/48 (b) William F. Kidder
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. Date of death: Month Dec. day 29th
year 1948 hour 4 minute 40 am

21. I hereby certify that I attended the deceased from
Dec. 26, 1948, to Dec. 29, 1948:
that I last saw him alive on Dec. 29, 1948:

and that death occurred on the date and hour stated above.

Immediate cause of death

Coronary Thrombosis

Due to Lobar Pneumonia
Virus

Due to Virus Cold
4 Weeks Ago

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations Code No. 108, 94A

Of autopsy ---

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature Wm. P. Clough MD (M. D. or other) _____

Address New London, NH Date signed 12/29/48

Duration

sudden

2 days

PHYSICIAN

Underline the cause to which death should be charged statistically.



Copies of returns of deaths which occurred in your city or town in case the deceased resided in another city or town at the time of death should be transmitted on Form R-302 to the clerk of the city or town in which the deceased resided as soon as possible after the close of the month in which the death occurred. (See Chap. 46, Sec. 12, C. L.)

50m-(c)-10-48-24658

PLACE OF DEATH

1

(County)

(City or Town)

No.



The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICSCOPY OF
CERTIFICATE OF DEATH

(City or town making return)

Registered No.

257

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.)

(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 place of death.....years.....months.....days. In place of residence.....years.....months.....days.

