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No. 2000-2

O.U.7





M R-301A

INSTRUCTIONS
FOR
FILLING OUT
THIS CERTIFICATE1. In giving
cause of death2. Do not enter
more than one
cause for each
(b) and (c)3. Cause does not mean
mode of dying, such
as failure, asthenia,
means the disease,
indications which
lead to death.4. Do not enter
more than one
cause (a) stating
underlying cause5. Do not enter
more than one
cause (b) stating
contributing
cause

100M-(D)-10-48-24856

PLACE OF DEATH

1

2 FULL NAME

(a) Residence. No.

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 him..... alive on..... 19..... death is said to have occurred on the date stated above, at..... 1 A..... m.

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a).....

ANTECEDENT CAUSES (b).....

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)

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. 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)

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 AGED..... 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).....

PARENTS

21 Informant (Address).....

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

(Signature of Agent of Board of Health or other)
Health Officer..... (Date of Issue of Permit).....

JAN 3 - 1949

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

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

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

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

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

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

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

RULES OF PRACTICE

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

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

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance 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.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by 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-305 to the clerk of the city or town in which the deceased resided as soon as possible after the close of the month in which the death occurred. (See Chap. 46, Sec. 12, G. L.)

25m-(h)-10-48-24658

PLACE OF DEATH

Suffolk
(County)Boston
(City or Town)

No. 818 Harrison Ave.

2 FULL NAME Christ Flessas
(If deceased is a married, widowed or divorced woman, give also maiden name.)(a) Residence. No. 236 Lincoln St
(Usual place of abode)

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

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

Length of stay: In place of death.....years.....months.....days. In place of residence 28 years.....months.....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH Jan. 4/49
(Month) (Day) (Year)

4 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

5 Accident, suicide, or homicide (specify).....

Date and hour of injury.....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.....
(How did injury occur?)Nature of Injury.....
While at work?..... Was autopsy performed?.....

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

If so, specify Richard Ford, M. D.
(Signed) Date 1-5-1949
(Address) Winthrop Cem-Winthrop Mass.

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

DATE OF BURIAL Jan. 7/49

8 NAME OF FUNERAL DIRECTOR A C Hasiotis
ADDRESS Boston Mass.

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

(Registrar of City or Town where deceased resided)

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICSCOPY OF
MEDICAL EXAMINER'S
CERTIFICATE OF DEATH

Boston

(City or town making return)

Registered No. 161 2

PERSONAL AND STATISTICAL PARTICULARS

9 SEX M 10 COLOR OR RACE W 11 SINGLE (write the word)
MARRIED WIDOWED Single
or DIVORCED11a If married, widowed, or divorced
HUSBAND of.....
(Give maiden name of wife in full)(or) WIFE of.....
(Husband's name in full)

12 IF STILLBORN, enter that fact here.

13 AGE 53 Years.....Months.....Days If under 24 hours
Hours.....Minutes14 Usual Occupation Cook
(Kind of work done during most of working life)

15 Industry or Business Restaurant

16 Social Security No Cannot be obtainable

17 BIRTHPLACE (CC) Greece
(State or country)

18 NAME OF FATHER Nicholas Flessas

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

20 MAIDEN NAME OF MOTHER Asimo Rodepoulos

21 BIRTHPLACE OF MOTHER (City) Greece
(State or country)22 Informant James Flessas Son
(Address)

A TRUE COPY.

ATTEST (Registrar of City or Town where death occurred)

DATE FILED.....19.....



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, require physicians to insert a recital to that effect.

100m. (g)-1-45-13510

PLACE OF DEATH

1

Suffolk

(County)

Winthrop

(City or Town)

No.

Winthrop Memorial Hospital

St.

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

2 FULL NAME

Mrs. Antonette Bonfiglio Kelly

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

(a) Residence. No.

42 Carlson Ave. Revere

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 2 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

married

5a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

William J. Kelly

(Husband's name in full)

6 Age of husband or wife if alive

27

years

7 IF STILLBORN, enter that fact here.

8

AGE

27

Years

Months

Days

If less than 1 day

Hours

Minutes

Usual

Occupation:

housewife

Industry

10 or Business:

at home

11 Social Security No.

none

12 BIRTHPLACE (City)

(State or country)

Boston Mass.

13 NAME OF

FATHER

Santo Bonfiglio

14 BIRTHPLACE OF

FATHER (City)

(State or country)

Italy

15 MAIDEN NAME

OF MOTHER

c/b/l

16 BIRTHPLACE OF

MOTHER (City)

(State or country)

Italy

17

Informant

(Address)

William J. Kelly

(Relation to deceased)

42 Carlson Ave. 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)

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

STANDARD
CERTIFICATE OF DEATH

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

Registered No.

3

St.

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

PHYSICIAN - IMPORTANT

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

St.

(If nonresident, give city or town and State)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH

JANUARY 5

1949

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY, That I attended deceased from

OCTOBER 28, 1948, to JANUARY 4, 1949

I last saw her alive on JANUARY 4, 1949, death is said to

have occurred on the date stated above, at 12.20 A.M.

Immediate cause of death

Duration

MYOCARDIAL INSUFFICIENCY

Due to RHEUMATIC ENDOCARDITIS

Due to

Other conditions CHILABIRTH 10-8-48

(Include pregnancy within 8 months of death)

Major findings:

Of operations

Of autopsy

What test confirmed diagnosis? ECG - XRAY

IMPORTANT

10-25-48

?

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) Harold B. Burge

M. D.

(Address)

60 Beach St. Revere

Date JAN. 5, 1949

21

Place of Burial, Cremation or Removal

(City or Town)

DATE OF BURIAL Jan. 8, 1949

19

22 NAME OF

FUNERAL DIRECTOR

ADDRESS

Received and filed

JAN 11 1949

19

(Registrar)

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

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

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

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

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

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

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

RULES OF PRACTICE

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

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

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

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

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

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

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

PLACE OF DEATH

Suffolk
(County)

Winthrop
(City or Town)

No. 55 Sargent Street

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

(a) Residence. No. 55 Sargent Street
(Usual place of abode)

Length of stay: In place of death. years months days. In place of residence 50 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH January 7, 1949
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from
Sept. 30, 1948, to January 7, 1949.
I last saw him alive on January 7, 1949, death is said to
have occurred on the date stated above, at 3:15 P. m.

DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a) Cerebral Hemorrhage

INTERVAL BE-
TWEEN ONSET
AND DEATH

3 mo.

ANTECEDENT CAUSES Due To (b) Hypertension

Due To (c) Generalized Arteriosclerosis

OTHER
SIGNIFICANT
CONDITIONS

Major findings:
Of operations.

Date of operation. Was autopsy performed? no

What test confirmed diagnosis? clinical

5 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 Jan 8 1949

6 Woodlawn Cemetery, Everett, Mass.
(Place of Burial or Cremation) (City or Town)

DATE OF BURIAL January 10, 1949

7 NAME OF FUNERAL DIRECTOR Alfred B. Marsh

ADDRESS 174 Winthrop St Winthrop, Mass.

Received and filed. JAN 11 1949

(Registrar)

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD
CERTIFICATE OF DEATH

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

Registered No. 4

(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)

(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX male 9 COLOR OR RACE white 10 SINGLE (write the word)
MARRIED WIDOWED or DIVORCED married

10a If married, widowed, or divorced
HUSBAND of Ella Peters
(Give maiden name of wife in full)

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

11 IF STILLBORN, enter that fact here.

12 AGE 73 Years 11 Months 25 Days If under 24 hours
Hours Minutes

13 Usual Occupation: retired bank clerk
(Kind of work done during most of working life)

14 Industry or Business: Boston Safe Deposit & Trust
15 Social Security No. 012-03-3977 (Co.)

16 BIRTHPLACE (City) (State or country) Freetown Nova Scotia

17 NAME OF FATHER Manning Lent

18 BIRTHPLACE OF FATHER (City) (State or country) Freetown Nova Scotia

19 MAIDEN NAME OF MOTHER Mary Isreal
unable to ascertain

20 BIRTHPLACE OF MOTHER (City) (State or country) Freetown Nova Scotia

21 Informant (Address) Mrs. John I. Lent 55 Sargent 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 S. Baker
(Official Designation) (Date of Issue of Permit) 1/10/49

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

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

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

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

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

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

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

RULES OF PRACTICE

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

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

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance 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.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by 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

PLACE OF DEATH

Suffolk
(County)Boston
(City or Town)

No. Mass. General 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. 219 5

2 FULL NAME George Paterson
(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. 47 Crystal Cove Ave.
(Usual place of abode)

Winthrop Mass.

(If nonresident, give city or town and State)

Length of stay: In place of death.....years.....months 13.....days In place of residence.....15.....years.....months.....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH Jan. 7/49
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
Dec. 25 1948 to Jan. 7 1949I last saw him alive on Jan. 7 1949, death is said to
have occurred on the date stated above, at 2:30AM m.DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a) Uraemia from
acute pyelonephritis bilateralINTERVAL BE-
TWEEN ONSET
AND DEATH

Few Days

ANTE Due To Benign prostatic
CEDENT (b) hypertrophy
CAUSESDue To
(c)

10 Yrs

OTHER SIGNIFICANT CONDITIONS Arteriolar nephrosclerosis
hypertensive cardio vascular disease

Major findings: Suprapubic prostatectomy

Date of operation: 12-30-48 Was autopsy performed Yes

What test confirmed diagnosis? autopsy

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

If so, specify

(Signed) C. L. Clay M. D.
(Address) Mass. General Hospital Date --- 19---6 Place of Burial or Cremation Woodlawn Crem-Everett Mass.
(City or Town)

DATE OF BURIAL Jan. 10/49 19

7 NAME OF FUNERAL DIRECTOR H. S. Reynolds
ADDRESS Winthrop Mass.

Received and filed FEB 5 1949 19

(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX M 9 COLOR OR RACE W 10 SINGLE (write the word)
MARRIED Married
WIDOWED
OR DIVORCED10a If married, widowed, or divorced
HUSBAND of Flora L Leach
(Give maiden name of wife in full)

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

11 IF STILLBORN, enter that fact here.

12 AGE 72 4 3
Years Months Days If under 24 hours
Hours Minutes13 Usual Occupation: Engineer
(Kind of work done during most of working life)

14 Industry or Business: Stationery

15 Social Security No. 030-05-1653A

16 BIRTHPLACE (City) Quincy Mass.
(State or country)

17 NAME OF FATHER William H Paterson

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

19 MAIDEN NAME OF MOTHER Maria MacMillian

20 BIRTHPLACE OF MOTHER (City) Prince Edward Island
(State or country)21 Informant F. L. Paterson
(Address)

A TRUE COPY.

ATTEST: (Registrar of City or Town where death occurred)

DATE FILED Jan. 11/49 19



PLACE OF DEATH

Suffolk
(County)

Winthrop
(City or Town)

No. 77 Triton Ave.

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

(a) Residence. No. 77 Triton Ave.
(Usual place of abode)

Length of stay: In place of death..... years..... months..... days. In place of residence 30 years..... months..... days.

The Commonwealth of Massachusetts



OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD
CERTIFICATE OF DEATH

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

Registered No.

6

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

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

INSTRUCTIONS
FOR
FILLING OUT
THIS CERTIFICATE

1. In giving
information of DEATH

2. Do not enter
more than one
cause for each
(a), (b) and (c)

3. Cause does not mean
mode of dying, such
as failure, asphyxia,
etc. It means the disease,
or complications which
lead to death.

4. In listing conditions,
giving rise to the
disease (a) stating
underlying cause

5. Conditions contrib-
uting to the death but not
causing death.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH Jan 8 49
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from
June 28, 1948, to Jan 8, 1949

I last saw her alive on Jan 7, 1949, death is said to

have occurred on the date stated above, at 8 P. M.

DISEASE OR CONDITION

DIRECTLY LEADING

TO DEATH (a) Carcinoma of Lung

INTERVAL BE-
TWEEN ONSET
AND DEATH

6 mos

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? No

If so, specify.....

(Signed) Lawrence A. Kelly

(Address) 200 P. Rensselaire

Date Jan 9, 1949

6 Winthrop Winthrop
Place of Burial or Cremation (City or Town)

DATE OF BURIAL Jan. 10 1949

7 NAME OF FUNERAL DIRECTOR Howard S. Reynolds

ADDRESS Winthrop, Mass.

Received and filed. JAN 11 1949

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Female 9 COLOR OR RACE White 10 SINGLE (write the word)
MARRIED WIDOWED or DIVORCED Widow

10a If married, widowed, or divorced
HUSBAND of Lloyd F. Hoey
(Give maiden name of wife in full)

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

11 IF STILLBORN, enter that fact here.

12 AGE 72 Years 8 Months 14 Days If under 24 hours
... Hours ... Minutes

13 Usual Occupation: Housewife
(Kind of work done during most of working life)

14 Industry or Business: Own home

15 Social Security No. None

16 BIRTHPLACE (City) Pittsburgh Pa.
(State or country)

17 NAME OF FATHER John Henry Lefstrom

18 BIRTHPLACE OF FATHER (City) Denmark
(State or country)

19 MAIDEN NAME OF MOTHER Elisabeth Hirt

20 BIRTHPLACE OF MOTHER (City) Switzerland
(State or country)

21 Informant Lloyd F. Hoey
(Address) 264 Upham St Melrose, Mass

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) 1/10/49

100M-(D)-10-45-24656

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

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

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

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, 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 persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

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

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

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance 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.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by 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. 35 Centre St.



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

Registered No. 7

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

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

2 FULL NAME. John Peter Petersen
(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. 35 Centre St
(Usual place of abode)

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

Length of stay: In place of death 52 years months days. In place of residence years months days.

INSTRUCTIONS
FOR
CERTIFICATE

giving
OF DEATH

not enter
than one
for each
(b) and (c)

does not mean
of dying, such
culture, ashenia,
ans the disease,
ications which
ath.

id conditions,
ving rise to the
se (a) stating
rlying cause

itions contrib-
e death but not
the disease or
causing death.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH Jan 11 49
(Month) (Day) (Year)

4 I HEREBY CERTIFY That I attended deceased from
May 19 48 to June 11 19 49

I last saw h in alive on June 11 19 49 death is said to
have occurred on the date stated above, at 12:00 p.m.

DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a) Carcinoma
of Intestines

INTERVAL BE-
TWEEN ONSET
AND DEATH
9 mos

ANTE Due To
CEDENT (b)
CAUSES

Due To
(c)

OTHER SIGNIFICANT CONDITIONS Senile Atrophy of Spleen 2 yrs

Major findings: Of operations. Carcinoma of Intestines

Date of operation May 11 1948 Was autopsy performed? Yes

What test confirmed diagnosis? —

5 Was disease or injury in any way related to occupation of deceased?
If so, specify Harker a Kelly M. D.
(Signed) 200 1 Pleasant Date Jan 12 19 49
(Address)

6 Woodlawn Everett
Place of Burial or Cremation (City or Town)

DATE OF BURIAL January 14 19 49

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

Received and filed 19

JAN 17 1949

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Male 9 COLOR OR RACE White 10 SINGLE (write the word)
MARRIED WIDOWED or DIVORCED Widowed

10a If married, widowed, or divorced
HUSBAND of Nellie A. Garvey
(Give maiden name of wife in full)

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

11 IF STILLBORN, enter that fact here.

12 AGE 79 Years Months Days If under 24 hours
Hours Minutes

13 Usual Occupation: Marine Engineer
(Kind of work done during most of working life)

14 Industry or Business: Steamship

15 Social Security No.

16 BIRTHPLACE (City) Denmark
(State or country)

17 NAME OF FATHER Peter Petersen

18 BIRTHPLACE OF FATHER (City) Denmark
(State or country)

19 MAIDEN NAME OF MOTHER Cannot be learned

20 BIRTHPLACE OF MOTHER (City) Denmark
(State or country)

21 Informant Walter Petersen
(Address) 35 Centre St Winthrop

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

Walter F. Baker
(Signature of Agent of Board of Health or other)
Health Officer (Official Designation) 1/13/49 (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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(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance 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.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by 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. 55 Court Rd.

2 FULL NAME. Margaret (Ramsay) Beach

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

(a) Residence. No. 55 Court Rd.

(Usual place of abode)

{(If death occurred in a hospital or institution, St. { 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 place of death..... years..... months..... days. In place of residence 39 years..... months..... days.

INSTRUCTIONS
FOR
AL CERTIFICATEn giving
E OF DEATHnot enter
e than one
e for each
, (b) and (c)s does not mean
e of dying, such
ailure, asthenia,
means the disease,
lications which
eath.bid conditions,
iving rise to the
use (a) stating
erlying causeditions contrib-
he death but not
o the disease or
causing death.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH January 13 1949
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from

January 22, 1947, to January 13, 1949

1 last saw her alive on January 13, 1949, death is said to

have occurred on the date stated above, at 5:20 P.M.

DISEASE OR CONDITION

DIRECTLY LEADING

TO DEATH (a) Acute Coronary Thrombosis

INTERVAL BETWEEN ONSET AND DEATH

12 hours

ANTECEDENT CAUSES

Due To (b) Arteriosclerotic and hypertensive heart disease

Due To (c) Arteriosclerosis

OTHER SIGNIFICANT CONDITIONS

Major findings: Of operations.

None

Date of operation..... Was autopsy performed? No

What test confirmed diagnosis? Clinical + laboratory.

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

If so, specify

(Signed) Maurice Traynor Jr. M. D.
(Address) 562 Seely St. Date Jan. 13, 19496 Winthrop Winthrop
Place of Burial or Cremation (City or Town)

DATE OF BURIAL Jan. 17 1949

7 NAME OF FUNERAL DIRECTOR Howard S. Pymble

ADDRESS Winthrop Mass.

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

JAN 17 1949

(Registrar)

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. 8

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Female 9 COLOR OR RACE White 10 SINGLE (write the word) MARRIED Married WIDOWED or DIVORCED

10a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of Edgar Beach

(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 75 Years 1 Months 22 Days If under 24 hours Hours Minutes

13 Usual Occupation: Housewife (Kind of work done during most of working life)

14 Industry or Business: Own Home

15 Social Security No. None

16 BIRTHPLACE (City) Chicago (State or country) Ill.

17 NAME OF FATHER Robert Ramsay

18 BIRTHPLACE OF FATHER (City) Hamilton (State or country) Scotland

19 MAIDEN NAME OF MOTHER Agnes Wellwood

20 BIRTHPLACE OF MOTHER (City) Glasgow (State or country) Scotland

21 Informant (Address) Robert Beach 55 Court Rd. Winthrop

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

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

(Official Designation) Health Officer (Date of Issue of Permit) 1/17/49

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

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

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

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

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

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

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

RULES OF PRACTICE

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

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

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance 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.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by 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. Winthrop Community Hospital

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

(a) Residence. No. 517 Lloyd
(Usual place of abode)

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

Length of stay: In hospital or institution Hosp. 5 years 10 months days. In this community yrs. mos. days.

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



STANDARD
CERTIFICATE OF DEATH

Registered No. 9

PHYSICIAN-IMPORTANT

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

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

PERSONAL AND STATISTICAL PARTICULARS

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

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

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

6 Age of husband or wife if alive years

7 IF STILLBORN, enter that fact here.

8 AGE Years Months Days If less than 1 day 5 Hours 10 Minutes

Usual
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 Leslie L. Miller

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

15 MAIDEN NAME OF MOTHER Sylvia Stockman

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

17 Informant Leslie R. Miller (Relation, if any) Father
(Address) 517 Lloyd 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) 1/18/49 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Jan 18 1949
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from Jan. 17 1949, to Jan 18 1949
I last saw h. in alive on Jan. 17 1949, death is said to have occurred on the date stated above, at 1:30 A. 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) Louis Diegel, M. D.
(Address) 72 Shady St Date 1/18 1949

21 Beth Israel Cemetery (City or Town)

DATE OF BURIAL January 19 1949

22 NAME OF FUNERAL DIRECTOR

ADDRESS 151 Washington Ave. Chelsea

Received and Filed JAN 28 1949 19

(Registrar)

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

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

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

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

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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

INSTRUCTIONS
FOR
CERTIFICATEgiving
OF DEATHnot enter
than one
for each
(b) and (c)does not mean
of dying, such
illure, asthenia,
ans the disease,
ications which
th.and conditions,
ing rise to the
e (a) stating
lying causetions contrib-
e death but not
the disease or
causing death.

100M (D) 10-4624858

PLACE OF DEATH

Suffolk
(County)Winthrop
(City or Town)No. ~~46~~ Washington Ave (Kirkpatrick2 FULL NAME Mary Ann (Bowen) Vessey
(If deceased is a married, widowed or divorced woman, give also maiden name.)(a) Residence. No. 3 Almont Street
(Usual place of abode)

Length of stay: In place of death years 1 months days. In place of residence 50 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH Jan 21 1949
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from

Jan 19 1949 to Jan 21 1949

I last saw him alive on Jan 17 1949 death is said to

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

DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a) Asbestos inhalationINTERVAL BE-
TWEEN ONSET
AND DEATHANTE CEDENT (b)
CAUSESDue To
(c)OTHER SIGNIFICANT
CONDITIONS Asbestos inhalationMajor 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) Charles J. Matthews M. D.

(Address) 1000 Marshall St. Date 1-22-49

6 Winthrop Winthrop
Place of Burial or Cremation (City or Town)

DATE OF BURIAL Jan. 24 1949

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

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

JAN 28 1949

(Registrar)

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICSTo be filed for burial permit
with Board of Health
or its Agent.STANDARD
CERTIFICATE OF DEATH

Registered No. 10

Nursing home)

(If death occurred in a hospital or institution,
St. { 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

8 SEX Female 9 COLOR OR RACE White 10 SINGLE (write the word)
MARRIED WIDOWED or DIVORCED Widow

10a If married, widowed, or divorced

HUSBAND of (Give maiden name of wife in full)

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

11 IF STILLBORN, enter that fact here.

12 AGE 80 Years 1 Months 3 Days If under 24 hours
Hours Minutes13 Usual Occupation: Housewife
(Kind of work done during most of working life)

14 Industry or Business: At home

15 Social Security No. None

16 BIRTHPLACE (City) England
(State or country)

17 NAME OF FATHER James Bowen

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

19 MAIDEN NAME OF MOTHER Mary Jane Ashley

20 BIRTHPLACE OF MOTHER (City) England
(State or country)21 Informant Hester Kempton
(Address) 56 Marshall St WinthropI HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:Walter G. Baker
(Signature of Agent of Board of Health or other)
H. O. Jan. 24 1949
(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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Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by 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. Winthrop Community Hospital



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

CERTIFICATE OF DEATH

Registered No. 11

2 FULL NAME

Mary Marcella Arsenault

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

(a) Residence. No.

(Usual place of abode)

414 Saratoga

St.

East Boston

(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 22 yrs.

mos.

days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Female

4 COLOR OR RACE

White

5 SINGLE (write the word)

MARRIED
WIDOWED
or DIVORCED
Widowed

5a If married, widowed or divorced

HUSBAND of:

(Give maiden name of wife in full)

(or) WIFE of:

Adam A. Arsenault
(Husband's name in full)

6 Age of husband or wife if alive

deceased

years

7 IF STILLBORN, enter that fact here.

8

AGE

49

Years

Months

Days

If less than 1 day

Hours

Minutes

Usual

Occupation:

mender

Industry

or Business:

Sporting Goods

11 Social Security No.

031-22-1109

12 BIRTHPLACE (City)

Arachet

(State or Country)

U.S.

PARENTS

13 NAME OF

FATHER

Jeffrey Boudreau

14 BIRTHPLACE OF

FATHER (City)

(State or Country)

Arachet

U.S.

15 MAIDEN NAME

OF MOTHER

Mary Hubert

16 BIRTHPLACE OF

MOTHER (City)

(State or Country)

Arachet

U.S.

17

Informant

(Address)

Leo Richard Arsenault

(Relation, if any)

414 Saratoga St., E. B.

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

Walter A. Doherty

(Signature of Agent of Board of Health or other)

Health Officer

1/28/49

(Official Designation)

(Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF

DEATH

January 27

(Month)

(Day)

1949

(Year)

19

I HEREBY CERTIFY,

That I attended deceased from

Dec. 16

1948

to

Jan 27

1949

I last saw her alive on

Jan 27

1948

death is said to

have occurred on the date stated above, at

8 30 A

m.

Duration

Immediate cause of death

Acute cardiac dilatation

IMPORTANT
Cause

Due to

toxic myocarditis

5 weeks

Due to

General Peritonitis due to ruptured appendix

7 days

Other conditions

(Include pregnancy within 3 months of death)

IMPORTANT

Major findings:

Of operations

Walled off - perforated appendix
e appendiceal abscess

Date of

Jan 19 1949

Of autopsy

General peritonitis - Ruptured appendix

Physician

Underline

the cause to

which death

should be

charged sta-

tistically.

What test confirmed diagnosis?

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

If so, specify

(Signed)

(Address)

D. Thomas Claffey
21 Broad St.

Date

Jan 27 1949

M. D.

21 Place of Burial, Cremation or Removal.

(City or Town)

DATE OF BURIAL

Holy Cross, Malden
January 29

1949

22 NAME OF

FUNERAL DIRECTOR

ADDRESS

John C. Kelly
286 Meridian St., E. Bost.

Received and Filed

19

FEB 1 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 supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

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

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

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

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

Registered No. 12

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. 91 Marshall St. St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Salvatore Maddaloni
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(a) Residence, No. 91 Marshall 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 20 yrs. mos. days.
(Before death) (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH	
3 SEX Male	4 COLOR OR RACE White	5 SINGLE (write the word) MARRIED WIDOWED or DIVORCED Single	18 DATE OF DEATH January 27, 1949 (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	
6 Age of husband or wife if alive years			I last saw h. alive on 19, death is said to have occurred on the date stated above, at 11:45 A.M.	
7 IF STILLBORN, enter that fact here.			Immediate cause of death	
8 AGE 80 Years Months Days If less than 1 day Hours Minutes			Natural Causes	
9 Occupation: Retired			Due to Presumably coronary occlusion	
10 Industry or Business: None			Due to Generalized arterio-sclerosis	
11 Social Security No. None			Other conditions (Include pregnancy within 3 months of death)	
12 BIRTHPLACE (City) (State or country) Palermo Italy			Major findings: Of operations	
13 NAME OF FATHER Pasquale Maddaloni			Date of	
14 BIRTHPLACE OF FATHER (City) (State or country) Palermo Italy			Of autopsy none	
15 MAIDEN NAME OF MOTHER Angela Grassa			What test confirmed diagnosis? Clinical	
16 BIRTHPLACE OF MOTHER (City) (State or country) Palermo Italy			20 Was disease or injury in any way related to occupation of deceased? If so, specify	
17 Informant Vincent Di Vita (Address) 56 Park Ave. Winthrop (Relation, if any) Brother-in-law			(Signed) Arthur S. Murray, M. D. (Address) Winthrop, Mass. 38 Bay St. 1949	
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) 1/28/49 (Official Designation) (Date of Issue of Permit)			21 Winthrop Winthrop Place of Burial, Cremation or Removal. (City or Town) DATE OF BURIAL Jan 29 1949	
			22 NAME OF FUNERAL DIRECTOR Ernest P. Gagnano ADDRESS 147 Winthrop St. Winthrop	
			Received and filed FEB 1 1949 19 (Registrar)	

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

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

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

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

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

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

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

RULES OF PRACTICE

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

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

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

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

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

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

SPACE FOR ADDITIONAL INFORMATION

PLACE OF DEATH

Suffolk
(County)Winthrop
(City or Town)

No. 19 Lewis Ave.

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

Length of stay: In place of death..... years 7 months..... days. In place of residence..... years 7 months..... days.

INSTRUCTIONS
FOR
CERTIFICATEgiving
OF DEATHnot enter
than one
for each
(b) and (c)does not mean
of dying, such
as the disease,
indications which
with.and conditions,
giving rise to the
cause (a) stating
primary causeditions contrib-
e death but not
the disease or
causing death.

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. 13

{(If death occurred in a hospital or institution,
St. { 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

3 DATE OF DEATH Jan 28 1949
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
June 29, 1948, to Jan 28, 1949I last saw him alive on Jan 26, 1949, death is said to
have occurred on the date stated above, at 11:45 P. M.DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a) Carcinoma of lungINTERVAL BE-
TWEEN ONSET
AND DEATH

8 mo.

ANTECEDENT
CAUSES

Due To

(b)

Arterio sclerotic heart
disease with

1-2 yrs.

Due To

(c)

Congestive heart failure

6 mo.

OTHER
SIGNIFICANT
CONDITIONS

None

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? No
If so, specify

(Signed)

(Address)

562 Shively St Winthrop

Date

Jan 29, 1949

M. D.

6 Winthrop Winthrop
Place of Burial or Cremation (City or Town)

DATE OF BURIAL

Jan. 31

1949

7 NAME OF
FUNERAL DIRECTOR
ADDRESSHoward S. Bennett
Winthrop, Mass.

Received and filed FEB 1 1949 19

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Male 9 COLOR OR RACE White 10 SINGLE (write the word)
MARRIED
WIDOWED
or DIVORCED Single

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 81 Years 0 Months 8 Days If under 24 hours
Hours Minutes13 Usual Occupation: Brass finisher
(Kind of work done during most of working life)

14 Industry or Business: Brass foundry

15 Social Security No. None

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

17 NAME OF FATHER William Willis

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

19 MAIDEN NAME OF MOTHER Rebecca (Willis)

20 BIRTHPLACE OF MOTHER (City) Ireland
(State or country)21 Infant Charles Willis
(Address) 19 Lewis Ave. Winthrop, Mass.I HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:Walter J. Baker
(Signature of Agent of Board of Health or other)
(Official Designation)
(Date of Issue of Permit) 1/31/49

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

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

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen 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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death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

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

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

RULES OF PRACTICE

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

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

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance 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.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by 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. 136 Hermon Street

2 FULL NAME Carrie Evelyn (Lakeman) Ingersoll

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

(a) Residence. No. 136 Hermon St.
(Usual place of abode)St. (If death occurred in a hospital or institution,
give its NAME instead of street and number)

Registered No. 11

INSTRUCTIONS
FOR
CERTIFICATEgiving
OF DEATHnot enter
than one
for each
(b) and (c)does not mean
of dying, such
ure, asthenia,
ans the disease,
ications which
th.d conditions.
ing rise to the
e (a) stating
lying causeions contrib-
death but not
he disease or
causing death.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH Jan 30 1949
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from

Jan 20 1948 to Jan 30 1949

I last saw h alive on Jan 29 1949 death is said to

have occurred on the date stated above, at 5:15 A.M.

DISEASE OR CONDITION metastatic

DIRECTLY LEADING

TO DEATH (a) metastatic carcinoma stomach 7 mos

ANTECEDENT CAUSES
Due To (b)

Due To (c)

OTHER SIGNIFICANT CONDITIONS
arterial sclerosisMajor findings: carcinoma stomach
Of operations.

Date of operation 6/10/48 Was autopsy performed? no

What test confirmed diagnosis?

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

If so, specify

(Signed)

(Address)

Winthrop

Winthrop

6 Place of Burial or Cremation

(City or Town)

DATE OF BURIAL

Feb. 2

1949

7 NAME OF FUNERAL DIRECTOR

ADDRESS

Received and filed

FEB 1 1949

(Registrar)

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.

PHYSICIAN — IMPORTANT

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

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

Length of stay: In place of death 10 years months days. In place of residence 10 years months days.

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Female 9 COLOR OR RACE White 10 SINGLE MARRIED WIDOWED or DIVORCED Married (write the word)

10a If married, widowed, or divorced

HUSBAND of (Give maiden name of wife in full)

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

11 IF STILLBORN, enter that fact here.

12 AGE 71 Years 1 Months 11 Days If under 24 hours
Hours Minutes13 Usual Occupation: Housewife
(Kind of work done during most of working life)

14 Industry or Business: Own Home

15 Social Security No. None

16 BIRTHPLACE (City) Grand Manan
(State or country) N. B.

17 NAME OF FATHER George Lakeman

18 BIRTHPLACE OF FATHER (City) Lubec
(State or country) Maine

19 MAIDEN NAME OF MOTHER Lucretia Griffin

20 BIRTHPLACE OF MOTHER (City) Grand Manan
(State or country) N.B.21 Informant Herbert Ingersoll
(Address) 136 Hermon St. Winthrop, MassI 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)1/3/49
(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 persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec.46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

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

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

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance 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.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by 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.

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.

15

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

2 FULL NAME *Baby Girl Medeiros*
(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. *153/ Saratoga* 144 Putnam
(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

MEDICAL CERTIFICATE OF DEATH

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

18 DATE OF DEATH *Jan 30 1949*
(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
, 19 , to , 19

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

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

6 Age of husband or wife if alive years

have occurred on the date stated above, at m.

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

Immediate cause of death

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

Stillborn

Usual Occupation: *At home*

Due to

Industry or Business: *At home*

Due to

11 Social Security No. *none*

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

Other conditions
(Include pregnancy within 3 months of death)

13 NAME OF FATHER *Richard Medeiros*

Major findings:
Of operations

14 BIRTHPLACE OF FATHER (City)
(State or Country) *Cambridge
Mass.*

Date of

15 MAIDEN NAME OF MOTHER *Patricia Reagan*

Of autopsy

What test confirmed diagnosis?

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

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

17 Informant *Richard Medeiros (Father)*
(Address) *653 Saratoga St., East Boston*

(Signed) *D. J. Potts* M. D.
(Address) *179 Bennett St. Boston* Date *1/30 1949*

21 Place of Burial, Cremation or Removal. *Cambridge*
(City or Town) *Feb. 3 1949*

22 NAME OF FUNERAL DIRECTOR *Joseph A. Costa*
ADDRESS *257 Prospect St., Cambridge*

Received and Filed *FEB 9 1949* 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 S. Baker
(Signature of Agent of Board of Health or other)
Health Officer (Official Designation) *2/3/49* (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

PLACE OF DEATH

Suffolk
(County)

Revere

(City or Town)



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.

16

No. Resthaven Conv. Home

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

2 FULL NAME Elizabeth B. Tewksbury (Nickerson)

(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.

78 Atlantic

St. Winthrop

(Usual place of abode)

(If nonresident, give city or town and State)

Length of stay: In place of death — years 5 months — days. In place of residence 50 years — months — days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH January 10 1949
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
June 13, 1947, to January 10 1949I last saw her alive on January 4, 1949 death is said to
have occurred on the date stated above, at 3:15 P.m.

DISEASE OR CONDITION

DIRECTLY LEADING
TO DEATH (a)Cerebral Hemorrhage
with left hemiplegia 5 mos.ANTE
CEDENT
CAUSESDue To Arteriosclerotic
(b) Heart disease 1 1/2 yrs.Due To Arteriosclerosis 1 1/2 yrs.
(c)OTHER
SIGNIFICANT
CONDITIONS NoneMajor findings:
Of operations. None

Date of operation. Was autopsy performed? No

What test confirmed diagnosis? Clinical & Laboratory

5 Was disease or injury in any way related to occupation of deceased? NO

If so, specify

(Signed) Maurice Traunstein M.D.
(Address) 562 Shirley St. Date 1/10 19496 Winthrop Winthrop Winthrop
Place of Burial or Cremation (City or Town)

DATE OF BURIAL January 13, 1949

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

Received and filed. FEB 16 1949 19.

(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Female 9 COLOR OR RACE White 10 SINGLE (write the word)
MARRIED WIDOWED
or DIVORCED Widowed10a If married, widowed, or divorced
HUSBAND of

(Give maiden name of wife in full)

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

11 IF STILLBORN, enter that fact here.

12 AGE 72 Years Months Days If under 24 hours
Hours Minutes13 Usual Occupation: Housework
(Kind of work done during most of working life)

14 Industry or Business: Own Home

15 Social Security No.

16 BIRTHPLACE (City) Brewer
(State or country) Maine

17 NAME OF FATHER Charles F. Nickerson

18 BIRTHPLACE OF FATHER (City) Brewer
(State or country) Maine

19 MAIDEN NAME OF MOTHER Annette Chambers

20 BIRTHPLACE OF MOTHER (City) Brewer
(State or country) Maine21 Informant Alfred Tewksbury son
(Address) 78 Atlantic St. Winthrop

A TRUE COPY

ATTEST: Joseph F. Shields
(Registrar of City or Town where death occurred)

DATE FILED Jan. 21, 1949

Copies of returns of deaths which occurred in your city or town in case the deceased resided in another city or town at the time of death should be transmitted on Form R-305 to the clerk of the city or town in which the deceased resided as soon as possible after the close of the month in which the death occurred. (See Chap. 46, Sec. 12, G. L.)

25m-(h)-10-48-24658

PLACE OF DEATH

Suffolk

(County)

Boston

(City or Town)



The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY

DIVISION OF VITAL STATISTICS

COPY OF
MEDICAL EXAMINER'S
CERTIFICATE OF DEATH

Boston

(City or town making return)

Registered No. 4647

No. Mass. General Hospital

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

2 FULL NAME Charles Holthaus

(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. 14 Highland Ave.
(Usual place of abode)St. Winthrop Mass.
(If nonresident, give city or town and State)

Length of stay: In place of death years 1 months 2 days. In place of residence 40 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH Jan/15/49
(Month) (Day) (Year)

4 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 hip

Phlebothrombosis

Pulmonary embolism

5 Accident, suicide, or homicide (specify) Accident

Date and hour of injury Dec. 10 19 48

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? Home

(Specify type of place)

Manner of injury Fell
(How did injury occur?)

Nature of injury See above

While at work? Was autopsy performed? No

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

If so, specify

(Signed) A R Moritz, M. D.

(Address) 25 Shattuck St Date 1-16 19 49

7 St Joseph's Boston Mass

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

DATE OF BURIAL Jan. 18/49 19

8 NAME OF FUNERAL DIRECTOR J. F. O'Malley

ADDRESS Winthrop Mass

Received and filed 19

FEB 21 1949
(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

9 SEX M 10 COLOR OR RACE W 11 SINGLE (write the word)
MARRIED Widowed
WIDOWED or DIVORCED11a If married, widowed, or divorced HUSBAND of Mary F Dunne
(Give maiden name of wife in full)

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

12 IF STILLBORN, enter that fact here.

13 AGE 81 Years Months Days If under 24 hours
Hours Minutes14 Usual Occupation: Lithographer Retired
(Kind of work done during most of working life)

15 Industry or Business: Lithographic

16 Social Security No. 011-16-9187

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

18 NAME OF FATHER Cannot be learned

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

20 MAIDEN NAME OF MOTHER Cannot be learned

21 BIRTHPLACE OF MOTHER (City) Germany
(State or country)22 Informant C Holthaus
(Address)

A TRUE COPY

ATTEST: (Registrar of City or Town where death occurred)

DATE FILED Jan. 18/49 19

PLACE OF DEATH

Suffolk
(County)
Winthrop Mass
(City or Town)No. Winthrop Community Hospital
2 FULL NAME Mr. Samuel A. Miller
(If deceased is a married, widowed or divorced woman, give also maiden name.)(a) Residence. No. 79^W Shore Drive, Winthrop, Mass.
(Usual place of abode)

Length of stay: In place of death. years months 4 days. In place of residence 23 years months days.

The Commonwealth of Massachusetts

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

Registered No. 13

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)

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH February 4, 1949
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
February 1, 1949 to February 4, 1949
I last saw him alive on February 4, 1949, death is said to

have occurred on the date stated above, at 9:00 P. m.

DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a) acute Coronary thrombosis 4 daysANTE Due To
CEDENT (b)
CAUSESDue To
(c)OTHER SIGNIFICANT
CONDITIONS Bronchopneumonia 3 daysMajor findings: None
Of operations

Date of operation. Was autopsy performed? No

What test confirmed diagnosis? Clinical & Laboratory

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

If so, specify

(Signed) Maurice Transstine Jr. M. D.

(Address) 562 S Merley St. Winthrop, Mass. Date Feb 4, 1949

Placed VICTOR CHOUIM CEM. (LEAVEN) W. Rox.
Place of Burial or Cremation (City or Town)

DATE OF BURIAL Feb 6, 1949

7 NAME OF FUNERAL DIRECTOR Benj. F. Salomon

ADDRESS 420 Harvard St. Brookline

Received and filed FEB 9 1949 19

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX male 9 COLOR OR RACE white 10 SINGLE (write the word)
MARRIED
WIDOWED married
or DIVORCED10a If married, widowed, or divorced
HUSBAND of Bertha Rothstein
(Give maiden name of wife in full)(or) WIFE of
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 55 Years Months Days If under 24 hours
Hours Minutes13 Usual Occupation merchant
(Kind of work done during most of working life)

14 Industry or Business retail shoes

15 Social Security No.

16 BIRTHPLACE (City) Haverhill
(State or country) Mass

17 NAME OF FATHER Max Miller

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

19 MAIDEN NAME OF MOTHER Etta Caplan

20 BIRTHPLACE OF MOTHER (City) Russia
(State or country)21 Informant Louis Miller
(Address) 45 Rogers Park Ave BrightonI 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 2/5/49
(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 hereunder. If the

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

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

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

RULES OF PRACTICE

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

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

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

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

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by 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

PLACE OF DEATH

Essex

(County)

Danvers

(City or Town)

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

2 FULL NAME Bridget Theresa Meagher
(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. 949 Shirley St., Winthrop, Mass.
(Usual place of abode)

(If nonresident, give city or town and State)

Length of stay: In place of death 5 years 3 months 1 days. In place of residence years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH February 5 1949
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from
Nov. 4 1943 to Feb. 5 1949

I last saw her alive on Feb. 5 1949, death is said to

have occurred on the date stated above, at 1:05 p.m.

DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a) Chronic Myocarditis 6 yrs

ANTECEDENT (b) Due To Bronchopneumonia 1-2 days

Due To
(c)

OTHER
SIGNIFICANT
CONDITIONS

Major findings:
Of operations.

Date of operation. Was autopsy performed? No

What test confirmed diagnosis? Clinical

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

If so, specify

(Signed) Pasquale Buoniconito M. D.
(Address) Hathorne, Mass. Date 2/11 1949

6 Oakdale Cemetery, Middleton
Place of Burial or Cremation (City or Town)

DATE OF BURIAL February 9 1949

7 NAME OF FUNERAL DIRECTOR D. W. Trannan & Son

ADDRESS Arlington, Mass.

Received and filed MAR 9 1949

(Registrar of City or Town where deceased resided)

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS



COPY OF
CERTIFICATE OF DEATH

Danvers

(City or town making return)

Registered No. 19

St. (give its NAME instead of street and number)

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

(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Female 9 COLOR OR RACE White 10 SINGLE (write the word)
MARRIED WIDOWED or DIVORCED Single

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 72 Years 7 Months 8 Days If under 24 hours
Hours Minutes

13 Usual Occupation: Unable to work
(Kind of work done during most of working life)

14 Industry
or Business:

15 Social Security No.

16 BIRTHPLACE (City) Halifax
(State or country) Nova Scotia, Canada

17 NAME OF FATHER John Meagher

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

19 MAIDEN NAME OF MOTHER Ellen Condon

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

21 Informant Mary A. McPhillips
(Address) Hathorne, Mass.

A TRUE COPY.

ATTEST: (Registrar of City or Town where death occurred)

DATE FILED February 12 1949



Copies of returns of deaths which occurred in your city or town in case the deceased resided in another city or town at the time of death should be transmitted on Form R-305 to the clerk of the city or town in which the deceased resided as soon as possible after the close of the month in which the death occurred. (See Chap. 46, Sec. 12, G. L.)

25m-(b)-10-48-24658

Middlesex

(County)

Waltham

(City or Town)

Murphy General Hospital

No. Robert Spaulding

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

Fort Banks

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

1

1

(If nonresident, give city or town and State)

Winthrop, Mass.

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 February 5, 1949
(Month) (Day) (Year)

4 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof follow: (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Smoke Inhalation.
Edema of lungs and glottis.
Terminal Bronchopneumonia.
Accident.

Accident

5 Accident, suicide, or homicide, specify: February 4, 1949

Date and hour of injury: 19
Fort Banks, Winthrop

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

Did injury occur in private home, on farm, in industrial place, or in public place? At home

Manner of injury: Smoke Inhalation

Nature of injury: no (How did injury occur?) yes

While at work? Was autopsy performed? no

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

If so, specify: J. Morton Gallagher

(Signed) Newton, Mass. 2-5, 1949

(Address) Hillcrest Cem., Kenosha, Wisconsin

7 Place of Burial, or cremation: February 8 (City or Town) 49

DATE OF BURIAL William J. Cox 19

8 NAME OF FUNERAL DIRECTOR Belmont, Mass.

ADDRESS

Received and filed: MAR 10 1949 19

(Registrar of City or Town where deceased resided)

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
COPY OF
MEDICAL EXAMINER'S
CERTIFICATE OF DEATH

Waltham

(City or town making return)

63

20

Registered No. 20

(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)

PERSONAL AND STATISTICAL PARTICULARS

9 SEX Male 10 COLOR OR RACE white 11 SINGLE (write the word) MARRIED WIDOWED DIVORCED Single

11a If married, widowed, or divorced

HUSBAND of (Give maiden name of wife in full)

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

12 IF STILLBORN, enter that fact here.

13 1 5 28 AGE Years Months Days If under 24 hours Hours Minutes

14 Usual Occupation: (Kind of work done during most of working life)

15 Industry or Business:

16 Social Security No. Waltham

17 BIRTHPLACE (City) (State or country) Mass.

18 NAME OF FATHER Daniel Francis Spaulding

19 BIRTHPLACE OF FATHER (City) (State or country) Fond du Lac Wisconsin

20 MAIDEN NAME OF MOTHER Eleanor Laura Newmann

21 BIRTHPLACE OF MOTHER (City) (State or country) Elkhorn Wisconsin

22 Informant: Daniel F. Spaulding (Address) Mrs. J. S. Fort Banks, Mass.

A TRUE COPY.