MED		NON RESIDENT DEATH FLORIDA		State File No. 25042 Registrar's No. 799		PARTICULARS	
3 DATE OF DEATH		1 PLACE OF DEATH: (a) County <u>Pinellas</u> District No. <u>62</u> (b) Precinct (Write name, not number) Precinct No. (c) City or Town <u>Clearwater</u> City or Town No. <u>62-17</u>		2 USUAL RESIDENCE OF DECEASED (a) State <u>Massachusetts</u> (b) County <u>Suffolk</u> (c) City or Town <u>Winthrop</u> (If outside city or town limits, write RURAL) (d) Street No. <u>99 Johnson Avenue</u> (If rural, give location) (e) Citizen of foreign country? <u>No</u> (If rural, give location) If yes, name country <u>CS</u>		MARRIED (write the word) ARRIED IDOWED DIVORCED	
4 I HEREBY CERTIFY		3 FULL NAME OF DECEASED <u>George McEwan</u>		20. Date of Death: Month <u>Dec.</u> Day <u>16</u> Year <u>1948</u> Hour <u>16</u> Minute <u>15</u> P.M.		me of wife in full	
I last saw him.....a		4. Sex <u>Male</u> 5. Color or race <u>White</u>		21. I hereby certify that I attended the deceased from <u>16 Dec 1948</u> to <u>16 Dec 1948</u> at <u>10:45</u>		same in full)	
have occurred on the		6. Single, married, widowed or divorced <u>Married</u> 7. Birth date of deceased <u>April 2, 1894</u> (month) (day) (year)		that I last saw him alive on <u>16 Dec 1948</u> at <u>10:45</u>		If under 24 hoursHours.....Minutes	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a).....		8. Age: Years <u>64</u> Months <u>8</u> Days <u>14</u> If less than one day hrs. min.		Immediate cause of death <u>Pulmonary Edema</u> Duration <u>2 days</u>		aring most of working life)	
ANTECEDENT CAUSES		9. Birthplace <u>England</u> (City, town or county) (State or foreign country)		Due to <u>myocarditis</u> Death			
Due To (b).....		10. (a) Occupation <u>President</u> (State or foreign country)		Due to			
Due To (c).....		11. Industry or business <u>Central Photo Engraving</u>		Other conditions (Include pregnancy within 3 months of death)			
OTHER SIGNIFICANT CONDITIONS		12. Name <u>George McEwan</u>		22. If death was due to external causes, fill in the following: (a) (Probably) Accident, suicide, homicide (specify) (b) Date of occurrence (c) Where did injury occur? (City or town) (County) (State)			
Major findings: Of operations.....		13. Birthplace <u>Scotland</u>		Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place) <u>78: 23</u> While at work (e) Means of injury			
Date of operation.....		14. Maiden name <u>Jess M. McEwan</u>		23. Signature <u>Edna M. McEwan</u> M. D.			
What test confirmed diagnosis.....		15. Birthplace <u>Scotland</u>		(a) Address <u>Winthrop, Mass.</u> Date Signed <u>Dec 16 1948</u>			
5 Was disease or injury If so, specify (Signed) (Address)		16. Informant's Signature <u>G. M. McEwan</u>					
6 Place of Burial or DATE OF BURIAL		17. Burial, cremation or removal <u>Removal</u>					
		18. (a) Address <u>99 Johnson Ave., Winthrop, Mass.</u>					
		19. Filed <u>12/16/48</u> by <u>Edna M. McEwan</u> Local Registrar					
7 NAME OF FUNERAL DIRECTOR		20. (a) Address <u>99 Johnson Ave., Winthrop, Mass.</u>					
ADDRESS		21. (a) Address <u>99 Johnson Ave., Winthrop, Mass.</u>					
Received and filed.....19.....		22. (a) Address <u>99 Johnson Ave., Winthrop, Mass.</u>					
(Registrar of City or Town where deceased resided)		23. (a) Address <u>99 Johnson Ave., Winthrop, Mass.</u>					
		24. (a) Address <u>99 Johnson Ave., Winthrop, Mass.</u>					
		25. (a) Address <u>99 Johnson Ave., Winthrop, Mass.</u>					
		26. (a) Address <u>99 Johnson Ave., Winthrop, Mass.</u>					
		27. (a) Address <u>99 Johnson Ave., Winthrop, Mass.</u>					
		28. (a) Address <u>99 Johnson Ave., Winthrop, Mass.</u>					
		29. (a) Address <u>99 Johnson Ave., Winthrop, Mass.</u>					
		30. (a) Address <u>99 Johnson Ave., Winthrop, Mass.</u>					
		31. (a) Address <u>99 Johnson Ave., Winthrop, Mass.</u>					
		32. (a) Address <u>99 Johnson Ave., Winthrop, Mass.</u>					
		33. (a) Address <u>99 Johnson Ave., Winthrop, Mass.</u>					
		34. (a) Address <u>99 Johnson Ave., Winthrop, Mass.</u>					
		35. (a) Address <u>99 Johnson Ave., Winthrop, Mass.</u>					