ATTEST: (Registrar of City or Town where death occurred)

DATE FILED February 8 1949

See instructions in plain terms, so 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

1

No.

2 FULL NAME

(a) Residence. No.

(Usual place of abode)

Length of stay: In hospital or institution

(Before death)

(Specify whether)

years

months

days.

In this community

yrs.

mos.

days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE (write the word)
MARRIED
WIDOWED
or DIVORCED

5a If married, widowed or divorced

HUSBAND of:

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

6 Age of husband or wife if alive

years

7 IF STILLBORN, enter that fact here.

8

AGE

Years

Months

Days

If less than 1 day

Hours

Minutes

Usual

9 Occupation:

Industry

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)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)

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

STANDARD

CERTIFICATE OF DEATH

Registered No.

21

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

PHYSICIAN-IMPORTANT

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

(If nonresident, give city or town and State)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF
DEATHFeb. 7 1949
(Month) (Day) (Year)

19

I HEREBY CERTIFY,

That I attended deceased from

Feb. 7, 1949, to Feb. 7, 1949

I last saw him alive on Feb. 7, 1949, death is said to

have occurred on the date stated above, at 8:35 a.m.

Immediate cause of death

Stillborn

Due to

Cerebral aneurysm

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. Thomas Staffer

(Address)

21 Broad St.

Date Feb 7 1949

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

DATE OF BURIAL

22 NAME OF
FUNERAL DIRECTOR

ADDRESS

Received and Filed

FEB 14 1949

19

(Registrar)

Duration
IMPORTANT

IMPORTANT

Physician

Underline
the cause to
which death
should be
charged statistically.

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

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

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

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

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

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

M R-301A

INSTRUCTIONS
FOR
CERTIFICATEgiving
OF DEATHnot enter
than one
for each
(b) and (c)does not mean
of dying, such
as failure, ashenia,
trans the disease,
indications which
death.and conditions,
giving rise to the
se (a) stating
primary causeitions contrib-
the death but not
the disease or
causing death.

100M-(D)-10-48-24688

PLACE OF DEATH

1

(County)

(City or Town)

No. 100 306 100 100 100

2 FULL NAME. William A. Carey

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

(a) Residence. No. 100 306 100 100 100 St.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of stay: In place of death. years months days. In place of residence 0 years months days.

The Commonwealth of Massachusetts

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

Registered No. 22

(If death occurred in a hospital or institution,
St. { 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

3 DATE OF DEATH February 9 1949

(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from

July 12 1948 to Feb 5 1949

I last saw him alive on Feb 5 1949, death is said to

have occurred on the date stated above, at 2 17 m.

DISEASE OR CONDITION

DIRECTLY LEADING

TO DEATH (a) Cancer of

Stomach

INTERVAL BE-
TWEEN ONSET
AND DEATH

9 mos

ANTECEDENT (b)

CAUSES

Due To

(c)

OTHER
SIGNIFICANT
CONDITIONS

Gastritis 5 years

Duodenal ulcer 12 years

Major findings:
Of operations.

Date of operation. Was autopsy performed? yes

What test confirmed diagnosis? autopsy

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

If so specify Emmanuel Dufour, M. D.

(Signature)

(Address) 469 Beacon St. Date 2-10-1949

6 Place of Burial or Cremation

(City or Town)

DATE OF BURIAL 1949

7 NAME OF FUNERAL DIRECTOR William D. Carey

ADDRESS

Received and filed 19

FEB 14 1949

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX 9 COLOR OR RACE 10 SINGLE (write the word)

MARRIED

WIDOWED

or DIVORCED

10a If married, divorced

HUSBAND of Lena S. Dufour

(Give maiden name of wife in full)

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

11 IF STILLBORN, enter that fact here.

12 AGE 00 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)

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) 2/11/49 (Date of Issue of Permit)

EXTRACTS
FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

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

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

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

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

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

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

RULES OF PRACTICE

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

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

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance 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.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by 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)
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. 23

No. 150 Main St. { (If death occurred in a hospital or institution,
St. { give its NAME instead of street and number)

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

(a) Residence. No. 150 Main St. St. (If nonresident, give city or town and State)
(Usual place of abode)

Length of stay: In place of death 1 years 4 months days. In place of residence 1 years 4 months days.

PHYSICIAN — IMPORTANT

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

INSTRUCTIONS
FOR
CERTIFICATE

giving
OF DEATH

not enter
than one
for each
(b) and (c)

does not mean
of dying, such
ure, asthenia,
ns the disease,
ations which
th.

conditions,
ing rise to the
e (a) stating
lying cause

ions contrib-
death but not
he disease or
causing death.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH February 14 1949
(Month) (Day) (Year)

4 I HEREBY CERTIFY That I attended deceased from
Sept 19 48 to Feb 14 49
I last saw him alive on 2/14 49, death is said to
have occurred on the date stated above, at 12 noon

DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a) Broncho-Pneumonia 3 Days

INTERVAL BE-
TWEEN ONSET
AND DEATH

ANTECEDENT CAUSES
Due To (b) Carcinoma of
Uterus
Due To (c)

OTHER
SIGNIFICANT
CONDITIONS

Major findings: Malignancy
Of operations
Date of operation 12/18/48 Was autopsy performed? No
What test confirmed diagnosis? Mx

5 Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Fred O. P. P. 98 M. D.
(Address) 670 Saratoga St. Boston 415 1949

6 Holy Cross Malden
Place of Burial or Cremation (City or Town)
DATE OF BURIAL Feb 17 1949

7 NAME OF FUNERAL DIRECTOR Leo M. Morton
ADDRESS Malden

Received and filed FEB 21 1949

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Female 9 COLOR OR RACE White 10 SINGLE (write the word)
MARRIED
WIDOWED
or DIVORCED Married

10a If married, widowed, or divorced
HUSBAND of (Give maiden name of wife in full)
(or) WIFE of Charles B. Treanor
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 48 Years Months Days If under 24 hours
Hours Minutes

13 Usual Occupation: Housework
(Kind of work done during most of working life)

14 Industry or Business: Own Home

15 Social Security No. None

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

17 NAME OF FATHER Daniel Ahearn

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

19 MAIDEN NAME OF MOTHER Louise Kenney

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

21 Informant Charles B. Treanor
(Address) 150 Main St. Wentworth

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) 2/16/48

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 persons shall bury a human body or the ashes thereof of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

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

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by 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 on back of certificate. Exact statement of OCCUPATION is very important. See instructions on back of certificate. If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

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

PLACE OF DEATH

Suffolk
(County)
Northampton
(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. *21*

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

2 FULL NAME *ALBEE JAMES*
(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) *Y*

(a) Residence, No. *523 Pleasant St.* St. (If nonresident, give city or town and State)

Length of stay: In hospital or institution *3* years months *3* days. In this community *18* yrs. *18* mos. *18* 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 *Ann F. Peck*
(Give maiden name of wife in full)
(or) WIFE of *James Albee*
(Husband's name in full)

6 Age of husband or wife if alive *51* years

7 IF STILLBORN, enter that fact here.

8 AGE *53* Years Months Days If less than 1 day
Hours Minutes

Usual Occupation: *Theatre Manager*

Industry or Business: *Theatre*

11 Social Security No.

12 BIRTHPLACE (City)
(State or country) *Fairfax Mass.*

13 NAME OF
FATHER *Boston Albee*

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

15 MAIDEN NAME
OF MOTHER *Louise Jones*

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

17 Informant (Address) *Ann F. Peck* Relation, if any
(*Wife*)

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

(Signature of Agent or Board of Health or other)

H. O. (Official Designation)

2/21/49 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH *2* *18* *49*
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from
3/24/48, 19*48*, to *2/18*, 19*49*.
I last saw him alive on *2/17*, 19*49*, death is said to
have occurred on the date stated above, at *6:25 a. m.*

Immediate cause of death..... Duration

Coronary Thrombosis *2 mos.*

Diabetes mellitus *20 years*

RT. & left side cardiac *4 mos.*

failure & urethral structure *3 years*

Other conditions. *urethral structure* *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) *D. D. Potito* M. D.

(Address) *136 Beacon St. Boston* Date *2/18*, 19*49*

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

DATE OF BURIAL *Feb 21*, 19*49*

22 NAME OF FUNERAL DIRECTOR *Maureen T. Ruby*

ADDRESS *210 W. Main St. Northampton*

Received and filed *FEB 21 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 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).

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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

INSTRUCTIONS
FOR
CERTIFICATEgiving
OF DEATHnot enter
than one
for each
(b) and (c)does not mean
of dying, such
as, asthenia,
the disease,
conditions which
th.id conditions,
ing rise to the
e (a) stating
lyng causeions contrib-
e death but not
he disease or
causing death.

PLACE OF DEATH

Suffolk
(County)
Wintthrop
(City or Town)

The Commonwealth of Massachusetts

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

Registered No. 25

No. 35 Willow Ave.

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

2 FULL NAME

Mabel J. Golden

(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. 35 Willow Ave

(Usual place of abode)

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

Length of stay: In place of death 35 years.....months.....days. In place of residence 35 years.....months.....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH Feb. 23 1949
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
Jan 1, 1949 to Feb. 23, 1949
I last saw her alive on Feb. 22, 1949, death is said to

have occurred on the date stated above, at 6.45 A.M.

DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a) myocarditisINTERVAL BE-
TWEEN ONSET
AND DEATHANTECEDENT
CAUSESDue To
(c)OTHER
SIGNIFICANT
CONDITIONSMajor findings:
Of operations.

Date of operation..... Was autopsy performed? no

What test confirmed diagnosis?

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

If so, specify

(Signed) Charles J. McCarthy M.D.
(Address) 7 Holyhood Brookline on Date 2-23-19496 Place of Burial or Cremation
DATE OF BURIAL February 25, 1949
(City or Town)7 NAME OF
FUNERAL DIRECTORJohn C. Kelly
ADDRESS 286 Meridian St., E. Boro.

Received and filed FEB 24 1949

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Female 9 COLOR OR RACE White 10 SINGLE (write the word)
MARRIED Single
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 65 Years Months Days If under 24 hours
Hours Minutes13 Usual Occupation Retired Teacher
(Kind of work done during most of working life)

14 Industry or Business Music & Dramatics

15 Social Security No. none
16 BIRTHPLACE (City) East Boston
(State or country) Mass.

17 NAME OF FATHER Thomas Golden

18 BIRTHPLACE OF
FATHER (City)
(State or country) Ireland19 MAIDEN NAME
OF MOTHER Bridget Brogan20 BIRTHPLACE OF
MOTHER (City)
(State or country) Ireland21 Informant Miss Mary Golden
(Address) 35 Willow 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 L. Baker
(Signature of Agent of Board of Health or other)
Health Officer (Official Designation) 3/23/49
(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 persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

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

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

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance 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.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by 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

R-301A

PLACE OF DEATH

Suffolk
(County)Winthrop
(City or Town)

The Commonwealth of Massachusetts

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

Registered No.

26

No. Winthrop Community Hospital

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

2 FULL NAME Donald Gerard Poirier

(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. 119 Lexington St., East Boston St.
(Usual place of abode)

(If nonresident, give city or town and State)

Length of stay: In place of death years months 1 days. In place of residence years 4 months 18 days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH Feb 25 1949
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
Feb 24 1949 to Feb 25 1949

I last saw him alive on Feb 25 1949, death is said to

have occurred on the date stated above, at 9:15 a.m.

DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a) SclerodermaINTERVAL BE-
TWEEN ONSET
AND DEATH

8 hrs.

ANTE CEDENT CAUSES Due To Severe Aortic
(b) stenosis

2 days

Due To
(c)OTHER
SIGNIFICANT
CONDITIONSMajor 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) [Signature]

(Address) [Address]

(Address) [Address]

6 Holy Cross Cemetery Malden
Place of Burial or Cremation (City or Town)

DATE OF BURIAL February 26, 1949

7 NAME OF FUNERAL DIRECTOR Richard C. Kirby

ADDRESS 17 Bennington St., E. Boston

Received and filed FEB 28 1949

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Male 9 COLOR OR RACE White 10 SINGLE (write the word)
MARRIED
WIDOWED
or DIVORCED Single

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 4 Months 19 Days If under 24 hours
Hours Minutes13 Usual Occupation: None
(Kind of work done during most of working life)

14 Industry or Business: None

15 Social Security No. None

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

17 NAME OF FATHER Hubert Poirier

18 BIRTHPLACE OF

FATHER (City)

(State or country)

Nova Scotia

19 MAIDEN NAME

OF MOTHER

Elizabeth Thibodeau

20 BIRTHPLACE OF

MOTHER (City)

(State or country)

Nova Scotia

21 Informant Hubert Poirier (Father)
(Address) 119 Lexington St., E. BostonI 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) 2/26/49

100M-(D)-10-48-24688

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

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

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by 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

FORM R-305

Copies of returns of deaths which occurred in your city or town in case the deceased resided in another city or town at the time of death should be transmitted on Form R-305 to the clerk of the city or town in which the deceased resided as soon as possible after the close of the month in which the death occurred. (See Chap. 46, Sec. 12, G. L.)

25m-(h)-10-48-24658

1 PLACE OF DEATH

Suffolk
(County)

Boston

(City or Town)



The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

COPY OF
MEDICAL EXAMINER'S
CERTIFICATE OF DEATH

Boston

(City or town making return)

Registered No.

1387

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

100 Marshall St

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

Winthrop Mass.

(If nonresident, give city or town and State)

Length of stay: In place of death years months 5 days. In place of residence 50 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH Feb. 10/49
(Month) (Day) (Year)

4 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.)

Leukemia following prolonged occupational exposure to benzene

xx

5 Accident, suicide, or homicide (specify).....

Date and hour of injury..... 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?.....

Manner of injury Under investigation
(Specify type of place)
(How did injury occur?)

Nature of injury

While at work?..... Was autopsy performed? Yes

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

If so, specify Under investigation

(Signed) A R Moritz M. D.

(Address) 25 Shattuck St Date 2-11-19-49

Holy Cross-Malden Mass.

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

DATE OF BURIAL Feb. 14/49 19.....

8 NAME OF FUNERAL DIRECTOR J F O'Maley

ADDRESS Winthrop Mass

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

(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

9 SEX M 10 COLOR OR RACE W 11 SINGLE (write the word) MARRIED WIDOWED or DIVORCED Married

11a If married, widowed, or divorced HUSBAND of Bridie Feeney
(Give maiden name of wife in full)

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

12 IF STILLBORN, enter that fact here.

13 AGE 50 Years..... Months..... Days If under 24 hours Hours..... Minutes

14 Usual Occupation Pressman
(Kind of work done during most of working life)

15 Industry or Business Printing

16 Social Security No. 012-09-3080

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

18 NAME OF FATHER John T Ostman

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

20 MAIDEN NAME OF MOTHER Margaret Cannon

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

22 Informant B Ostman
(Address)

A TRUE COPY ATTEST: (Registrar of City or Town where death occurred)

DATE FILED Feb. 15/49 19.....

Copies of returns of deaths which occurred in your city or town in which the deceased resided in another city or town at the time of death should be transmitted on Form R-302 to the clerk of the city or town in which the deceased resided as soon as possible after the close of the month in which the death occurred. (See Chap. 46, Sec. 12, G. L.)

50m-(c)-10-48-24658

PLACE OF DEATH

Suffolk

(County)

Boston

(City or Town)



The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

Boston

(City or town making return)

1551 28

Registered No.

COPY OF

CERTIFICATE OF DEATH

No. Mass.General Hospital

{(If death occurred in a hospital or institution,
St. { give its NAME instead of street and number)2 FULL NAME. Harry W Graff
(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. 75 Beal
(Usual place of abode)St. Winthrop Mass.
(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 Feb. 17/49

(Month)

(Day)

(Year)

4 I HEREBY CERTIFY, That I attended deceased from
Feb. 3 1949, to Feb. 17 1949I last saw him alive on Feb. 17 1949, death is said to
have occurred on the date stated above, at 6:35P.m.DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a) Pulmonary embolism
massiveINTERVAL BE-
TWEEN ONSET
AND DEATH

Terminal

ANTE Due To Phlebothrombosis of leg
CEDENT (b) and veins
CAUSES

Unknown

Due To Coronary sclerosis
(c) and nephrosclerosis

? Yrs

? Yrs

OTHER
SIGNIFICANT
CONDITIONSMajor findings:
Of operations. None

Date of operation..... Was autopsy performed? Yes

What test confirmed diagnosis? Autopsy

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

If so, specify

(Signed) C L Clay
(Address) Mass. General Hosp. 2-18 M. 496 Place of Burial or Cremation New Calvary
(City or Town)

DATE OF BURIAL Feb. 21/49 19

7 NAME OF FUNERAL DIRECTOR C H Treanor
ADDRESS East Boston Mass.

Received and filed MAR 25 1949 19

(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX

M

9 COLOR OR RACE

W

10 SINGLE (write the word)

MARRIED

WIDOWED

or DIVORCED

Widowed

10a If married, widowed, or divorced

HUSBAND of Josephine Wallace

(Give maiden name of wife in full)

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

11 IF STILLBORN, enter that fact here.

AGE 76 Years Months Days If under 24 hours
Hours Minutes

13 Usual

Occupation: Stevedore
(Kind of work done during most of working life)

14 Industry or Business: Waterfront

15 Social Security No. 023-03-7342

16 BIRTHPLACE (City or country)
Germany

17 NAME OF FATHER Unknown

18 BIRTHPLACE OF FATHER (City or country)
Unknown

19 MAIDEN NAME OF MOTHER Unknown

20 BIRTHPLACE OF MOTHER (City or country)
Unknown21 Informant M Donnelly
(Address)

A TRUE COPY

ATTEST: (Registrar of City or Town where death occurred)
Feb. 23/49

DATE FILED 19

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-(e)-10-48-24658

PLACE OF DEATH

Suffolk
(County)Revere
(City or Town)

No. Resthaven



The Commonwealth of Massachusetts

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

REVERE

(City or town making return)

Registered No.

29

2 FULL NAME William Gage Reed (If deceased is a married, widowed or divorced woman, give also maiden name.)
(a) Residence. No. 58 Pleasant St. Winthrop, Mass.
(Usual place of abode) (If nonresident, give city or town and State)
Length of stay: In place of death. 3 years 3 months — days. In place of residence 12 years — months — days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH Feb. 19 1949
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from
July 1 1948 to Feb. 19 1949
I last saw him alive on Feb. 18 1949 death is said to
have occurred on the date stated above, at 10:45 P. m.

DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a) Hypostatic
Pneumonia

ANTE DUE TO
CEDENT (b) Myocarditis
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? No

If so, specify

(Signed) Charles F. Mahoney M. D.
(Address) 4 Washington Ave. 2/21 1949

6 Burlington Cemetery Burlington
Place of Burial or Cremation (City or Town)

DATE OF BURIAL Feb. 22 1949

7 NAME OF FUNERAL DIRECTOR Howard S. Reynolds

ADDRESS Winthrop, Mass.

Received and filed 19

MAR 16 1949
(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Male 9 COLOR OR RACE White 10 SINGLE (write the word)
MARRIED
WIDOWED
or DIVORCED Widowed

10a If married, widowed, or divorced
HUSBAND of Minnie Wilson
(Give maiden name of wife in full)

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

11 IF STILLBORN, enter that fact here.

12 AGE 93 Years 0 Months 11 Days
If under 24 hours
Hours Minutes

13 Usual Occupation: Bootmaker
(Kind of work done during most of working life)

14 Industry or Business: Retired

15 Social Security No. None

16 BIRTHPLACE (City) Burlington
(State or country) Mass.

17 NAME OF FATHER Artimus Reed

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

19 MAIDEN NAME OF MOTHER Elizabeth Winn

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

21 Informant L Harriett Brush
(Address) 58 Pleasant St. Winthrop, Mass.

A TRUE COPY

ATTEST: [Signature]
(Registrar of City or Town where death occurred)

DATE FILED March 2, 1949

50m-(e)-10-48-24658

PLACE OF DEATH

SUFFOLK

(County)

BOSTON

(City or Town)

No. PETER BENT BRIGHAM HOSP

2 FULL NAME FRANCES ELIZABETH ALLISON
(If deceased is a married, widowed or divorced woman, give also maiden name.)(a) Residence. No. 532 SHIRLEY ST
(Usual place of abode)St. WINTHROP MASS
(If nonresident, give city or town and State)

Length of stay: In place of death.....years.....months.7.....days. In place of residence.12.....years.....months.....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH FEB 20, 1949
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
FEB 14, 19 49 to FEB 20, 19 49I last saw h. ER. alive on FEB 20, 19 49 death is said to
have occurred on the date stated above, at 12:35A m.DISEASE OR CONDITION
DIRECTLY LEADING TO DEATH (a) HYPERTENSIVE CARDIAC
VASCULAR DISEASEANTE CEDENT CAUSES Due To HYPERTENSIVE ENCEPHALOPATHY
(b)Due To
(c)OTHER
SIGNIFICANT
CONDITIONSMajor findings:
Of operations

Date of operation.....Was autopsy performed?

What test confirmed diagnosis? CLINICAL

5 Was disease or injury in any way related to occupation of deceased?
If so, specify. N A WILHELM, M. D.
(Signed) PETER B BRIGHAM Date FEB 20, 19 49
(Address)6 WINTHROP CEM WINTHROP MASS
Place of Burial or Cremation (City or Town)

DATE OF BURIAL FEB 23, 19 49

7 NAME OF FUNERAL DIRECTOR HOWARD S REYNOLDS
WINTHROP MASS

ADDRESS

Recd FEB 24, 19 49

(Registrar of City or Town where deceased died)

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. 1584 30

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

PERSONAL AND STATISTICAL PARTICULARS

8 SEX F 9 COLOR OR RACE W 10 SINGLE (write the word)
MARRIED
WIDOWED
or DIVORCED MARRIED10a If married, widowed, or divorced
HUSBAND of.....
(Give maiden name of wife in full)(or) WIFE of WILLIAM G ALLISON
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 47 Years 3 Months 6 Days If under 24 hours
Hours Minutes13 Usual Occupation: HOUSEWIFE
(Kind of work done during most of working life)

14 Industry or Business: AT HOME

15 Social Security No.

16 BIRTHPLACE (City) BOSTON MASS
(State or country)

17 NAME OF FATHER WILLIAM HAVEY

18 BIRTHPLACE OF FATHER (City) BOSTON MASS
(State or country)

19 MAIDEN NAME OF MOTHER ADIE EMMETT

20 BIRTHPLACE OF MOTHER (City) BOSTON MASS
(State or country)21 Informant WILLIAM G ALLISON HUSBAND
(Address) 532 SHIRLEY ST WINTHROP MASSA TRUE COPY
ATTEST: (Registrar of City or Town where death occurred)

DATE FILED 19.....



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

PLACE OF DEATH

Suffolk

(County)

Revere

(City or Town)

No. Grover Manor Hospital

2 FULL NAME

Bessie Rubinstone (Cohen)

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

(a) Residence. No.

159 Locust

(Usual place of abode)

St.

Winthrop

(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

February 24, 1949

(Month)

(Day)

(Year)

4 I HEREBY CERTIFY, That I attended deceased from April 5, 1945, to Feb. 24, 1949

I last saw her alive on Feb. 24, 1949, death is said to have occurred on the date stated above, at 3:30A. m.

DISEASE OR CONDITION

DIRECTLY LEADING

TO DEATH (a)

Carcinomatosis

INTERVAL BETWEEN ONSET AND DEATH

1 year

ANTE CEDENT CAUSES

Due To

Carcinoma of

(b)

uterus

Due To

(c)

OTHER SIGNIFICANT CONDITIONS

Hypertension

? yrs

Major findings: Of operations

Biopsy in 1945

Date of operation

Was autopsy performed?

What test confirmed diagnosis? Clinical

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

If so, specify

(Signed)

(Address)

Paul P. Weinsart

238 Shore Drive

Winthrop

6 B'nai Brith

Place of Burial or Cremation

(City or Town)

DATE OF BURIAL

February 24, 1949

7 NAME OF FUNERAL DIRECTOR

Benjamin Birnbach

ADDRESS

10 Washington St., Dorchester

Received and filed

MAR 16 1949

(Registrar of City or Town where deceased resided)

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS



COPY OF

CERTIFICATE OF DEATH

Revere

(City or town making return)

Registered No.

31

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

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

21

years.....months.....days.

PERSONAL AND STATISTICAL PARTICULARS

8 SEX

Female

9 COLOR OR RACE

White

10 SINGLE

MARRIED

WIDOWED

or DIVORCED

(write the word)

Widowed

10a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

Louis Rubinstone

(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12

AGE

78

Years

Months

Days

If under 24 hours

Hours

Minutes

13 Usual

Occupation:

Housewife

(Kind of work done during most of working life)

14 Industry

or Business:

none

15 Social Security No.

none

16 BIRTHPLACE (City)

(State or country)

Russia

17 NAME OF FATHER

Abraham Cohen

18 BIRTHPLACE OF

FATHER (City)

(State or country)

Russia

19 MAIDEN NAME

OF MOTHER

Lena (Cannot be learned)

20 BIRTHPLACE OF

MOTHER (City)

(State or country)

Russia

21 Informant

(Address)

Anna Friedberg

159 Locust St., Winthrop

A TRUE COPY

ATTEST:

(Registrar of City or Town where death occurred)

DATE FILED

February 25, 1949

19



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

PLACE OF DEATH

Hampden

(County)

Monson

(City or Town)



The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

COPY OF

CERTIFICATE OF DEATH

(City or town making return)

Registered No. 32

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

2 FULL NAME James L. McCarthy (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. Winthrop St. (Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death 13 years 1 months 15 days. In place of residence 13 years 1 months 15 days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH March 8, 1949 (Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from Dec. 20, 1945, to Mar. 8, 1949

I last saw him alive on Mar. 8, 1949 death is said to have occurred on the date stated above, at 6:45 P. m.

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Epilepsy

INTERVAL BETWEEN ONSET AND DEATH 56

ANTE CEDENT CAUSES Due To (b)

Due To (c)

OTHER SIGNIFICANT CONDITIONS

Major findings: Of operations.

Date of operation. Was autopsy performed?

What test confirmed diagnosis? clinical & lab.

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

If so, specify (Signed) Nathan Baratt M. D.

(Address) Monson State Hosp. 3/8/49

6 Holy Cross Cem. Malden, Mass. (City or Town)

DATE OF BURIAL March 11, 1949

7 NAME OF FUNERAL DIRECTOR Frank A. Welsh ADDRESS 721 Broadway, Chelsea

Received and filed 19

(Registral of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX male 9 COLOR OR RACE white 10 SINGLE (write the word) MARRIED separated WIDOWED or DIVORCED

10a If married, widowed, or divorced HUSBAND of Earth Teed (Give maiden name of wife in full)

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

11 IF STILLBORN, enter that fact here.

12 AGE 72 Years 1 Months 12 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) Chelsea, Mass. (State or country)

17 NAME OF FATHER Charles McCarthy

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

19 MAIDEN NAME OF MOTHER Ellen M/c. Donald

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

21 Informant Monson State Hospital Records (Address)

A TRUE COPY. ATTEST: (Registral of City or Town where death occurred)

DATE FILED March 10, 1949



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-(e)-10-48-24658

PLACE OF DEATH

Essex

(County)

Danvers

(City or Town)

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

2 FULL NAME George F. Floyd
(If deceased is a married, widowed or divorced woman, give also maiden name.)
41 Washington Ave., Winthrop, Mass.

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

Length of stay: In place of death.....years 1 months 7 days. In place of residence.....years.....months.....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH March 13 1949
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from Feb. 6 1946, to March 13 1949

I last saw him alive on March 13 1949, death is said to have occurred on the date stated above, at 6:55 a.m.

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Arteriosclerotic heart disease

ANTECEDENT CAUSES (b) Due To Generalized Arterio sclerosis

Due To (c)

OTHER SIGNIFICANT CONDITIONS

Major findings: Of operations.

Date of operation..... Was autopsy performed? No

What test confirmed diagnosis? Clinical

5 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 3/18 1949

6 Winthrop Cemetery Winthrop
Place of Burial or Cremation (City or Town)

DATE OF BURIAL March 15 1949

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

Received and filed APR 9 1949

(Registrar of City or Town where deceased resided)

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS



COPY OF
CERTIFICATE OF DEATH

Danvers

(City or town making return)

Registered No. 33

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Male 9 COLOR OR RACE White 10 SINGLE (write the word) MARRIED WIDOWED or DIVORCED Widowed

10a If married, widowed, or divorced Lillian A. Howard
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 77 Years 7 Months 8 Days If under 24 hours Hours Minutes

13 Usual Occupation: Unable to work
(Kind of work done during most of working life)

14 Industry or Business: None

15 Social Security No. None

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

17 NAME OF FATHER Benjamin Tappan Floyd

18 BIRTHPLACE OF FATHER (City) Chelsea Mass.
(State or country)

19 MAIDEN NAME OF MOTHER Adaline Leonard Peirce

20 BIRTHPLACE OF MOTHER (City) Malden Mass.
(State or country)

21 Informant Mary E. Sheehan
(Address) Salem, Mass.

A TRUE COPY. ATTEST: (Registrar of City or Town where death occurred)

DATE FILED March 19 1949

R-301A

PLACE OF DEATH

Suffolk
(County)Winthrop
(City or Town)

No. 171 Bowdoin Street

2 FULL NAME Henry Wadsworth Longfellow Huffman
(If deceased is a married, widowed or divorced woman, give also maiden name.)(a) Residence. No. 171 Bowdoin Street
(Usual place of abode)

Length of stay: In place of death 28 years.....months.....days. In place of residence 28 years.....months.....days.

The Commonwealth of Massachusetts

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

Registered No. 34

(If death occurred in a hospital or institution,
St. { give its NAME instead of street and number)PHYSICIAN — IMPORTANT
(Was deceased a
U. S. War Veteran,
if so specify WAR)INSTRUCTIONS
FOR
CERTIFICATEgiving
OF DEATHnot enter
than one
for each
(b) and (c)does not mean
of dying, such
ure, asthenia,
ns the disease,
ations which
h.conditions,
ng rise to the
(a) stating
ying causeions contrib-
death but not
e disease or
causing death.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH March 14, 1949
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
19 to 19I last saw h.....alive on....., 19, death is said to
have occurred on the date stated above, at 8 P.m.DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a) Presumably
Coronary occlusionINTERVAL BE-
TWEEN ONSET
AND DEATH

none

ANTE CEDENT
CAUSES (b) —Due To
(c) —OTHER
SIGNIFICANT
CONDITIONS

Lung abscess

known
2 yrsMajor findings:
Of operations. none

Date of operation. Was autopsy performed? no

What test confirmed diagnosis? clinical

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

If so, specify

(Signed)

(Address)

6 Winthrop Board of Health Winthrop

Place of Burial or Cremation (City or Town)

DATE OF BURIAL March 17, 1949

7 NAME OF FUNERAL DIRECTOR Howard S. Reynolds

ADDRESS Winthrop, Me.

Received and filed MAR 18 1949

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Male 9 COLOR OR RACE Colored 10 SINGLE (write the word)
MARRIED
WIDOWED
or DIVORCED Widowed10a If married, widowed, or divorced
HUSBAND of Clifford Deamus
(Give maiden name of wife in full)

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

11 IF STILLBORN, enter that fact here.

12 AGE 58 Years Months Days If under 24 hours
Hours Minutes13 Usual Occupation: Maintenance
(Kind of work done during most of working life)

14 Industry or Business: Real Estate

15 Social Security No. 029-07-3884

16 BIRTHPLACE (City) Kentucky
(State or country)

17 NAME OF FATHER John Huffman

18 BIRTHPLACE OF FATHER (City) Unable to obtain
(State or country)19 MAIDEN NAME OF MOTHER DUTTON
Lizzie Dutton20 BIRTHPLACE OF MOTHER (City) Unable to obtain
(State or country)21 Informant Ellen Jones
(Address) 171 Bowdoin Street WinthropI 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) Health Officer (Date of Issue of Permit) 3/16/49

Corrected 3/16/49
Howard S. Reynolds
100M-(D)-10-48-24958

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

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

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

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

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

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

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

RULES OF PRACTICE

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

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

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance 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.—Physicians: see explanatory instructions on face side of standard certificate of death.

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

Registered No.

35

No. Winthrop Community Hospital

{(If death occurred in a hospital or institution,
St. { give its NAME instead of street and number)2 FULL NAME. John Harry Wickson
(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. 43 Lewis Ave., Winthrop
(Usual place of abode)

(If nonresident, give city or town and State)

Length of stay: In place of death years months 6 days. In place of residence 30 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH March 14 1949
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
February 17, 1948, to March 14, 1949I last saw him alive on March 14, 1949, death is said to
have occurred on the date stated above, at P. 10 A. m.DISEASE OR CONDITION
DIRECTLY LEADING

TO DEATH (a) Coronary thrombosis

INTERVAL BE-
TWEEN ONSET
AND DEATH

1 WEEK

ANTE
CEDENT
CAUSES

Due To

(b) Atherosclerotic Heart
Disease

Due To

(c) Generalized Arterio-
sclerosis

1 year

1 year

OTHER
SIGNIFICANT
CONDITIONS

Duodenal Ulcer - Chronic

Major findings:

Of operations: None

Date of operation:

Was autopsy performed? No

What test confirmed diagnosis?

Clinical + Laboratory

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

If so, specify

(Signed) Maurice Traubstein Jr.

(Address) 562 Shirley St. Winthrop March 14, 1949

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

DATE OF BURIAL March 17th

19 49

7 NAME OF

FUNERAL DIRECTOR Richard C. Kirby

ADDRESS Boston, Mass.

Received and filed

MAR 21 1949

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX

Male

9 COLOR OR RACE

White

10 SINGLE

MARRIED

WIDOWED

or DIVORCED

(write the word)

Married

10a If married, widowed, or divorced

HUSBAND of

Mary C. Hancock

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12

AGE 58 Years 4 Months 3 Days

If under 24 hours

Hours Minutes

13 Usual

Occupation:

(Kind of work done during most of working life)

14 Industry

or Business:

Railroad

15 Social Security No.

714-09-2194

16 BIRTHPLACE (City)

(State or country)

Boston

Mass

17 NAME OF

FATHER

John T. Wickson

18 BIRTHPLACE OF

FATHER (City)

Oxford

(State or country)

England

19 MAIDEN NAME

OF MOTHER

Emma Hiltz

20 BIRTHPLACE OF

MOTHER (City)

Chester

(State or country)

Nova Scotia

21

Informant

(Address)

Mary C. Wickson-wife

43 Lewis Ave., Winthrop

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

(Official Designation)

(Date of Issue of Permit)

3/16/49

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

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

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

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

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

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

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

RULES OF PRACTICE

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

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

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance 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.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by 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

R-301A

INSTRUCTIONS
FOR
CERTIFICATEgiving
OF DEATHnot enter
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100M-(D)-10-4B-24856

PLACE OF DEATH

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Suffolk County
Winthrop
(City or Town)No. Winthrop Comm. Hospital
Baby Girl Uga.
(If deceased is a married, widowed or divorced woman, give also maiden name.)(a) Residence. No. 36 Paris St
(Usual place of abode)

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 2 Mar 1949
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from 2:18 PM to 10:10 PM, 1949

I last saw her alive on Mar 18, 1949 death is said to have occurred on the date stated above, at 10:10 P. M.

DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a) Prematurity (comp.)ANTECEDENT CAUSES
(b) Due To
(c)OTHER
SIGNIFICANT
CONDITIONSMajor 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: Did locate in M. D.
(Signed) 12:15 PM Date 3/19/496 Place of Burial or Cremation St Michael's Boston
(City or Town)

DATE OF BURIAL March 22 1949

7 NAME OF FUNERAL DIRECTOR Ernest P. Higgins
ADDRESS 147 Winthrop St Winthrop

Received and filed MAR 27 1949

(Registrar)

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. 36

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

PHYSICIAN — IMPORTANT

(Was deceased a
U. S. War Veteran,
if so specify WAR)St. East Boston Everett
(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Female 9 COLOR OR RACE White 10 SINGLE MARRIED WIDOWED or DIVORCED (write the word) Single

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 Stillborn ✓

12 AGE Years Months Days 2 Hours 40 Minutes
If under 24 hours

13 Usual Occupation: (Kind of work done during most of working life)

14 Industry or Business:

15 Social Security No.

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

17 NAME OF FATHER Benny Uga

18 BIRTHPLACE OF FATHER (City) E. St. Louis.
(State or country) Illinois

19 MAIDEN NAME OF MOTHER Isabelle Herbert

20 BIRTHPLACE OF MOTHER Littleton
(State or country) New Hampshire21 Informant (Address) Ardell Blakesley
4 Revere St WinthropI HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:Walter J. Baker
(Signature of Agent of Board of Health or other)

(Official Designation) Health Officer (Date of Issue of Permit) 3/21/49

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

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

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

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

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

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

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the 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 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.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by 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

R-301A

PLACE OF DEATH

Suffolk
(County)
Winthrop
(City or Town)



The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICSSTANDARD
CERTIFICATE OF DEATHTo be filed for burial permit
with Board of Health
or its Agent.Registered No. **37**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 Boy Uga*
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT

(Was deceased a
U. S. War Veteran,
if so specify WAR)(a) Residence. No. *36 Park St E Boston* St. *Everett Mass*
(Usual place of abode) (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 *mar 18 1949*
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
mar 18 1949, to *mar 18 1949*.I last saw him alive on *mar 18 1949*, death is said tohave occurred on the date stated above, at *8:10 P.M.*DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a) *Prematurity (6 mos)*INTERVAL BE-
TWEEN ONSET
AND DEATHANTE CEDENT
CAUSES
Due To (b)Due To
(c)OTHER
SIGNIFICANT
CONDITIONSMajor 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) *D. D. Poac* M. D.
(Address) *172 Beacon St Boston* Date *3/19 1949*6 *St Michaels* *Boston*
Place of Burial or Cremation (City or Town)DATE OF BURIAL *March 22 1949*7 NAME OF FUNERAL DIRECTOR *Ernest Paggiano*
ADDRESS *147 Winthrop St Winthrop*

Received and filed 19

MAR 21 1949

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX *Male* 9 COLOR OR RACE *White* 10 SINGLE (write the word)
MARRIED
WIDOWED
or DIVORCED *Single*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. *Stillborn*
12 AGE Years Months Days If under 24 hours *43*
Hours *25* Minutes

13 Usual Occupation: (Kind of work done during most of working life)

14 Industry or Business:

15 Social Security No.

16 BIRTHPLACE (City) *Winthrop*
(State or country) *Mass.*17 NAME OF FATHER *Denny Uga*18 BIRTHPLACE OF FATHER (City) *St. Louis*
(State or country) *Illinois*19 MAIDEN NAME OF MOTHER *Isabel Herbert*20 BIRTHPLACE OF MOTHER (City) *Littleton*
(State or country) *New Hampshire*21 Informant *Ardell Blakesley*
(Address) *4 Revere 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 L. Baker*
(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit) *3/21/49*

100M.(D)-10-48-24856

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

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

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

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

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

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RULES OF PRACTICE

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

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

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

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by 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 STATISTICSTo be filed for burial permit
with Board of Health
or its Agent.

38

PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)

STANDARD
CERTIFICATE OF DEATH

Registered No.

No. 467 Shirley Street

St. { (If death occurred in a hospital or institution,
give its NAME instead of street and number)2 FULL NAME Charles Francis Totten
(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. 467 Shirley Street
(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 50 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH March 20 1949
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
March 15, 1949 to March 19 1949I last saw him alive on Mar. 19, 1949, death is said to
have occurred on the date stated above, at 9:20 A.M.DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a) Coronary ThrombosisINTERVAL BE-
TWEEN ONSET
AND DEATH
4 daysANTE Due To
CEDENT (b) _____
CAUSESDue To
(c) _____OTHER SIGNIFICANT
CONDITIONS Diabetes MelitusMajor findings: none
Of operations: none

Date of operation: none Was autopsy performed? no

What test confirmed diagnosis? Clinical Signs

5 Was disease or injury in any way related to occupation of deceased? no
If so, specify: D.D. P. Inc. M. D.
(Signed) (Address) Winthrop. Date Mar 20, 19496 Woodlawn Crematory Everett
Place of Burial or Cremation (City or Town)

DATE OF BURIAL March 22 1949

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

Received and filed MAR 23 1949 19

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Male 9 COLOR OR RACE White 10 SINGLE (write the word)
MARRIED
WIDOWED
or DIVORCED Married10a If married, widowed, or divorced
HUSBAND of Janet A Anderson
(Give maiden name of wife in full)(or) WIFE of _____
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 72 Years 7 Months 21 Days If under 24 hours
Hours Minutes13 Usual Occupation: Barber
(Kind of work done during most of working life)

14 Industry or Business: Own barber shop

15 Social Security No. _____

16 BIRTHPLACE (City) Reading
(State or country) Mass

17 NAME OF FATHER Robert Totten

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

19 MAIDEN NAME OF MOTHER Unable to obtain

20 BIRTHPLACE OF MOTHER (City) Unable to obtain
(State or country)21 Janet Totten
Informant (Address) 467 Shirley Street WinthropI HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:Walter H. Baker
(Signature of Agent of Board of Health or other)
Health Officer (Official Designation) 3/22/49
(Date of Issue of Permit)

R-301A

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100M-(D)-10-46-24688

ARTICLE

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

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

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

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

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

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

. . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

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

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

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance 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.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by 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 STATISTICSTo be filed for burial permit
with Board of Health
or its Agent.STANDARD
CERTIFICATE OF DEATHRegistered No. **39**

PLACE OF DEATH

Suffolk
(County)
Winthrop Mass.
(City or Town)No. Winthrop Community Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)2 FULL NAME Sammy Goldberg
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT

(Was deceased a
U. S. War Veteran,
if so specify WAR) **No**(a) Residence. No. 23 Wave Way St.
(Usual place of abode) (If nonresident, give city or town and State)Length of stay: In place of death..... years..... months..... days. In place of residence 29 years..... months..... days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH March 24, 1949
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
January 1945 to March 24, 1949
I last saw her alive on March 24, 1949, death is said tohave occurred on the date stated above, at 10:30 P. m.

DISEASE OR CONDITION

DIRECTLY LEADING
TO DEATH (a) PneumoniaINTERVAL BE-
TWEEN ONSET
AND DEATH3 daysANTE Due To
CEDENT (b) Benign nephrosclerosis
CAUSES with renal failureDue To
(c) arteriosclerotic and
Hypertensive heart diseaseOTHER
SIGNIFICANT
CONDITIONSNoneMajor findings: None
Of operations.....Date of operation..... Was autopsy performed? NoWhat test confirmed diagnosis? Clinical + Laboratory5 Was disease or injury in any way related to occupation of deceased? No

If so, specify.....

(Signed) Maurice Traubstein Jr. M. D.
(Address) 562 Shirley St., Boston Date March 24 1949Anshe Poland Woburn, Mass.
Place of Birth (City or Town)DATE OF BURIAL March 25 19497 NAME OF
FUNERAL DIRECTOR Benjamin BirnbachADDRESS 10 Washington St., Dorchester

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

MAR 23 1949

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Female 9 COLOR OR RACE White 10 SINGLE (write the word)
MARRIED
WIDOWED
or DIVORCED Widowed10a If married, widowed, or divorced
HUSBAND of.....

(Give maiden name of wife in full)

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

11 IF STILLBORN, enter that fact here.

12 AGE 77 Years..... Months..... Days
If under 24 hours
Hours..... Minutes13 Usual Occupation: Housework
(Kind of work done during most of working life)14 Industry or Business: At Home15 Social Security No. None16 BIRTHPLACE (City) Russia
(State or country)17 NAME OF
FATHER Leo Noverprusky18 BIRTHPLACE OF
FATHER (City) Russia
(State or country)19 MAIDEN NAME
OF MOTHER Cannot be learned20 BIRTHPLACE OF
MOTHER (City) Russia
(State or country)21 Informant James Goldberg
(Address) 23 Wave Way Ave., WinthropI HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:Walter G. Baker
(Signature of Agent of Board of Health or other)
Health Officer 3/25/49
(Official Designation) (Date of Issue of Permit)

PARENTS

100M-(D)-10-48-24688

R-301A

CTIONS
OR
CERTIFICATE

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EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

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

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

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

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

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

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the 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.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by 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

R-301A

PLACE OF DEATH

Suffolk
(County)Winthrop
(City or Town)

No. 7 Somerset Terrace

2 FULL NAME Minnie Mason
(If deceased is a married, widowed or divorced woman, give also maiden name.)(a) Residence. No. 7 Somerset Terrace
(Usual place of abode)St. (If death occurred in a hospital or institution,
give its NAME instead of street and number)

Registered No. 40

PHYSICIAN - IMPORTANT

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

(If nonresident, give city or town and State)

Length of stay: In place of death 48 years months days. In place of residence 48 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH March 25 1949
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
Jan 5 1943, to March 25 1949

I last saw her alive on March 21 1949, death is said to

have occurred on the date stated above, at 11 P.M.