		36. (a) Address <u>99 Johnson Ave., Winthrop, Mass.</u>					
		37. (a) Address <u>99 Johnson Ave., Winthrop, Mass.</u>					
		38. (a) Address <u>99 Johnson Ave., Winthrop, Mass.</u>					
		39. (a) Address <u>99 Johnson Ave., Winthrop, Mass.</u>					
		40. (a) Address <u>99 Johnson Ave., Winthrop, Mass.</u>					
		41. (a) Address <u>99 Johnson Ave., Winthrop, Mass.</u>					
		42. (a) Address <u>99 Johnson Ave., Winthrop, Mass.</u>					
		43. (a) Address <u>99 Johnson Ave., Winthrop, Mass.</u>					
		44. (a) Address <u>99 Johnson Ave., Winthrop, Mass.</u>					
		45. (a) Address <u>99 Johnson Ave., Winthrop, Mass.</u>					
		46. (a) Address <u>99 Johnson Ave., Winthrop, Mass.</u>					
		47. (a) Address <u>99 Johnson Ave., Winthrop, Mass.</u>					
		48. (a) Address <u>99 Johnson Ave., Winthrop, Mass.</u>					
		49. (a) Address <u>99 Johnson Ave., Winthrop, Mass.</u>					
		50. (a) Address <u>99 Johnson Ave., Winthrop, Mass.</u>					
		51. (a) Address <u>99 Johnson Ave., Winthrop, Mass.</u>					
		52. (a) Address <u>99 Johnson Ave., Winthrop, Mass.</u>					
		53. (a) Address <u>99 Johnson Ave., Winthrop, Mass.</u>					
		54. (a) Address <u>99 Johnson Ave., Winthrop, Mass.</u>					
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		56. (a) Address <u>99 Johnson Ave., Winthrop, Mass.</u>					
		57. (a) Address <u>99 Johnson Ave., Winthrop, Mass.</u>					
		58. (a) Address <u>99 Johnson Ave., Winthrop, Mass.</u>					
		59. (a) Address <u>99 Johnson Ave., Winthrop, Mass.</u>					
		60. (a) Address <u>99 Johnson Ave., Winthrop, Mass.</u>					
		61. (a) Address <u>99 Johnson Ave., Winthrop, Mass.</u>					
		62. (a) Address <u>99 Johnson Ave., Winthrop, Mass.</u>					
		63. (a) Address <u>99 Johnson Ave., Winthrop, Mass.</u>					
		64. (a) Address <u>99 Johnson Ave., Winthrop, Mass.</u>					
		65. (a) Address <u>99 Johnson Ave., Winthrop, Mass.</u>					
		66. (a) Address <u>99 Johnson Ave., Winthrop, Mass.</u>					
		67. (a) Address <u>99 Johnson Ave., Winthrop, Mass.</u>					
		68. (a) Address <u>99 Johnson Ave., Winthrop, Mass.</u>					
		69. (a) Address <u>99 Johnson Ave., Winthrop, Mass.</u>					
		70. (a) Address <u>99 Johnson Ave., Winthrop, Mass.</u>					
		71. (a) Address <u>99 Johnson Ave., Winthrop, Mass.</u>					
		72. (a) Address <u>99 Johnson Ave., Winthrop, Mass.</u>					
		73. (a) Address <u>99 Johnson Ave., Winthrop, Mass.</u>					
		74. (a) Address <u>99 Johnson Ave., Winthrop, Mass.</u>					
		75. (a) Address <u>99 Johnson Ave., Winthrop, Mass.</u>					
		76. (a) Address <u>99 Johnson Ave., Winthrop, Mass.</u>					
		77. (a) Address <u>99 Johnson Ave., Winthrop, Mass.</u>					
		78. (a) Address <u>99 Johnson Ave., Winthrop, Mass.</u>					
		79. (a) Address <u>99 Johnson Ave., Winthrop, Mass.</u>					
		80. (a) Address <u>99 Johnson Ave., Winthrop, Mass.</u>					
		81. (a) Address <u>99 Johnson Ave., Winthrop, Mass.</u>					
		82. (a) Address <u>99 Johnson Ave., Winthrop, Mass.</u>					
		83. (a) Address <u>99 Johnson Ave., Winthrop, Mass.</u>					
		84. (a) Address <u>99 Johnson Ave., Winthrop, Mass.</u>					
		85. (a) Address <u>99 Johnson Ave., Winthrop, Mass.</u>					
		86. (a) Address <u>99 Johnson Ave., Winthrop, Mass.</u>					
		87. (a) Address <u>99 Johnson Ave., Winthrop, Mass.</u>					
		88. (a) Address <u>99 Johnson Ave., Winthrop, Mass.</u>					
		89. (a) Address <u>99 Johnson Ave., Winthrop, Mass.</u>					
		90. (a) Address <u>99 Johnson Ave., Winthrop, Mass.</u>					
		91. (a) Address <u>99 Johnson Ave., Winthrop, Mass.</u>					
		92. (a) Address <u>99 Johnson Ave., Winthrop, Mass.</u>					
		93. (a) Address <u>99 Johnson Ave., Winthrop, Mass.</u>					
		94. (a) Address <u>99 Johnson Ave., Winthrop, Mass.</u>					
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		99. (a) Address <u>99 Johnson Ave., Winthrop, Mass.</u>					
		100. (a) Address <u>99 Johnson Ave., Winthrop, Mass.</u>					

APR 12 1949

(Registrar of City or Town where deceased resided)

A TRUE COPY

ATTEST: (Registrar of City or Town where death occurred)

DATE FILED 19