DISEASE OR CONDITION
DIRECTLY LEADING

TO DEATH (a) Cerebral Hemorrhage

INTERVAL BE-
TWEEN ONSET
AND DEATH

2 hrs

ANTECEDENT (b) Hypertension
CAUSES

6 yrs

Due To
(c)OTHER SIGNIFICANT
CONDITIONS Previous Cerebral Hemorrhage
during past 6 yrs.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? no

If so, specify

(Signed) Louis J. Salerno M. D.
(Address) 125 Pidgeon St. Date Apr 28 19496 Place of Burial or Cremation
Waltham

DATE OF BURIAL March 29, 1949

7 NAME OF FUNERAL DIRECTOR Alfred B. Marsh

ADDRESS 174 Winthrop St, Winthrop, Mass.

Received and filed 19

MAR 29 1949 (Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX female 9 COLOR OR RACE white 10 SINGLE (write the word)
MARRIED
WIDOWED
or DIVORCED single

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 73 Years 10 Months 24 Days If under 24 hours
Hours Minutes13 Usual Occupation: retired stenographer
(Kind of work done during most of working life)

14 Industry or Business: cotton brokerage office

15 Social Security No. none

16 BIRTHPLACE (City) London England
(State or country)

17 NAME OF FATHER Frederick Mason

18 BIRTHPLACE OF FATHER (City) Hendon England
(State or country)

19 MAIDEN NAME OF MOTHER Virginnia Allen

20 BIRTHPLACE OF MOTHER (City) Oxford England
(State or country)21 Informant Miss. Ella Mason
(Address) 7 Somerset TerraceI HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation) Health Officer (Date of Issue of Permit) 3/29/49

100M-(D)-10-46-24688

EXTRACTS
FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

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

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

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by 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)

Chelsea

(City or Town)



The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

Chelsea

(City or town making return)

COPY OF

CERTIFICATE OF DEATH

Registered No. 80

41

No. Soldiers' Home Hospital

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

2 FULL NAME

Josephus Goldstein

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

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

WI

(a) Residence. No.

93 Locust

(Usual place of abode)

hospital

St.

Winthrop, Mass.

(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

Feb. 2, 1949

(Month)

(Day)

(Year)

4 I HEREBY CERTIFY, That I attended deceased from

Jan. 27 1949 to Feb. 2, 1949

I last saw him alive on Feb. 2 1949, death is said to

have occurred on the date stated above, at 9:50p. m.

INTERVAL BE-
TWEEN ONSET
AND DEATH

DISEASE OR CONDITION

DIRECTLY LEADING TO DEATH (a) Cardiac failure, acute 3-4 days.

Coronary thrombosis, recurrent
with anterior myocardial infarction 1 wkANTE Due To
CEDENT (b)
CAUSES

Due To

(c)

OTHER
SIGNIFICANT
CONDITIONSCoronary artery disease yrs.
PneumoniaMajor findings:
Of operations.....

Date of operation..... Was autopsy performed?

What test confirmed diagnosis? clinical

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

If so, specify

James P. Collins

(Signed)

(Address)

Soldiers' Home

Date 2/3/49

M. D.

6

Place of Burial or Cremation Feb. 4, 1949 (City or Town)

DATE OF BURIAL

19

7 NAME OF
FUNERAL DIRECTOR

H. J. Torf

ADDRESS

181 Washington Ave. Chelsea

Received and filed

MAY 3 1949

19

(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX

Male

9 COLOR OR RACE

White

10 SINGLE

(write the word)

MARRIED

WIDOWED

Divorced

or DIVORCED

10a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

Fannie L. Levine

(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12

51

6

2

2

Days

If under 24 hours

Hours

Minutes

Minutes

13 Usual

Occupation:

Cleanser

(Kind of work done during most of working life)

14 Industry

or Business:

cleaning (clothes)

15 Social Security No.

cannot be learned

16 BIRTHPLACE (City)

Russia

(State or country)

17 NAME OF
FATHER

Myer Goldstein

18 BIRTHPLACE OF

FATHER (City)

Russia

(State or country)

19 MAIDEN NAME

OF MOTHER

Ida Handler

20 BIRTHPLACE OF

MOTHER (City)

Russia

(State or country)

21

Informant

(Address)

Hospital Records

Soldiers' Home Hospital

A TRUE COPY

ATTEST:

Joseph A. Sturcell

(Registrar of City or Town where death occurred)

2/3/49

DATE FILED

19

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-(e)-10-48-24658

Date of entering military service 10/22/18

Date of Discharge 12/19/18

Rank, Rating-Private

Co.a 61st Amn.Tr.N.WWI

PLACE OF DEATH

Suffolk

(County)

Boston

(City or Town)



The Commonwealth of Massachusetts

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

Boston

(City or town making return)

Registered No.

2028 42

No. Mass. Memorial Hospital

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

2 FULL NAME. Edward Dyar

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

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

W W #1

(a) Residence. No. 304 River Road
(Usual place of abode)

St. Winthrop Mass.

(If nonresident, give city or town and State)

Length of stay: In place of death years months days. In place of residence 35 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH March 6/49
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
Feb. 22 19 49 to March 6 19 49I last saw him alive on March 6 19 49 death is said to
have occurred on the date stated above, at 8:15A.m.DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a)Carcinoma of
biliary systemANTE Due To
CEDENT (b)Due To
(c)OTHER
SIGNIFICANT
CONDITIONSMajor findings: None
Of operations

Date of operation Was autopsy performed? No

What test confirmed diagnosis? Physical Exam. and laboratory

5 Was disease or injury in any way related to occupation of deceased? No
If so, specify(Signed) W. E. R. Greer M. D.
(Address) Boston Mass. Date 3-6 19 496 Place of Burial or Cremation Winthrop Cem-Winthrop Mass.
(City or Town)

DATE OF BURIAL March 9/49 19

7 NAME OF FUNERAL DIRECTOR R. C. Kirby
ADDRESS Boston Mass.

Received and filed APR 15 1949 19

(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX M 9 COLOR OR RACE W 10 SINGLE (write the word)
MARRIED Single
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 52 3 11
Years Months Days If under 24 hours
Hours Minutes13 Usual Occupation: Lamb Salesman
(Kind of work done during most of working life)

14 Industry or Business: Wholesale Meats

15 Social Security No. 022-09-3011

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

17 NAME OF FATHER Frank F Dyar

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

19 MAIDEN NAME OF MOTHER Louise C Guinasso

20 BIRTHPLACE OF MOTHER (City) Boston Mass.
(State or country)21 Informant Louise C Kelley
(Address)

A TRUE COPY.

ATTEST: [Signature]
(Registrar of City or Town where death occurred)

DATE FILED March 9/49 19

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

Entered Service 9-20-17 Discharged 1-18-1919 P.F.C.
Battery C 301st Fld Artillery
Service No. 1662894

PLACE OF DEATH

Suffolk

(County)

Revere

(City or Town)



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.

43

No. Revere Memorial Hosp. St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Arthur Albert Ames (If deceased is a married, widowed or divorced woman, give also maiden name.) (Was deceased a U. S. War Veteran, if so specify WAR) No

(a) Residence. No. 195 Lincoln St. Winthrop, Mass. (Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death years months 14 days. In place of residence 24 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH March 10 1949 (Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from Feb. 24 1949 to March 10 1949

I last saw him alive on March 10 1949, death is said to

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

DISEASE OR CONDITION
DIRECTLY LEADING

TO DEATH (a) Myocardial heart disease

INTERVAL BETWEEN ONSET AND DEATH

4 years

ANTE CEDENT CAUSES

Due To Arteriosclerosis generalized

4 years

Due To Bronchopneumonia

3 days

OTHER SIGNIFICANT CONDITIONS Fecal fistula

Major findings: Mucocoele of appendix, gangrene of gastric epiploic

Date of operation 2/25/49 Was autopsy performed? No

What test confirmed diagnosis?

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

If so, specify

(Signed) Joseph Gregorie M. D. (Address) 336 Summer St. Boston 3/10 1949

6 Winthrop Cemetery Winthrop, Mass. (City or Town)

DATE OF BURIAL March 12, 1949

7 NAME OF FUNERAL DIRECTOR Alfred B. Marsh

ADDRESS 174 Winthrop St. Winthrop, Mass.

Received and filed APR 14 1949

(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Male 9 COLOR OR RACE White 10 SINGLE (write the word) MARRIED WIDOWED or DIVORCED Married

10a If married, widowed, or divorced HUSBAND of Mary Roberts (Give maiden name of wife in full)

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

11 IF STILLBORN, enter that fact here.

12 AGE 75 years 2 Months 24 Days If under 24 hours Hours Minutes

13 Usual Occupation: Watchman (Kind of work done during most of working life)

14 Industry or Business: Ritz-Carleton Hotel

15 Social Security No. 011-05-5304

16 BIRTHPLACE (City) England (State or country)

17 NAME OF FATHER Frederick Ames

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

19 MAIDEN NAME OF MOTHER Elizabeth Brown

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

21 Informant Mrs. Harry Chase (Address) 19 Centre St. Winthrop

A TRUE COPY

TEST: (Registrar of City or Town where death occurred)

DATE FILED March 24, 1949

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



PLACE OF DEATH

Suffolk

(County)

Boston

(City or Town)



The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

Boston

(City or town making return)

2287

44

Registered No.

COPY OF
CERTIFICATE OF DEATH

No. Children's Hospital

St. (If death occurred in a hospital or institution,
give its NAME instead of street and number)2 FULL NAME Baby Boy Devlin
(If deceased is a married, widowed or divorced woman, give also maiden name.)(Was deceased a
U. S. War Veteran,
if so specify WAR)

142 Pauline St

Winthrop Mass.

(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.

8 hrs

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH March 13/49

(Month)

(Day)

(Year)

4 I HEREBY CERTIFY, That I attended deceased from
March 12, 1949, to March 13, 1949

I last saw him alive on March 13, 1949, death is said to

have occurred on the date stated above, at 6:50A m.

DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a)

Resp. failure

INTERVAL BE-
TWEEN ONSET
AND DEATHANTE Due To
CEDENT (b)
CAUSES

Broncho pneumonia

12 Hrs

Due To
(c)

Aspiration of feeding

24 Hrs

OTHER
SIGNIFICANT
CONDITIONSMajor findings:
Of operations.

Date of operation..... Was autopsy performed.....

What test confirmed diagnosis?..... autopsy

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

If so, specify.....

(Signed) S W Royce Jr.

(Address) Children's Hospt.

Date 3-13

M. 49

6 Winthrop Cem-Winthrop Mass.

Place of Burial or Cremation (City or Town)

DATE OF BURIAL

March 15/49

19

7 NAME OF
FUNERAL DIRECTOR

R C Kirby

ADDRESS

Boston Mass.

Received and filed.....

MAR 9 1949

MAY 9 1949

(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX

M

9 COLOR OR RACE

W

10 SINGLE

MARRIED
WIDOWED
or DIVORCED

(write the word)

Single

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 3.....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)

Revere Mass.

17 NAME OF
FATHER

William B Devlin

18 BIRTHPLACE OF

FATHER (City).

Boston Mass.

(State or country)

19 MAIDEN NAME
OF MOTHER

Marguerite C Herbert

20 BIRTHPLACE OF

MOTHER (City)

Winthrop Mass.

(State or country)

21

Informant.....
(Address)

W B Devlin

Father

A TRUE COPY

ATTEST

(Registrar of City or Town where death occurred)

March 18/49

DATE FILED

19

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

PLACE OF DEATH

Suffolk
(County)Revere
(City or Town)

The Commonwealth of Massachusetts

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

REVERE

(City or town making return)

Registered No.

45

No. Resthaven Home

St. (If death occurred in a hospital or institution,
give its NAME instead of street and number)2 FULL NAME Wesley Agar Hamilton Gordon
(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. 59 Somerset Ave.
(Usual place of abode)St. Winthrop
(If nonresident, give city or town and State)

Length of stay: In place of death years months 14 days. In place of residence 2 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH March 16 1949
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
March 2 1949 to March 16 1949I last saw him alive on March 16 1949, death is said to
have occurred on the date stated above, at 10:25 P.m.DISEASE OR CONDITION
DIRECTLY LEADING

TO DEATH (a) Bronchopneumonia

INTERVAL BE-
TWEEN ONSET
AND DEATH

3 days

ANTE CEDENT Due To Cerebral Hemorrhage 8 mos.
CAUSES (b)Due To Gastric Ulcer 10 yrs
(c)OTHER
SIGNIFICANT
CONDITIONSMajor 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? No

If so, specify

(Signed) Louis F Salerno M. 48
(Address) 175 Pleasant St. Date 3/18 19496 Winthrop Winthrop
Place of Burial or Cremation (City or Town)

DATE OF BURIAL March 19 1949

7 NAME OF FUNERAL DIRECTOR Howard S Reynolds

ADDRESS Winthrop, Mass.

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

APR 14 1949

(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Male 9 COLOR OR RACE White 10 SINGLE (write the word)
MARRIED
WIDOWED
or DIVORCED Widowed10a If married, widowed, or divorced
HUSBAND of Lubell E Brown
(Give maiden name of wife in full)(or) WIFE of
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 72 Years 4 Months 26 Days If under 24 hours
Hours Minutes13 Usual Occupation: Police Officer (Retired)
(Kind of work done during most of working life)

14 Industry or Business: Boston Police Dept.

15 Social Security No. 021-18-5486-A

16 BIRTHPLACE (City) East Clifton
(State or country) Quebec, Canada

17 NAME OF FATHER William Gordon

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

19 MAIDEN NAME OF MOTHER Elizabeth Hamilton

20 BIRTHPLACE OF MOTHER (City)
(State or country) C B L21 Informant Ruby Douglas
(Address) 59 Somerset Ave., Winthrop

A TRUE COPY

ATTEST: (Registrar of City or Town where death occurred)

DATE FILED March 24, 1949

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



PLACE OF DEATH

Suffolk

(County)

Boston

(City or Town)



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. 259546

Peter Bent Brigham Hospital

(If death occurred in a hospital or institution,
St. { give its NAME instead of street and number)2 FULL NAME Samuel Burstein
(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. 44 Hawthorne Ave.
(Usual place of abode)St. Winthrop Mass.
(If nonresident, give city or town and State)Length of stay: In place of death.....years.....months.....days.....
22 Hrs 50 Mins.years.....months.....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH March 23/49
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
March 22 19 49 to March 23 19 49
I last saw him alive on March 23 19 49, death is said to
have occurred on the date stated above, at 8:10P.m.INTERVAL BE-
TWEEN ONSET
AND DEATHDISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a) Cardiac tamponadeANTE Due To Acute myocardial
CEDENT (b) infarction
CAUSESDue To Coronary arterio sclerosis
(c) Medical Examiner DeclinedOTHER
SIGNIFICANT
CONDITIONSMajor findings:
Of operations

Date of operation..... Was autopsy performed?

What test confirmed diagnosis? Clinical

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

If so, specify

(Signed) N A Wilhelm M. D.
(Address) P. Bent Brigham Hospt 19 496 Winthrop Cem-Winthro Mass.
Place of Burial or Cremation (City or Town)

DATE OF BURIAL March 24/49 19

7 NAME OF FUNERAL DIRECTOR B Birnbach
ADDRESS Dorchester Mass.Received and filed.....19
MAY 9 1949 MAY 9 1949
(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX M 9 COLOR OR RACE W 10 SINGLE (write the word)
MARRIED Married
WIDOWED
or DIVORCED10a If married, widowed, or divorced
HUSBAND of Grace Thaler
(Give maiden name of wife in full)(or) WIFE of.....
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 70 Years Months Days If under 24 hours
Hours Minutes13 Usual Occupation Clothing Mfg.
(Kind of work done during most of working life)

14 Industry or Business Retired

15 Social Security No. None

16 BIRTHPLACE (City) Russia
(State or country)

17 NAME OF FATHER Nathan Burstein

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

19 MAIDEN NAME OF MOTHER

20 BIRTHPLACE OF MOTHER (City) Russia
(State or country)21 Informant Jack Burstein Son
(Address)

A TRUE COPY.

ATTEST [Signature]
(Registrar of City or Town where death occurred)

DATE FILED March 28/49 19

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



OFFICE OF THE SECRETARY OF THE ARMY

WASHINGTON, D. C.

February 10, 1918

General Headquarters, American Expeditionary Force

Meuse, France

Dear Sir:

I have the honor to acknowledge the receipt of your letter of the 7th inst.

and in reply to inform you that the same has been forwarded to the

proper authorities for their consideration.

I am, Sir, very respectfully,

Your obedient servant,

Very truly yours,

John D. Long

Secretary of the Army

Enclosure

Very truly yours,

John D. Long

Secretary of the Army

PLACE OF DEATH

Suffolk
(County)Revere
(City or Town)

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICSCOPY OF
CERTIFICATE OF DEATHREVERE
(City or town making return)

Registered No. 47

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

2 FULL NAME Frank DiVita
(If deceased is a married, widowed or divorced woman, give also maiden name.) (Was deceased a U. S. War Veteran, if so specify WAR) No(a) Residence. No. 88 Locust St. Winthrop
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death years months 1 days. In place of residence 40 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH March 24, 1949
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from March 23, 1949, to March 24, 1949

I last saw him alive on March 24, 1949, death is said to have occurred on the date stated above, at 2:30 a. m.

DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a) Coronary thrombosis
with Posterior MyocardialANTE Due To infarction
CEDENT (b) CAUSESDue To
(c)OTHER
SIGNIFICANT
CONDITIONSMajor 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 Francis Licata
(Signed) 81 Revere St., Date 3/24, 1949
(Address)6 Winthrop Revere Winthrop
Place of Burial or Cremation (City or Town)

DATE OF BURIAL March 26, 1949

7 NAME OF FUNERAL DIRECTOR Ernest P. Caggiano
ADDRESS 147 Winthrop St., Winthrop

Received and filed APR 14 1949 19.

(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Male 9 COLOR OR RACE White 10 SINGLE MARRIED (write the word)
WIDOWED
or DIVORCED Married10a If married, widowed, or divorced
HUSBAND of Rose Lampasona
(Give maiden name of wife in full)(or) WIFE of
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 51 Years 8 Months Days If under 24 hours
Hours Minutes13 Usual Occupation: Jeweler
(Kind of work done during most of working life)

14 Industry or Business: Jewelry

15 Social Security No. None

16 BIRTHPLACE (City) Palermo
(State or country) Italy

17 NAME OF FATHER Carmine DiVita

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

19 MAIDEN NAME OF MOTHER Anna Palazzalo

20 BIRTHPLACE OF MOTHER (City) Palermo
(State or country) Italy21 Informant Vincent DiVita
(Address) 56 Park Ave., Winthrop

A TRUE COPY

ATTEST: (Registrar of City or Town where death occurred)

DATE FILED April 8, 1949

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-(e)-10-48-24658

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.)

R-302

50m-(c)-10-48-24658

1 PLACE OF DEATH

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

Suffolk (County)
Chelsea (City or Town)
Chelsea Memorial Hospital
No. _____ St. { (If death occurred in a hospital or institution, give its NAME instead of street and number)

Chelsea (City or town making return)
Registered No. **198 48**

**COPY OF
CERTIFICATE OF DEATH**

2 FULL NAME **Mary A. Bettencourt**
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(a) Residence. No. _____ St. _____
(Usual place of abode) **207 Pleasant St. Winthrop, Mass.**
(If nonresident, give city or town and State)
Length of stay: In place of death _____ years _____ months **21** days. In place of residence **8** years _____ months _____ days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH **Mar. 31, 1949**
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from **Mar. 10 1949** to **Mar. 31 1949**
I last saw h. _____ alive on _____ 19____, death is said to have occurred on the date stated above, at **10 p.** m.

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) **Carcinomatosis**

INTERVAL BETWEEN ONSET AND DEATH **2 yrs.**

ANTE CEDENT CAUSES Due To **Terminal broncho pneumonia** (b) _____ (c) _____

OTHER SIGNIFICANT CONDITIONS _____

Major findings: **Cancer of liver, pancreas & bladder, peritoneum, mesentery**
Of operation **3/12/49** Was autopsy performed? **no**
Date of operation _____ What test confirmed diagnosis? _____

5 Was disease or injury in any way related to occupation of deceased? _____
If so, specify **Frederick Ornsteen**
(Signed) **131 Wash. Ave. Chelsea 4/1/49** D.
(Address) _____

6 **Holy Cross, Malden, Mass.**
Place of Burial or Cremation (City or Town)
DATE OF BURIAL **Apr. 4, 1949** 19____

7 NAME OF FUNERAL DIRECTOR **Richard C. Kirby**
ADDRESS **Boston, Mass.**

Received and filed **MAY 3 1949** 19____
(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Female	9 COLOR OR RACE White	10 SINGLE (write the word) MARRIED WIDOWED or DIVORCED Wid.
10a If married, widowed, or divorced HUSBAND of _____ (Give maiden name of wife in full) (or) WIFE of Joseph C. (Husband's name in full)		
11 IF STILLBORN, enter that fact here.		
12 AGE 66 Years 10 Months 17 Days	If under 24 hours Hours _____ Minutes _____	
13 Usual Occupation: housewife (Kind of work done during most of working life)		
14 Industry or Business: _____		
15 Social Security No. _____		
16 BIRTHPLACE (City) Portugal (State or country)		
17 NAME OF FATHER John M. Sousa		
18 BIRTHPLACE OF FATHER (City) Portugal (State or country)		
19 MAIDEN NAME OF MOTHER Louise Soares		
20 BIRTHPLACE OF MOTHER (City) Portugal (State or country)		
21 Informant Mrs. Beatrice Thomas-dau. (Address) 207 Pleasant St. Winthrop		
A TRUE COPY Joseph A. Syrell		
ATTEST: _____ (Registrar of City or Town where death occurred)		
DATE FILED Apr. 3, 1949 19____		



PLACE OF DEATH

Suffolk
(County)Winthrop
(City or Town)

No. 125 Cliff Avenue

2 FULL NAME George Barron Barron
(If deceased is a married, widowed or divorced woman, give also maiden name.)(a) Residence. No. 7 Woodside Park
(Usual place of abode)Length of stay: In place of death..... years... 1 months..... days. In place of residence 5 years..... months..... days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH April 10 1949
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
July 1948 to April 10 1949
I last saw him alive on April 10 1949. Death is said to
have occurred on the date stated above, at 4.00 P.m.DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a) UremiaANTECEDENT CAUSES
Due To (b) HypertensionDue To (c) Chronic NephritisOTHER SIGNIFICANT CONDITIONS
Coronary artery heart diseaseMajor findings:
Of operations.....

Date of operation..... Was autopsy performed?

What test confirmed diagnosis? Clinical & Lab5 Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) Charles Liberman M. D.
(Address) 26 Waulway Ave Date Apr 10 19496 Mount Hope, Dorchester
Place of Burial or Cremation (City or Town)DATE OF BURIAL April 12, 19497 NAME OF FUNERAL DIRECTOR Adel B. MarshADDRESS 174 Winthrop St, Winthrop, Mass.

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

APR 18 1949

(Registrar)

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.

49

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

PHYSICIAN — IMPORTANT

(Was deceased a
U. S. War Veteran,
if so specify WAR) NO.St.
(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX male 9 COLOR OR RACE white 10 SINGLE (write the word)
MARRIED
WIDOWED
or DIVORCED married10a If married, widowed, or divorced
HUSBAND OF Harriet Brewster Tasker
(Give maiden name of wife in full)(or) WIFE OF
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 84 Years 1 Months 20 Days
If under 24 hours
..... Hours .. Minutes13 Usual Occupation: retired
(Kind of work done during most of working life)14 Industry or Business: real estate broker15 Social Security No. none16 BIRTHPLACE (City) Plymouth
(State or country) England17 NAME OF FATHER James Barron18 BIRTHPLACE OF FATHER (City) England
(State or country)19 MAIDEN NAME OF MOTHER Elizabeth ?20 BIRTHPLACE OF MOTHER (City) England
(State or country)21 Informant Mrs. George B. Barron
(Address) 7 Woodside Park, WinthropI 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) 4/15/49

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

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

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

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

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

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

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

RULES OF PRACTICE

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

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

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance 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.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by 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

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100M-(D)-10-48-24886

PLACE OF DEATH

Suffolk
(County)Winthrop
(City or Town)

No. Winthrop Community Hospital

2 FULL NAME. Winston, Mary
(If deceased is a married, widowed or divorced woman, give also maiden name.)(a) Residence. No. 53 St Andrew Road
(Usual place of abode)St. East Boston Mass
(If nonresident, give city or town and State)

Length of stay: In place of death. - years - months - 5 days. In place of residence 68 years - months - days.

The Commonwealth of Massachusetts

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

Registered No. 50

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH April 15 1949
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
April 10, 1949 to April 15, 1949
I last saw him alive on 4/15, 1949 death is said to

have occurred on the date stated above, at 9.30 A.M.

DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a) Cerebral HemorrhageINTERVAL BE-
TWEEN ONSET
AND DEATH

5 Days

ANTECEDENT
CAUSESDue To (b) Pharyngeal
Heart Disease

Due To (c)

OTHER
SIGNIFICANT
CONDITIONSMajor findings:
Of operations. 0

Date of operation. Was autopsy performed?

What test confirmed diagnosis? 0

5 Was disease or injury in any way related to occupation of deceased? 1

If so, specify

(Signed) Fred O. Pagan

(Address) 6708 Washington St.

Date 4/15

1949

6 Holy Cross Warden

Place of Burial or Cremation

(City or Town)

DATE OF BURIAL April 18 1949

19

7 NAME OF FUNERAL DIRECTOR. Richard C. Kirby

ADDRESS East Boston

Received and filed. 19

APR 20 1949

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX female 9 COLOR OR RACE white 10 SINGLE (write the word)
MARRIED
WIDOWED
or DIVORCED single

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 68 Years 8 Months 22 Days If under 24 hours
Hours Minutes13 Usual Occupation: At home
(Kind of work done during most of working life)

14 Industry or Business: none

15 Social Security No. none

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

17 NAME OF FATHER James Winston

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

19 MAIDEN NAME OF MOTHER Mary Cummings

20 BIRTHPLACE OF MOTHER (City)
(State or country) Ireland21 Informant John E. Winston brother
(Address) 53 St Andrew Rd East BostonI 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) 4/16/49
(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.

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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.

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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, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by 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.)

R-302

50m-(c)-10-48-24658

PLACE OF DEATH

Middlesex
(County)

Carlisle

(City or Town)

No. Valleyhead Hospital

2 FULL NAME Frances E. Gardner

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

(a) Residence. No. 225 Pleasant
(Usual place of abode)

St. Winthrop

(If nonresident, give city or town and State)

Length of stay: In place of death 0 years 0 months 5 days. In place of residence years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH April 16 1949
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from April 11, 1949, to April 16, 1949

I last saw her alive on April 15, 1949, death is said to have occurred on the date stated above, at 5.25 A.M.

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Carcinoma of lung (left)

INTERVAL BETWEEN ONSET AND DEATH

1 yr.

ANTECEDENT CAUSES (b) Myasthenia Gravis

10 yrs.

(c) Diabetes Mellitus

5 yrs.

OTHER SIGNIFICANT CONDITIONS Bronchopneumonia

3 days

Major findings: None
Of operations.

Date of operation. Was autopsy performed? No

What test confirmed diagnosis? Clin. & Lab.

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

If so, specify

(Signed) J. Butler Tompkins M. D.
(Address) Valleyhead Hosp Date 4/15 1949

6 Winthrop Cemetery Winthrop
Place of Burial or Cremation (City or Town)

DATE OF BURIAL April 19 1949

7 NAME OF FUNERAL DIRECTOR Alfred B. Marsh

ADDRESS 174 Winthrop St., Winthrop

Received and filed May 5 1949 19

(Registrar of City or Town where deceased resided)

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS



COPY OF
CERTIFICATE OF DEATH

(City or town making return)

Registered No. 51

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)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX F 9 COLOR OR RACE W 10 SINGLE MARRIED WIDOWED or DIVORCED (write the word)

10a If married, widowed, or divorced

HUSBAND of (Give maiden name of wife in full)

(or) WIFE of George H. Gardner (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 76 Years 2 Months 10 Days If under 24 hours Hours Minutes

13 Usual Occupation: Housewife (Kind of work done during most of working life)

14 Industry or Business:

15 Social Security No.

16 BIRTHPLACE (City) England
(State or country)

17 NAME OF FATHER Harry Edmunds

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

19 MAIDEN NAME OF MOTHER Leah Bloyden

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

21 Informant Mrs. Howard C. Reith
(Address) 225 Pleasant St., Winthrop

A TRUE COPY.

ATTEST: Margaret M. Heald (Registrar of City or Town where death occurred)

DATE FILED April 16 1949



OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICSTo be filed for burial permit
with Board of Health
or its Agent.STANDARD
CERTIFICATE OF DEATH

Registered No. 52

Suffolk
(County)Winthrop
(City or Town)

No. 22 Faun Bar Ave.

(If death occurred in a hospital or institution,
St. { give its NAME instead of street and number)2 FULL NAME James Everett Cox
(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. 22 Faun Bar Ave.
(Usual place of abode)

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

Length of stay: In place of death years 2 months days. In place of residence 40 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH April 17, 1949
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
May 15, 1944 to April 15, 1949

I last saw him alive on April 15, 1949 death is said to

have occurred on the date stated above, at 8:30 p.m.

DISEASE OR CONDITION
DIRECTLY LEADINGTO DEATH (a) Chronic
MyocarditisINTERVAL BE-
TWEEN ONSET
AND DEATHEst
10 yearsANTE CEDENT
CAUSES

Due To

(b)

Due To

(c)

OTHER
SIGNIFICANT
CONDITIONSMajor findings:
Of operations

Date of operation none Was autopsy performed? no

What test confirmed diagnosis? Clinical Signs

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

If so, specify

(Signed)

(Address)

Winthrop

M. D.
Date April 15, 19496 Fern Hill Hanson
Place of Burial or Cremation (City or Town)

DATE OF BURIAL April 19, 1949

7 NAME OF
FUNERAL DIRECTOR

ADDRESS

Received and filed APR 20 1949

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Male 9 COLOR OR RACE White 10 SINGLE (write the word)
MARRIED
WIDOWED
or DIVORCED Married10a If married, widowed, or divorced
HUSBAND of Matilda Robinshaw
(Give maiden name of wife in full)

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

11 IF STILLBORN, enter that fact here.

12 AGE 80 Years 7 Months 29 Days If under 24 hours
Hours Minutes13 Usual Occupation: Clerk retired
(Kind of work done during most of working life)

14 Industry or Business: Edison Electric Co.

15 Social Security No. None

16 BIRTHPLACE (City) Hanson
(State or country) Mass

17 NAME OF FATHER Samuel Cox

18 BIRTHPLACE OF FATHER (City) Hanson
(State or country) Mass19 MAIDEN NAME OF MOTHER Stebbins
Rosetta Stevens20 BIRTHPLACE OF MOTHER (City) Hanson
(State or country) Mass.21 Informant Matilda Cox
(Address) 22 Faun Bar Ave. WinthropI 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) 4/18/49

PLACE OF DEATH

R-301A

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Exempt 2-1-1949
94. S. Reynolds

ATTACHMENT

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

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

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen 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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death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or 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

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100M-(D)-10-48-24888

PLACE OF DEATH

Suffolk
(County)Winthrop
(City or Town)

No. 510 Shirley St

2 FULL NAME Maria Tomasello Zaia
(If deceased is a married, widowed or divorced woman, give also maiden name.)(a) Residence. No. 510 Shirley St
(Usual place of abode)

Length of stay: In place of death years months days. In place of residence 22 years months days.

The Commonwealth of Massachusetts

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

Registered No. 53

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

3 DATE OF DEATH April 21 1949
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
March 3, 1949, to April 21, 1949.I last saw her alive on April 21, 1949, death is said to
have occurred on the date stated above, at 9:30 P. M.DISEASE OR CONDITION
DIRECTLY LEADINGTO DEATH (a) carcinoma
of stomach & metastasisINTERVAL BE-
TWEEN ONSET
AND DEATH

6 mos

ANTE DECENT
CAUSES (b)Due To
(c)OTHER
SIGNIFICANT
CONDITIONSMajor 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? no

If so, specify

(Signed) John F. O'Malley M. D.
(Address) 200 Washington St. Date 4/22/19496 Winthrop Winthrop
Place of Burial or Cremation (City or Town)

DATE OF BURIAL April 25 1949 19

7 NAME OF FUNERAL DIRECTOR John F. O'Malley

ADDRESS Winthrop

Received and filed 19

APR 25 1949

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Female 9 COLOR OR RACE White 10 SINGLE (write the word)
MARRIED
WIDOWED
DIVORCED

10a If married, widowed, or divorced

HUSBAND of (Give maiden name of wife in full)

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

11 IF STILLBORN, enter that fact here.

12 AGE 64 Years Months Days If under 24 hours
Hours Minutes13 Usual Occupation: Housewife
(Kind of work done during most of working life)

14 Industry or Business: Home

15 Social Security No.

16 BIRTHPLACE (City) Italy
(State or country)

17 NAME OF FATHER Cannot be learned Zaia

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

19 MAIDEN NAME OF MOTHER Letteria Tomasello

20 BIRTHPLACE OF MOTHER (City) Italy
(State or country)21 Informant Dominica Zaia
(Address) 510 Shirley St.I HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:

Signature of Registrar (or Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

Same as marriage name

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

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

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

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

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

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

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

RULES OF PRACTICE

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

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

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance 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.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by 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

R-301A

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disease or
ing death.

100M-(D)-10-48-24886

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. 54

PLACE OF DEATH

No.

2 FULL NAME

(a) Residence. No.

(Usual place of abode)

Length of stay: In place of death years months days. In place of residence 13 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH April 28 1949
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from April 22 1949, to April 28 1949

I last saw him alive on April 27 1949, death is said to

have occurred on the date stated above, at 3:42 p.m.

DISEASE OR CONDITION

DIRECTLY LEADING

TO DEATH (a) Coronary occlusion

ANTE
CEDENT
CAUSES

Due To

(b)

(c)

Due To

(c)

OTHER
SIGNIFICANT
CONDITIONSMajor findings:
Of operations none

Date of operation none Was autopsy performed?

What test confirmed diagnosis?

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

If so, specify

(Signed)

(Address)

Date

6

Place of Burial or Cremation

DATE OF BURIAL May 2 1949

7 NAME OF
FUNERAL DIRECTOR

ADDRESS

Received and filed

MAY 3 1949

(Registrar)

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

65 Years

Months

Days

If under 24 hours

Hours

Minutes

13 Usual

Occupation:

Check

(Kind of work done during most of working life)

14 Industry

or Business:

Grocery store

15 Social Security No.

16 BIRTHPLACE (City)

(State or country)

Worcester

17 NAME OF

FATHER

Harold Miller

18 BIRTHPLACE OF

FATHER (City)

(State or country)

Unknown

19 MAIDEN NAME

OF MOTHER

Samatha Pierce

20 BIRTHPLACE OF

MOTHER (City)

(State or country)

Conn.

21

Informant

(Address)

Mrs. Julia Miller

235 Bowdoin St.

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

Walter L. Baker

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

5-12-49

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

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

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

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

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

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

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

RULES OF PRACTICE

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

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

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance 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.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by 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

Danvers

(City or town making return)

COPY OF
CERTIFICATE OF DEATH

Registered No.

55

Essex

(County)

Danvers

(City or Town)

Danvers State Hospital, Hathorne, Mass.
No. _____ St. _____ (give its NAME instead of street and number)2 FULL NAME Fred W. Messer
(If deceased is a married, widowed or divorced woman, give also maiden name.)(Was deceased a
U. S. War Veteran,
if so specify WAR)(a) Residence. No. 79 Summit Ave., Winthrop, Mass.
(Usual place of abode)

(If nonresident, give city or town and State)

Length of stay: In place of death.....years 9 months 25 days. In place of residence.....years.....months.....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH April 3 1949
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
June 9, 1948, to April 3, 1949

I last saw him alive on April 3, 1949, death is said to

have occurred on the date stated above, at 11:10 a. m.

DISEASE OR CONDITION
DIRECTLY LEADINGTO DEATH (a) Arteriosclerotic
heart diseaseANTECEDENT CAUSES (b) Generalized Arterio-
sclerosisDue To
(c)OTHER
SIGNIFICANT
CONDITIONSMajor findings:
Of operations.

Date of operation..... Was autopsy performed? no

What test confirmed diagnosis? Clinical

5 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 4/8 19496 Greenlawn Cemetery, Keene, N.H.
Place of Burial or Cremation (City or Town)

DATE OF BURIAL April 8 1949

7 NAME OF FUNERAL DIRECTOR William D. Grannan
ADDRESS Arlington, Mass.

Received and filed.....19

MAY 10 1949

(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Male 9 COLOR OR RACE White 10 SINGLE (write the word)
MARRIED
WIDOWED
or DIVORCED Divorced

10a 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)

11 IF STILLBORN, enter that fact here.

12 AGE 80 Years.....Months.....Days If under 24 hours
Hours.....Minutes13 Usual Occupation: Watch repairer (retired)
(Kind of work done during most of working life)14 Industry
or Business:

15 Social Security No.

16 BIRTHPLACE (City)
(State or country) New Hampshire

17 NAME OF FATHER Cannot be learned

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

19 MAIDEN NAME OF MOTHER Sylvia Booth

20 BIRTHPLACE OF MOTHER (City)
(State or country) New Hampshire21 Informant Mary E. Sheehan
(Address) Hathorne, Mass.

A TRUE COPY.

ATTEST: (Registrar of City or Town where death occurred)

DATE FILED April 9 1949

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



PLACE OF DEATH

SUFFOLK
BOSTON
(County)The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

BOSTON

(City or town making return)

COPY OF
CERTIFICATE OF DEATH

Registered No. 2996

56

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

2 FULL NAME. Florence Penney
(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. 186 Highland Ave. St. Winthrop
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death. 2 years. 14 months. 14 days. In place of residence. 39 years. months. days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH Apr. 3/49
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
1/26/49, 19 to 4/3/49, 19I 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) Pulm. emboli-

INTERVAL BE-
TWEEN ONSET
AND DEATH

term.

ANTE Due To thrombophlebitis, rt leg 3-5 days
CEDENT (b) CAUSESDue To
(c)OTHER SIGNIFICANT CONDITIONS
Pulm. edema
gen. arteriosclerosisterm.
15/ yrsMajor findings:
Of operations. bladder tumor

Date of operation. 2/3/49 Was autopsy performed? yes

What test confirmed diagnosis?

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

If so, specify

(Signed) B. G. Stall III M. D.

(Address) Mass. Gen. Hosp. Date. 4/3/49 19

6 Pine Grove - Waterville, Me.
Place of Burial or Cremation (City or Town)

DATE OF BURIAL 4/6/49 19

7 NAME OF FUNERAL DIRECTOR H. S. Reynolds

ADDRESS Winthrop

Received and filed. MAY 19 1949 19

(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX F 9 COLOR OR RACE W 10 SINGLE (write the word)
MARRIED
WIDOWED
or DIVORCED Wid.

10a If married, widowed, or divorced

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

(or) WIFE of Frank W Penney
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 75 Years Months Days If under 24 hours
Hours Minutes13 Usual Occupation: Housewife
(Kind of work done during most of working life)14 Industry
or Business:

15 Social Security No.

16 BIRTHPLACE (City)
(State or country) Maine

17 NAME OF FATHER John Bradbury

18 BIRTHPLACE OF

FATHER (City)
(State or country) Me.19 MAIDEN NAME
OF MOTHER ----

20 BIRTHPLACE OF

MOTHER (City)
(State or country) Me.21 Informant Merle D Penney
(Address) Winthrop

A TRUE COPY.

ATTEST: (Registrar of City or Town where death occurred)

DATE FILED 4/7/49 19

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-(e)-10-48-24658

1777
1778

April 2nd 1778

Dear Sir

I have the honor to

acknowledge

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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. 335457

PLACE OF DEATH

SUFFOLK
(County)

(City or Town)

No. Mass General Hosp Baker Mem

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

2 FULL NAME Bridget A Donoghue

(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. 69 Bellvue Ave
(Usual place of abode)

St. Winthrop Mass

(If nonresident, give city or town and State)

Length of stay: In place of death.....years.....months 4.....days. In place of residence 55.....years.....months.....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH April 15/49
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
April 12¹⁹ 49, to April 15¹⁹ 49.I last saw her alive on April 15¹⁹ 49 death is said to
have occurred on the date stated above, at 2 AMINTERVAL BE-
TWEEN ONSET
AND DEATHDISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a)Intestinal infarction 3 dys
Pulmonary embolism ? daysANTECEDENT CAUSES (b) Chronic cardiac valvular
disease, mitral andDue To (c) Aortic stenosis and
regurgitation of
rheumatic origin

20 yrs

OTHER
SIGNIFICANT
CONDITIONSMajor findings: Thoracentesis
Of operations

Date of operation..... Was autopsy performed?

What test confirmed diagnosis? Autopsy

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

If so, specify

(Signed)

(Address)

C L Clay
Mass Gen Hosp Date 4-15¹⁹ 496 Place of Burial or Cremation Holy Cross Malden
(City or Town)DATE OF BURIAL April 18/49¹⁹

7 NAME OF FUNERAL DIRECTOR F J Crosby

ADDRESS Boston Mass

Received and filed April 20¹⁹ 49

MAY 13 1949

(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX F 9 COLOR OR RACE W 10 SINGLE MARRIED (write the word)
WIDOWED Widowed
or DIVORCED

10a If married, widowed, or divorced

HUSBAND of (Give maiden name of wife in full)

(or) WIFE of Charles C Donoghue
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 72 Years.....Months.....Days If under 24 hours
.....Hours.....Minutes13 Usual Occupation: At Home
(Kind of work done during most of working life)14 Industry
or Business:

15 Social Security No. -----

16 BIRTHPLACE (City)
(State or country) Ireland

17 NAME OF FATHER Cornelius Sullivan

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

19 MAIDEN NAME OF MOTHER Mary Sullivan (Ok)

20 BIRTHPLACE OF MOTHER (City)
(State or country) Ireland21 Informant C W Donoghue (Son)
(Address)

A TRUE COPY.

ATTEST. (Registrar of City or Town where death occurred)

DATE FILED 19

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.)

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-(e)-10-48-24658

PLACE OF DEATH

1

Suffolk

(County)

Revere

(City or Town)

No. 214 Endicott Ave.

2 FULL NAME

Howell Thomas Wood

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

(a) Residence. No.

11 Neptune Ave.

(Usual place of abode)

St.

Winthrop

(If nonresident, give city or town and State)

Length of stay: In place of death. years 2 months. days. In place of residence 30 years. months. days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH

April 21, 1949

(Month)

(Day)

(Year)

4 I HEREBY CERTIFY, That I attended deceased from

July 13, 1945, to April 21, 1949

I last saw him alive on April 21, 1949, death is said to

have occurred on the date stated above, 6:25 P. M.

DISEASE OR CONDITION

DIRECTLY LEADING

TO DEATH (a)

Coronary artery disease

INTERVAL BETWEEN ONSET AND DEATH

6 mos

ANTECEDENT CAUSES

Due To

(b)

Arteriosclerotic heart disease

5 yrs

Due To

(c)

Generalized arteriosclerosis

7 yrs

OTHER SIGNIFICANT CONDITIONS

Prostatic hypertrophy 2-3 mos
? Carcinoma

Major findings: Of operations

None

Date of operation. Was autopsy performed?

What test confirmed diagnosis? Clinical

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

If so, specify

223 Paul P. Weinsatt, Winthrop, Mass. 4/22/1949

6

Mt. Hope

Boston

Place of Burial or Cremation

(City or Town)

DATE OF BURIAL

April 23, 1949

7 NAME OF FUNERAL DIRECTOR

Howard S. Reynolds

ADDRESS

Winthrop

Received and filed

MAY 24 1949

19

(Registrar of City or Town where deceased resided)

The Commonwealth of Massachusetts

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

Revere

(City or town making return)

Registered No.

58

{(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)

St.

(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX

Male

9 COLOR OR RACE

White

10 SINGLE

(write the word)

MARRIED

WIDOWED

OR DIVORCED

Divorced

10a If married, widowed or divorced

HUSBAND of

Unable to obtain

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12

AGE

75

Years

Months

Days

If under 24 hours

Hours

Minutes

13 Usual Occupation:

Real estate

(Kind of work done during most of working life)

14 Industry or Business:

Self

15 Social Security No.

None

16 BIRTHPLACE (City)

Boston

(State or country)

Mass.

17 NAME OF FATHER

William A. Wood

18 BIRTHPLACE OF FATHER (City)

Iowa

(State or country)

19 MAIDEN NAME OF MOTHER

Helen M. Thomas

20 BIRTHPLACE OF MOTHER (City)

Boston, Mass.

(State or country)

21

Informant (Address)

Ruth Gavian

118 Parker St., Newton

A TRUE COPY

ATTEST:

(Registrar of City or Town where death occurred)

DATE FILED

May 11

19 49

RECEIVED



MAY 24 1943 11

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

PLACE OF DEATH

SUFFOLK
BOSTON

(City or Town)



The Commonwealth of Massachusetts

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

BOSTON

(City or town making return)

Registered No. 3682 59

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

2 FULL NAME Louis Kames
(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. 41 Perkins St. Winthrop Mass.
(Usual place of abode) (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 April 26/49
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from April 20 19 49, to April 26/49

I last saw him alive on April 26, 19 49, death is said to have occurred on the date stated above, at 12:25A. m.

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Thoracic and abdominal metastatic carcinoma

ANTECEDENT CAUSES Due To (b) primary site unknown

Due To (c)

OTHER SIGNIFICANT CONDITIONS

Major findings: None
Of operations.

Date of operation. Was autopsy performed? No

What test confirmed diagnosis? Clinical

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

If so, specify C L Clay
(Signed) Mass. Gen. Hosp Date 4-26 19 49
(Address)

6 Place of Burial or Cremation Everett Cem-Everett Mass.
(City or Town)

DATE OF BURIAL April 26/49 19

7 NAME OF FUNERAL DIRECTOR B Birnbach
Dorchester Mass.
ADDRESS

Received and filed MAY 31 1949 19

(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX M 9 COLOR OR RACE W 10 SINGLE (write the word) MARRIED WIDOWED Married or DIVORCED

10a If married, widowed, or divorced HUSBAND of Ida Simons
(Give maiden name of wife in full)

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

11 IF STILLBORN, enter that fact here.

12 AGE 44 Years Months Days If under 24 hours Hours Minutes

13 Usual Occupation: Meat Cutter
(Kind of work done during most of working life)

14 Industry or Business: Barney Stearns-Boston

15 Social Security No. 012-12-3150
16 BIRTHPLACE (City) Chelsea Mass.
(State or country)

17 NAME OF FATHER Jacob Kames

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

19 MAIDEN NAME OF MOTHER Etta Corel

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

21 Informant J Wilten
(Address)

A TRUE COPY.

ATTEST: (Registrar of City or Town where death occurred)

DATE FILED April 28/49 19

PLACE OF DEATH

Suffolk
(County)Winthrop
(City or Town)

No. 25 George Street

2 FULL NAME Julia (Killiam) Clark
(If deceased is a married, widowed or divorced woman, give also maiden name.)(a) Residence. No. 25 George Street
(Usual place of abode)

Length of stay: In place of death years months days. In place of residence 45 years months days.

INSTRUCTIONS
FOR
CERTIFICATEgiving
OF DEATHnot enter
than one
for each
(b) and (c)does not mean
of dying, such
as, such
as the disease,
indications which
death.id conditions,
ing rise to the
se (a) stating
lying causeitions contrib-
e death but not
the disease or
causing death.

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. 60

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)

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH May 1 1949
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
Jan 7 1939, to May 1 1949I last saw her alive on April 30 1949, death is said to
have occurred on the date stated above, at 5 P. M.DISEASE OR CONDITION
DIRECTLY LEADING

TO DEATH (a) Chronic Myocarditis

INTERVAL BE-
TWEEN ONSET
AND DEATH

8 mos

ANTECEDENT CAUSES Due To Hypertension

Due To
(c)OTHER
SIGNIFICANT
CONDITIONSMajor 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? no

If so, specify

(Signed) Louis J. Salerno M. D.

(Address) 175 Pleasant St. Date May 2 1949

6 Wildwood Oakland
Place of Burial or Cremation (City or Town)

DATE OF BURIAL May 3 1949

7 NAME OF FUNERAL DIRECTOR Howard S. Reynolds

ADDRESS Winthrop Mass

Received and filed MAY 3 1949 19

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Female 9 COLOR OR RACE White 10 SINGLE MARRIED (write the word)
WIDOWED or DIVORCED Married

10a If married, widowed, or divorced

HUSBAND of (Give maiden name of wife in full)

(or) WIFE of John W Clark

(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 81 Years 1 Months 13 Days If under 24 hours
Hours Minutes13 Usual Occupation: Housewife
(Kind of work done during most of working life)

14 Industry or Business: At Home

15 Social Security No. None
16 BIRTHPLACE (City) Yarmouth
(State or country) Nova Scotia

17 NAME OF FATHER Thomas Killiam

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

19 MAIDEN NAME OF MOTHER Elinor Wetmore

20 BIRTHPLACE OF MOTHER (City) Nova Scotia
(State or country)21 Informant John W Clark
(Address) 25 George St. WinthropI 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 5/3/49
(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. . . or the purposes of this section and of sections forty-five, forty-six and forty-seven (said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. . . L. Chap. 46, Sec. 10.

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

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

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

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

RULES OF PRACTICE

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

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

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance 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.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by 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

M R-301A

PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)

No. Winthrop Community Hospit 1

{(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.)

Daniel Albert T.

PHYSICIAN — IMPORTANT

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

(a) Residence. No.

(Usual place of abode)

163 Pauline Street

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

Length of stay: In place of death ... years ... months ... 1 days. In place of residence ... 8 years ... months ... days.

INSTRUCTIONS FOR CERTIFICATE

giving OF DEATH

not enter than one for each (b) and (c)

does not mean of dying, such as culture, asthenia, and the disease, indications which

id conditions, ing rise to the se (a) stating rlyng cause

itions contrib- e death but not the disease or causing death.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH May 2 1949
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from April 30 1949, to May 2 1949

I last saw him alive on May 2 1949, death is said to

have occurred on the date stated above, at 11:05 A. m.

DISEASE OR CONDITION

DIRECTLY LEADING

TO DEATH (a) Coronary thrombosis with STOKES ADAMS SYNDROME 36 hours

ANTECEDENT CAUSES

Due To (b) Arteriosclerotic and Hypertensive Heart Disease 3 years

Due To (c) Arteriosclerosis 3 years

OTHER SIGNIFICANT CONDITIONS

Arterial Embolus to left arm 36 hours

Major findings: Of operations

Date of operation

Was autopsy performed? No

What test confirmed diagnosis?

Clinical & Laboratory

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

If so, specify

(Signed)

(Address)

Mt Auburn

Place of Burial or Cremation

DATE OF BURIAL

April 4 1949

7 NAME OF FUNERAL DIRECTOR

ADDRESS

Received and filed

MAY 3 1949

(Registrar)

The Commonwealth of Massachusetts

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

Registered No.

61

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Male 9 COLOR OR RACE White 10 SINGLE MARRIED (write the word) WIDOWED or DIVORCED Married

10a If married, widowed, or divorced HUSBAND of Meta Wilkes (Give maiden name of wife in full)

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

11 IF STILLBORN, enter that fact here.

12 AGE 76 Years 11 Months 8 Days If under 24 hours Hours Minutes

13 Usual Occupation: Bookkeeper (retired) (Kind of work done during most of working life)

14 Industry or Business: Silversmith Co.

15 Social Security No. 029-12-0796

16 BIRTHPLACE (City) Toronto Canada (State or country)

17 NAME OF FATHER William Henry Daniel

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

19 MAIDEN NAME OF MOTHER Sickler Elizabeth Sickler

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

21 Informant Meta W Daniel (Address) 163 Pauline St Winthrop, M

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)

5/3/49

(Date of Issue of Permit)

100M-(D)-10-48-24858

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

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

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

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

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

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

RULES OF PRACTICE

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

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

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance 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.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by 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-(e)-10-48-24658

PLACE OF DEATH

1

SUFFOLK
BOSTON
(County)



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

BOSTON

(City or town making return)

COPY OF
CERTIFICATE OF DEATH

Registered No. 4110 62

No. 42 Southbourne Rd. St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Bertha Geweke
(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. 45 Pleasant St. Winthrop Mass
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death.....years 5.....months.....days. In place of residence 15.....years.....months.....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH May 9/49
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from Jan 1945, to May 9, 1949.

I last saw her alive on May 9, 1949, death is said to have occurred on the date stated above, at 7:25 PM.

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Carcinoma of stomach 4 yrs

INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES Due To (b)

Due To (c)

OTHER SIGNIFICANT CONDITIONS Metastases to liver

Major findings: Carcinoma of stomach Of operations.

Date of operation. 11-5-45 Was autopsy performed?

What test confirmed diagnosis?

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

If so, specify L. H. Nason M. D.
(Signed) Boston Mass Date May 10, 1949
(Address)

6 Winthrop Winthrop
Place of Burial or Cremation (City or Town)

DATE OF BURIAL May 12 1949

7 NAME OF FUNERAL DIRECTOR H. S. Reynolds

ADDRESS Winthrop Mass

Received and filed May 12 1949

MAY 31 1949

(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX F 9 COLOR OR RACE W 10 SINGLE MARRIED WIDOWED or DIVORCED Widowed (write the word)

10a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full)

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

11 IF STILLBORN, enter that fact here.

12 AGE 71 Years 2 Months 22 Days If under 24 hours Hours Minutes

13 Usual Occupation: Housewife (Kind of work done during most of working life)

14 Industry or Business: Home

15 Social Security No. None

16 BIRTHPLACE (City) (State or country) Germany

17 NAME OF FATHER Charles Oeffinger

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

19 MAIDEN NAME OF MOTHER Marie Geiser

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

21 Informant C Oeffinger (Address)

A TRUE COPY

ATTEST: (Registrar of City or Town where death occurred)

DATE FILED 19

INSTRUCTIONS
FOR
CERTIFICATE OF DEATH

Do not enter
more than one
cause for each
(a), (b) and (c)

This does not mean
mode of dying, such
as failure, assthenia,
means the disease,
complications which
death.

Underlying cause
giving rise to the
cause (a) stating
underlying cause

Conditions contrib-
uting to the death but not
causing death.

100M-(D)-10-48-24858

PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)

No. 139 Somerset Ave

2 FULL NAME. Herbert Wilson Floyd

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

(a) Residence. No. 139 Somerset Ave.

(Usual place of abode)

Length of stay: In place of death..... years..... months..... days. In place of residence. 90 years..... months..... days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH May 11 1949
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from Jan 15 1949 to May 11 1949

I last saw him alive on May 10 1949 death is said to

have occurred on the date stated above, at 6:30 A.M.

DISEASE OR CONDITION
DIRECTLY LEADING

TO DEATH (a) Arteriosclerosis

INTERVAL BE-
TWEEN ONSET
AND DEATH

years.

ANTE Due To
CEDENT (b)
CAUSES

Due To
(c)

OTHER
SIGNIFICANT
CONDITIONS

Major findings:
Of operations

Date of operation Was autopsy performed? No

What test confirmed diagnosis?

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

If so, specify

(Signed) Dorothy Cheney Appleton M. D.
(Address) 197 Woodside Ave. Winthrop Mass Date May 11 1949

6 Winthrop Winthrop
Place of Burial or Cremation (City or Town)

DATE OF BURIAL May 14 1949

7 NAME OF FUNERAL DIRECTOR Edward J. Donald

ADDRESS Winthrop Mass.

Received and filed May 20 1949

(Registrar)

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD
CERTIFICATE OF DEATH

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

Registered No. 63

(If death occurred in a hospital or institution,
St. 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

8 SEX Male 9 COLOR OR RACE White 10 SINGLE (write the word)
MARRIED WIDOWED or DIVORCED Widowed

10a If married, widowed, or divorced
HUSBAND of Helen M. Yaw
(Give maiden name of wife in full)

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

11 IF STILLBORN, enter that fact here.

12 AGE 90 Years 6 Months 4 Days If under 24 hours
Hours Minutes

13 Usual Occupation: Clerk (retired)
(Kind of work done during most of working life)

14 Industry or Business: Tea & Coffee Co.

15 Social Security No. None

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

17 NAME OF FATHER William Bates Floyd

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

19 MAIDEN NAME OF MOTHER Hannah Augusta Wilson

20 BIRTHPLACE OF MOTHER (City) Malden
(State or country) Mass.

21 Informant Henry Floyd Sampson
(Address) 18 Robert St. Wakefield, Mass.

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) 5/23/49

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

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

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

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

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

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

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

RULES OF PRACTICE

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

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

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

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

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by 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 STATISTICSMEDICAL EXAMINER'S
CERTIFICATE OF DEATHTo be filed for burial permit
with Board of Health
or its Agent.

Registered No.

64

- 1 No. *46 Washington St. - Kirkpatrick Rest Home* (If death occurred in a hospital or institution, give its NAME instead of street and number)
- 2 FULL NAME *Catherine Wallace* (If deceased is a married, widowed or divorced woman, give also maiden name.)
- (a) Residence. No. *67 Cottage Park Rd* (Usual place of abode) (If nonresident, give city or town and State)
- Length of stay: In place of death *2* months *9* days. In place of residence *9* years *9* months *9* days.

PHYSICIAN - IMPORTANT

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

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH *May 11 1949*
(Month) (Day) (Year)

4 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.)

Generalized arteriosclerosis
Fracture of hip.
Accidental -

5 Accident, suicide, or homicide (specify) *Acc*

Date and hour of injury *4-28 1949*

Where did Injury occur *Winthrop, Mass.*
(City or town and State)

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

Manner of Injury *Fell to floor*
(How did injury occur?)

Nature of Injury

While at work? *no* Was autopsy performed? *no*

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

If so, specify

(Signed) *Richard Ford*, M. D.

(A date) *Boston* Date *5-12 1949*

7 Place of Burial, or Cremation *St. Joseph's Cem. Plymouth*
(City or Town)

DATE OF BURIAL *May 14 1949*

8 NAME OF FUNERAL DIRECTOR *Rev. E. Beaman*

ADDRESS *25 Middle St. Plymouth*

Received and filed *MAY 20 1949* 19.

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

9 SEX *Female* 10 COLOR OR RACE *White* 11 SINGLE (write the word) *Widowed*
MARRIED
WIDOWED
or DIVORCED

11a If married, widowed, or divorced HUSBAND of *Michael Wallace*
(Give maiden name of wife in full)
(or) WIFE of *Michael Wallace*
(Husband's name in full)

12 IF STILLBORN, enter that fact here.

13 AGE *83* years *6* Months *10* Days If under 24 hours
Hours Minutes

14 Usual Occupation: *none*
(Kind of work done during most of working life)

15 Industry or Business: *none*

16 Social Security No. *none*

17 BIRTHPLACE (City) *Ireland*
(State or country)

18 NAME OF FATHER *Patrick Leonard*

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

20 MAIDEN NAME OF MOTHER *Mary Gorman*

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

22 Informant *Catherine Wallace (daughter)*
(Address) *67 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)

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

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

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

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

that the deceased contains a recital, as required by section ten of chapter forty-six, in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L. as amended by Chap. 48, Acts of 1927 and Chap. 414, Acts of 1931. No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.....Chap. 114, Sec. 46, G. L., as amended.

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead..... General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

.....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.)"

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

100-M R-301A

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.

65

No. Winthrop Comm. Hospital

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

2 FULL NAME Bjornson
(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 Center St.
(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.

INSTRUCTIONS
FOR
FILLING OUT
THIS CERTIFICATE

1. In giving
cause of death

2. Do not enter
more than one
cause for each
(a), (b) and (c)

3. This does not mean
cause of dying, such
as failure, asthenia,
etc. It means the disease,
or diseases, which
led to death.

4. In describing morbid conditions,
giving rise to the
cause (a) stating
underlying cause

5. Conditions contrib-
uting to the death but not
causing death.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH May 18 1949
(Month) (Day) (Year)

4 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.

DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a) COMPLETE PREMATURITY
SEPARATION OF PLACENTA

ANTECEDENT CAUSES (b) TOXEMIA OF PREGNANCY

Due To (c)

OTHER
SIGNIFICANT
CONDITIONS

Prematurity - 7 mo.
FETAL DEATH - IN UTERO

Major findings:
Of operations

Date of operation Was autopsy performed?

What test confirmed diagnosis? clinical findings

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

If so, specify

(Signed) Charles J. Baker M. D.
(Address) 63 Center St. Winthrop Date 5/18 1949

6 Winthrop Winthrop
Place of Burial or Cremation (City or Town)

DATE OF BURIAL May 16 19 49

7 NAME OF FUNERAL DIRECTOR Edward J. Baker

ADDRESS Winthrop, Mass.

Received and filed MAY 20 1949

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Female 9 COLOR OR RACE White 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. Stillborn

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) Winthrop
(State or country) Mass

PARENTS

17 NAME OF FATHER Johannes Bjornson

18 BIRTHPLACE OF FATHER (City)
(State or country) Iceland

19 MAIDEN NAME OF MOTHER Alice Erskine

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

21 Informant Johannes Bjornson
(Address) 63 Center 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)
H. D. 3/16/49
(Official Designation) (Date of Issue of Permit)

100M-(D)-10-48-24658

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

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

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

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

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

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

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

RULES OF PRACTICE

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

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

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance 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.—Physicians: see explanatory instructions on face side of standard certificate 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

M R-301A

INSTRUCTIONS
FOR
AL CERTIFICATEn giving
E OF DEATHnot enter
re than one
se for each
, (b) and (c)is does not mean
le of dying, such
failure, asthenia,
means the disease,
lications which
death.rbid conditions,
giving rise to the
use (a) stating
derlying causeditions contrib-
the death but not
to the disease or
n causing death.

100M-(D)-10-48-24655

PLACE OF DEATH

1

Suffolk
(County)Winthrop
(City or Town)

No. Winthrop Community Hospital

2 FULL NAME Baby McGilvery
(If deceased is a married, widowed or divorced woman, give also maiden name.)(a) Residence. No. 44 Everard Avenue
(Usual place of abode)

Length of stay: In place of death years months 7 hrs In place of residence years months days

The Commonwealth of Massachusetts

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

Registered No. 66

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

PHYSICIAN — IMPORTANT

(Was deceased a
U. S. War Veteran,
if so specify WAR) NoSt. Beachmont, Mass.
(If nonresident, give city or town and State)

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH May 16 1949
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
May 16 1949 to May 16 1949I last saw her alive on May 16 1949, death is said to
have occurred on the date stated above, at 10:05 p. m.DISEASE OR CONDITION DIRECTLY LEADING
TO DEATH (a) Hemorrhagic
neonatal brain

ANTECEDENT CAUSES Due To (b) Neonatal asphyxia

Due To
(c)OTHER
SIGNIFICANT
CONDITIONS ATelectasis
stomachMajor findings:
Of operations

Date of operation Was autopsy performed? or

What test confirmed diagnosis? Clinical exam

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

If so, specify

(Signed)

(Address)

6 Oak Grove Cemetery, Medford
Place of Burial or Cremation (City or Town)

DATE OF BURIAL May 17th 1949

7 NAME OF FUNERAL DIRECTOR Richard C. Kirby

ADDRESS Boston, Mass.

Received and filed MAY 20 1949

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX F 9 COLOR OR RACE W 10 SINGLE (write the word)
MARRIED
WIDOWED
or DIVORCED Single10a 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 7 under 24 hours
Hours Minutes13 Usual Occupation: None
(Kind of work done during most of working life)

14 Industry or Business: None

15 Social Security No. None

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

17 NAME OF FATHER Paul McGilvery

18 BIRTHPLACE OF FATHER (City) Milo
(State or country) Maine

19 MAIDEN NAME OF MOTHER Alfreda Block

20 BIRTHPLACE OF MOTHER (City) Lawrence Mass
(State or country)21 Informant Mr. Paul McGilvery-father
(Address) 44 Everard Ave., BeachmontI 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) 5/17/49

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

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

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

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

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

INSTRUCTIONS
FOR
CERTIFICATEgiving
OF DEATHnot enter
than one
e for each
(b) and (c)does not mean
of dying, such
failure, asthenia,
means the disease,
indications which
path.bid conditions,
giving rise to the
use (a) stating
erlying causeditions contrib-
the death but not
the disease or
causing death.

100M-(D)-10-48-24886

PLACE OF DEATH

Suffolk
(County)
Winthrop
(City or Town)

No.

2 FULL NAME

Winthrop Community Hosp
(Baby Girl) Casella
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No.

(Usual place of abode)

16 Mill St. Place

St.

Revere

(If nonresident, give city or town and State)

Length of stay: In place of death..... years months 2 days. In place of residence years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF
DEATHMay 18 - 1949
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
May 16 1949 to May 18 1949

I last saw her alive on May 18 1949, death is said to

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

DISEASE OR CONDITION

DIRECTLY LEADING

TO DEATH (a)

Congenital
Heart DefectINTERVAL
BETWEEN
ONSET
AND DEATH

2 days

ANTE DUE TO
CEDENT (b)
CAUSESDue To
(c)OTHER
SIGNIFICANT
CONDITIONSMajor findings:
Of operations.....

Date of operation..... Was autopsy performed? yes

What test confirmed diagnosis? Autopsy

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

If so, specify

(Signed)

(Address)

John F. Velchis
Revere Mass

Date 19 May 1949

6 Place of Burial or Cremation

DATE OF BURIAL

Holy Cross Cemetery
May 19 1949

(City or Town)

7 NAME OF

FUNERAL DIRECTOR

Charles Burns & Son

ADDRESS

14 Boston Ave Revere Mass

Received and filed.....

MAY 20 1949

(Registrar)

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.

67

(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

PERSONAL AND STATISTICAL PARTICULARS

8 SEX

9 COLOR OR RACE

10 SINGLE (write the word)

female

white

MARRIED
WIDOWED
or DIVORCED

Single

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)

Winthrop
Mass

17 NAME OF

FATHER

Louis Casella

18 BIRTHPLACE OF

FATHER (City)

(State or country)

Revere
Mass

19 MAIDEN NAME

OF MOTHER

Loretta MacCaffrey

20 BIRTHPLACE OF

MOTHER (City)

(State or country)

Roxbury
Mass

21

Informant

(Address)

Louis W. Casella
10 Mill St. RevereI 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)

5/19/49

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

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

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SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

M R-301A

PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)

No. 58 Taft Ave.
(DeVeau)2 FULL NAME Mary Edith Gilman
(If deceased is a married, widowed or divorced woman, give also maiden name.)(a) Residence. No. 58 Taft Ave.
(Usual place of abode)

Length of stay: In place of death. years months days. In place of residence 40 years months days.

INSTRUCTIONS
FOR
L CERTIFICATEgiving
OF DEATHnot enter
than one
for each
(b) and (c)s does not mean
e of dying, such
ailure, asthenia,
eans the disease,
lications which
eath.bid conditions,
iving rise to the
use (a) stating
erlyling causeditions contrib-
the death but not
o the disease or
a causing death.

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. 68

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

PHYSICIAN — IMPORTANT

{(Was deceased a
U. S. War Veteran,
if so specify WAR)INSTRUCTIONS
FOR
L CERTIFICATEgiving
OF DEATHnot enter
than one
for each
(b) and (c)s does not mean
e of dying, such
ailure, asthenia,
eans the disease,
lications which
eath.bid conditions,
iving rise to the
use (a) stating
erlyling causeditions contrib-
the death but not
o the disease or
a causing death.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH May 18 1949
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
1941 to May 18 1949I last saw her alive on May 18 1949, death is said to
have occurred on the date stated above, at 12:23 P. M.DISEASE OR CONDITION
DIRECTLY LEADINGTO DEATH (a) Carcinoma of
StomachINTERVAL BE-
TWEEN ONSET
AND DEATH

8 yrs

ANTE Due To
CEDENT (b) CAUSESDue To
(c)OTHER
SIGNIFICANT
CONDITIONS

Major findings: Carcinoma of stomach

Of operations: 1941 47 48 Was autopsy performed? no

What test confirmed diagnosis? biopsy

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

If so, specify: (Signed) Arthur P. Murray M. D.
(Address) Winthrop, Mass. Date May 19 19496 Trinity Plymouth N.H.
Place of Burial or Cremation (City or Town)

DATE OF BURIAL May 20 1949

7 NAME OF FUNERAL DIRECTOR Harold S. Reynolds
ADDRESS Winthrop, Mass.

Received and filed MAY 20 1949

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Female 9 COLOR OR RACE White 10 SINGLE (write the word)
MARRIED WIDOWED DIVORCED Married10a If married, widowed, or divorced
HUSBAND of (Give maiden name of wife in full)(or) WIFE of William H Gilman
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 73 Years 6 Months 7 Days If under 24 hours
Hours Minutes13 Usual Occupation: Housewife
(Kind of work done during most of working life)14 Industry or Business: At Home
None15 Social Security No. None
16 BIRTHPLACE (City) Salmon River
(State or country) Nova Scotia

17 NAME OF FATHER Unable to obtain (See John)

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

19 MAIDEN NAME OF MOTHER Unable to obtain

20 BIRTHPLACE OF MOTHER (City) Unable to obtain
(State or country)21 Informant William H Gilman
(Address) 58 Taft Ave. Winthrop, Mass.I HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:Walter S. Baker
(Signature of Agent of Board of Health or other)

(Official Designation) Health Officer (Date of Issue of Permit) 5/20/49

100M-(D)-10-48-24856

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

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Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

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

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

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

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

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

M R-301A

INSTRUCTIONS
FOR
DEATH CERTIFICATEIn giving
OF DEATHnot enter
than one
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he death but not
the disease or
causing death.

Ind. Pr. of W. 100M (D) 10-45-24859

PLACE OF DEATH

1

2 FULL NAME

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

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 May 21 1949 (Month) (Day) (Year)

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

I last saw him alive on 19 death is said to have occurred on the date stated above, at 7:40 P.m.

DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a)

ANTECEDENT 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? no

If so, specify (Signed) (Address) Date 22 May 1949

6 Place of Burial or Cremation (City or Town)

DATE OF BURIAL May 24 1949

7 NAME OF FUNERAL DIRECTOR

ADDRESS

Received and filed MAY 26 1949

(Registrar)

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. 69

(If death occurred in a hospital or institution,
give its NAME instead of street and number)PHYSICIAN — IMPORTANT
(Was deceased a
U. S. War Veteran,
if so specify WAR)

(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Male 9 COLOR OR RACE White 10 SINGLE (write the word)
MARRIED
WIDOWED
or DIVORCED10a 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 33 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: Cut Hair

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)

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

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

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

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

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

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

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

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

RULES OF PRACTICE

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

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

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

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

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by 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

Worcester

The Commonwealth of Massachusetts

FITCHBURG, MASS.

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

(City or town making return)

Registered No. 20



1 PLACE OF DEATH
(County)
FITCHBURG, MASS.
(City or Town)
No. 18 Wood

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

2 FULL NAME Myra T. (Lewis) Pratt
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(a) Residence No. 15 Maple Rd. St. Winthrop Mass
(Usual place of abode) (If nonresident, give city or town and State)
Length of stay: In hospital or institution years months days In this community yrs. mos. days.
(Before death) (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

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

5a If married, widowed, or divorced HUSBAND of Har (Give maiden name of wife in full) (or) WIFE 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 3 Months 16 Days If less than 1 day Hours Minutes

9 Usual Occupation: hw.

10 Industry or Business:

11 Social Security No.

12 BIRTHPLACE (City) S. Dakota (State or country)

PARENTS

13 NAME OF FATHER unable to learn Lewis

14 BIRTHPLACE OF FATHER (City) unable to learn (State or country)

15 MAIDEN NAME OF MOTHER Sarah unable to learn

16 BIRTHPLACE OF MOTHER (City) unable to learn (State or country)

17 Mrs. C. Pratt (Relation, if any) Informant: Fitchburg (Address)

A TRUE COPY. Daniel H. McLean

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

DATE FILED June 1, 1949 19

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH May 23, 1949 (Month) (Day) (Year)

19 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows: (If an injury was involved, state fully.) Heart Disease presumably Coronary Sclerosis 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? If so, specify R. F. Bachmann (Signed) Fitchburg (Address) Date 5-25-19 M. D. 49

22 Forest Hill Cem. Fitchburg, Mass. Place of Burial, Cremation or Removal May 23, 1949 (City or Town) DATE OF BURIAL 19

23 NAME OF FUNERAL DIRECTOR R. M. Liversage ADDRESS Fitchburg, Mass.

Received and filed JUN 3 1949 (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 as soon as possible after the close of the month in which the death occurred. (See Chap. 46, Sec. 12, G. L.)

23m-(d)-6-43-12056

PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)



The Commonwealth of Massachusetts

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

Registered No. 71

No. Winthrop Community Hospital

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

2 FULL NAME. Edward F. Sullivan

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

PHYSICIAN — IMPORTANT

(Was deceased a
U. S. War Veteran,
if so specify WAR)(a) Residence. No. 50 Bates Ave.
(Usual place of abode)

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

Length of stay: In place of death. — years — months 19 days. In place of residence 45 years — months — days.

INSTRUCTIONS
FOR
CERTIFICATEgiving
OF DEATHnot enter
than one
for each
(b) and (c)does not mean
of dying, such
lure, asthenia,
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ications which
th.d conditions,
ing rise to the
e (a) stating
lying causetions contrib-
death but not
he disease or
causing death.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH May 24 1949
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
May 5 1949, to May 24 1949.
I last saw him alive on May 23 1949, death is said to

have occurred on the date stated above, at 9:15 A. m.

DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a) Myocarditis (acute)INTERVAL BE-
TWEEN ONSET
AND DEATH

12 hrs

ANTE CEDENT
CAUSES

Due To Generalized Atherosclerosis year

Due To
(c)OTHER
SIGNIFICANT
CONDITIONSScrotal hernia (left) years
(strangulated)Major findings: Intestinal obstruction in hernia
Of operations

Date of operation May 6, 1949 Was autopsy performed? no

What test confirmed diagnosis? clinical

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

If so, specify

(Signed) Arthur C. Murray, M. D.
(Address) Winthrop Date May 24 19496 Place of Burial or Cremation Winthrop Winthrop
(City or Town)

DATE OF BURIAL May 27 1949

7 NAME OF
FUNERAL DIRECTOR

ADDRESS

John A. O'Neale
Winthrop

Received and filed. MAY 26 1949 19

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Male 9 COLOR OR RACE White 10 SINGLE (write the word)
MARRIED
WIDOWED
or DIVORCED Married10a If married, widowed, or divorced
HUSBAND of Mary C. Hurley
(Give maiden name of wife in full)(or) WIFE of
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 78 Years Months Days If under 24 hours
Hours Minutes13 Usual Occupation Salesman
(Kind of work done during most of working life)

14 Industry or Business: Building Materials

15 Social Security No. 013 --12--1945

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

17 NAME OF FATHER Willian T. Sullivan

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

19 MAIDEN NAME OF MOTHER Cecilia McDonough

20 BIRTHPLACE OF MOTHER (City) Boston
(State or country) Mass21 Informant Mary C Sullivan
(Address) 50 Bates AveI HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:Walter B. Baker
(Signature of Agent of Board of Health or other)
Health Officer (Official Designation) 5/25/49 (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 persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

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

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

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance 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.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by 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

PLACE OF DEATH

Essex
(County)Danvers
(City or Town)

The Commonwealth of Massachusetts

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

Danvers

(City or town making return)

Registered No.

72

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 Emma (Thompson) Safford
(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. 26 Elmwood Ave., Winthrop, Mass.
(Usual place of abode)

(If nonresident, give city or town and State)

Length of stay: In place of death.....years.....6 months.....1 days. In place of residence.....years.....months.....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH May 13 1949
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
Nov. 12, 1949, to May 13, 1949I last saw her alive on May 13, 1949, death is said to
have occurred on the date stated above, at 5:00 p.m.DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a) Arteriosclerotic
heart diseaseANTECEDENT CAUSES Due To
(b) Arteriosclerotic
heart diseaseDue To
(c)OTHER
SIGNIFICANT
CONDITIONSMajor findings:
Of operations

Date of operation..... Was autopsy performed? Yes

What test confirmed diagnosis? Autopsy

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

If so, specify Pasquale Buoniconto, M. D.
(Signed) Hathorne, Mass. Date 5/20 1949
(Address)6 Winthrop Cemetery, Winthrop, Mass.
Place of Burial or Cremation (City or Town)

DATE OF BURIAL May 16 1949

7 NAME OF FUNERAL DIRECTOR Reynolds Funeral

ADDRESS Winthrop, Mass.

Received and filed.....19

JUN 13 1949

(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Female 9 COLOR OR RACE White 10 SINGLE MARRIED WIDOWED or DIVORCED Married (write the word)

10a If married, widowed, or divorced

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

(or) WIFE of George E. Safford
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 74 1 8
Years Months Days If under 24 hours
Hours Minutes13 Usual Occupation: Unable to work
(Kind of work done during most of working life)

14 Industry or Business:

15 Social Security No. None

16 BIRTHPLACE (City) Bermuda
(State or country)

17 NAME OF FATHER George Thompson

18 BIRTHPLACE OF FATHER (City) Bermuda
(State or country)

19 MAIDEN NAME OF MOTHER Ellen Fiel Bishop

20 BIRTHPLACE OF MOTHER (City) Bermuda
(State or country)21 Informant Mary E. Sheehan
(Address) Hathorne, Mass.

A TRUE COPY.

ATTEST: (Registrar of City or Town where death occurred)

DATE FILED May 21 1949



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-(e)-10-48-24658

PLACE OF DEATH

1

SUFFOLK
BOSTON

(City or Town)



The Commonwealth of Massachusetts

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

BOSTON

(City or town making return)

Registered No. 4476 73

No. Mass Gen Hosp Baker Memorial

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

2 FULL NAME Michael J Brennan

(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. 33 Loring Rd
(Usual place of abode)St. Winthrop
(If nonresident, give city or town and State)

Length of stay: In place of death.....years.....months. 28 days. In place of residence 64 years.....months.....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH May 20 1949
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from Apr 22 19 49 to May 20 19 49

I last saw him alive on May 20 19 49 death is said to have occurred on the date stated above, at 6:35 P.m.

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Uremia

ANTE CEDENT CAUSES Due To (b) Carcinoma of colon

Due To (c)

OTHER SIGNIFICANT CONDITIONS

Major findings: Left anterolateral cordotomy of operations upper cervical cord

Date of operation 5/2/49 Was autopsy performed?

What test confirmed diagnosis? Autopsy

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

If so, specify

(Signed) F Haase Jr

(Address) Asst Dir MGH

Date 5/21 19 49

6 Winthrop Winthrop
Place of Burial or Cremation (City or Town)

DATE OF BURIAL May 23 1949 19

7 NAME OF FUNERAL DIRECTOR F J Magrath

ADDRESS E Boston

Received and filed JUN 15 1949 19

(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Male 9 COLOR OR RACE White 10 SINGLE (write the word) MARRIED WIDOWED Married or DIVORCED

10a If married, widowed, or divorced HUSBAND of Nora L Grady
(Give maiden name of wife in full)

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

11 IF STILLBORN, enter that fact here.

12 AGE 64 Years Months Days If under 24 hours Hours Minutes

13 Usual Occupation: Captain
(Kind of work done during most of working life)

14 Industry or Business: Boston Tow Boat Co

15 Social Security No. 019-14 3578

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

17 NAME OF FATHER Michael J Brennan

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

19 MAIDEN NAME OF MOTHER Ellen O'Neil

20 BIRTHPLACE OF MOTHER (City) Boston
(State or country) Mass21 Informant: Nora L Brennan (wife)
(Address)

A TRUE COPY

ATTEST: Michael J. Manning
(Registrar of City or Town where death occurred)

DATE FILED May 24 1949 19



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

PLACE OF DEATH

Mdsx.

(County)

(City or Town)

No. St. Joseph's Hospital

2 FULL NAME

Thomas J. Boyd

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

(a) Residence. No.

33 Bayview Ave.

(Usual place of abode)

St.

Winthrop, Mass.

(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

May 26, 1949

(Month)

(Day)

(Year)

4 I HEREBY CERTIFY, That I attended deceased from

May 19 23, to May 26, 19 49

I last saw him alive on May 26, 19 49, death is said to

have occurred on the date stated above, at 10:25P.m.

DISEASE OR CONDITION

DIRECTLY LEADING

TO DEATH (a)

cardiovascular disease

ANTE
CEDENT
CAUSES

Due To

(b)

Generalized arterio-

sclerosis

Due To

(c)

OTHER
SIGNIFICANT
CONDITIONSMajor findings:
Of operations

Date of operation

Was autopsy performed? no

What test confirmed diagnosis?

P.E.

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

If so, specify

(Signed)

(Address)

310 Merrimack

Date 5/27/

M. D.

19 49

6

Edson Cemetery

Lowell, Mass.

Place of Burial or Cremation

(City or Town)

DATE OF BURIAL

May 28,

19 49

7 NAME OF

FUNERAL DIRECTOR

John J. Savage

ADDRESS

Lowell, Mass.

Received and filed

19

(Registrar of City or Town where deceased resided)

The Commonwealth of Massachusetts

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

(City or town making return)

Registered No.

57774

{(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)}

St.

Winthrop, Mass.

(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX

Male

9 COLOR OR RACE

White

10 SINGLE (write the word)

MARRIED

WIDOWED

or DIVORCED

Single

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 58

Years

Months

Days

If under 24 hours

Hours

Minutes

13 Usual

Occupation:

Mechanic

(Kind of work done during most of working life)

14 Industry

or Business:

Auto

15 Social Security No.

16 BIRTHPLACE (City)
(State or country)

Malone, N. Y.

17 NAME OF
FATHER

John Boyd

18 BIRTHPLACE OF

FATHER (City)

(State or country)

Ireland

19 MAIDEN NAME

OF MOTHER

Delia Seymour

20 BIRTHPLACE OF

MOTHER (City)

(State or country)

Malone, N. Y.

PARENTS

Informant

(Address)

Mrs. Isabelle Brown

215 Broadway

Lowell, Mass.

A TRUE COPY.

ATTEST:

(Registrar of City or Town where death occurred)

5/28/49

DATE FILED

19



Copies of returns of deaths which occurred in your city or town in case the deceased resided in another city or town at the time of death should be transmitted on Form R-305 to the clerk of the city or town in which the deceased resided as soon as possible after the close of the month in which the death occurred. (See Chap. 46, Sec. 12, G. L.)

25m-(h)-10-48-24658

PLACE OF DEATH

Middlesex
(County)

Chelmsford

(City or Town)

No. Gorham



The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY

DIVISION OF VITAL STATISTICS

COPY OF
MEDICAL EXAMINER'S
CERTIFICATE OF DEATH

Chelmsford

(City or town making return)

Registered No.

75

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

2 FULL NAME **Ethel S Metcalf**
(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. **131 Lowell Ave.**
(Usual place of abode)

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

Length of stay: In place of death.....years.....months.....days. In place of residence **52** years **4** months **9** days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH **May 30 1949**
(Month) (Day) (Year)

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

multiple injuries (over)

5 Accident, suicide, or homicide (specify) **Accident**
Date and hour of injury **5/30/49** 19 **2** A.M.

Where did Injury occur? **Gorham St., East Chelmsford**
(City or town and State)

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

Manner of Injury **Car ran out of control, hit tree**
(How did injury occur?)

Nature of Injury **over**

While at work? **No** Was autopsy performed? **Yes**

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

If so, specify **Marshall L Alling**, M. D.

(Address) **Lowell, Mass.** Date **May 30, 49**

7 **Winthrop Cmtry** **Winthrop, Mass.**
Place of Burial, or Cremation. (City or Town)

DATE OF BURIAL **June 1** 19 **49**

8 NAME OF FUNERAL DIRECTOR **Howard S Reynolds**
ADDRESS **180 Winthrop St., Winthrop, Mass.**

Received and filed. **JUN 15 1949** 19

(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

9 SEX **Female** 10 COLOR OR RACE **White** 11 SINGLE (write the word)
MARRIED **Widowed**
WIDOWED **Widowed**
or DIVORCED

11a If married, widowed, or divorced
HUSBAND of.....
(Give maiden name of wife in full)

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

12 IF STILLBORN, enter that fact here.

13 AGE **52** Years **4** Months **9** Days If under 24 hours
Hours Minutes

14 Usual Occupation: **Bookkeeper**
(Kind of work done during most of working life)

15 Industry or Business: **Newspaper**

16 Social Security No. **031-22-3738**

17 BIRTHPLACE (City) **Winthrop**
(State or country) **Mass.**

18 NAME OF FATHER **George L^H Stevenson**

19 BIRTHPLACE OF FATHER (City) **Charlestown**
(State or country) **Mass.**

20 MAIDEN NAME OF MOTHER **Emma Abbott**

21 BIRTHPLACE OF MOTHER (City) **Medford, Mass.**
(State or country)

22 Informant **Lester E. Stevenson**
(Address) **12 Pico Ave., Winthrop, Mass.**

A TRUE COPY
ATTEST: **[Signature]**
(Registrar of City or Town where death occurred)

DATE FILED **May 31** 19 **49**

Compound comminuted fracture lower jaw at chin - Fracture 1-5 left ribs, - 1-7 right ribs
fracture in middle of sternum - Laceration of liver & Lungs and right adrenal - Hemorrhage
in both plura 7 puncture retro-peritoneal - Hemorrhage separating layers of wall of aorta
complete severance of trachea and left common carotid artery. M.L.Alling

PLACE OF DEATH

Suffolk
(County)Wintthrop
(City or Town)

No. 125 Cliff ave

2 FULL NAME Mary King
(If deceased is a married, widowed or divorced woman, give also maiden name.)(a) Residence. No. 125 Cliff ave Wintthrop St.
(Usual place of abode)

Length of stay: In place of death.....years.....4 months.....days. In place of residence.....2 years.....months.....days.

The Commonwealth of Massachusetts

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

Registered No. 44476

{ (If death occurred in a hospital or institution,
St. { 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

3 DATE OF DEATH June - 3 - 1949
(Month) (Day) (Year)4 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.)Sunstroke; arteriosclerotic
Heart Disease; Spontaneous
Cerebral Hemorrhage
Recent Fracture Rt. Femur

5 Accident, suicide, or homicide (specify)

Date and hour of injury Jan - 7 1949

Where did injury occur? Wintthrop
(City or town and State)Did injury occur in or about home, on farm, in industrial place, or in public
place?Manner of Injury Fall accidentally at her home
(How did injury occur?)

Nature of Injury Jan - 1949

While at work? Was autopsy performed? no

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

If so, specify

(Signed) H. J. Brickley M. D.

(A dress) Boston June - 3 - 1949

7 Place of Burial, or Cremation Malden
(City or Town)

DATE OF BURIAL June 6 1949

8 NAME OF FUNERAL DIRECTOR Albert A. Winick

ADDRESS 18 Hutton St Somerville

Received and filed JUN 7 1949

Joseph H. O'Brien

6/21/49

PERSONAL AND STATISTICAL PARTICULARS

9 SEX Female 10 COLOR OR RACE White 11 SINGLE (write the word)
MARRIED
WIDOWED
or DIVORCED single

12a If married, widowed, or divorced

HUSBAND of (Give maiden name of wife in full)

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

12 IF STILLBORN, enter that fact here.

13 AGE 80 Years Months Days If under 24 hours
Hours Minutes14 Usual Occupation: At Home
(Kind of work done during most of working life)

15 Industry or Business: housework

16 Social Security No. none

17 BIRTHPLACE (City) Boston
(State or country) man

18 NAME OF FATHER Joseph King

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

20 MAIDEN NAME OF MOTHER Ellen Flappen

21 BIRTHPLACE OF MOTHER (City) Chelmsford
(State or country)22 Informant Ellen King
(Address) 19 Summit St WintthropI 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) 1949

(Date of Issue of Permit)

BOSTON HEALTH DEPT.

JUN 21 1949

COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

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

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

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

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L. as amended by Chap. 48, Acts of 1927 and Chap. 414, Acts of 1931. No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.....Chap. 114, Sec. 46, G. L., as amended.

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead..... General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

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

RULES OF PRACTICE

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

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

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

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

STATEMENT OF CAUSE OF DEATH

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

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

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-(e)-10-48-24658

PLACE OF DEATH

SUFFOLK
BOSTON

(City or Town)



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

COPY OF
CERTIFICATE OF DEATH

(City or town making return)

Registered No. 5065 77

No. Peter Bent Brigham Hosp St. { (If death occurred in a hospital or institution, give its NAME instead of street and number)
2 FULL NAME May J Belcher { (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. 339 Winthrop St St. Winthrop Mass
(Usual place of abode) (If nonresident, give city or town and State)
Length of stay: In place of death..... years..... months..... 1 days. In place of residence. 15 years..... months..... days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH June 7/49
(Month) (Day) (Year)
4 I HEREBY CERTIFY, That I attended deceased from June 7 19 49 to June 7 19 49
I last saw her alive on June 7 19 49, death is said to have occurred on the date stated above, at 9 PM m. INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Myocardial infarction 1 day

ANTECEDENT CAUSES Due To Rheumatic heart disease 1945

Due To (c)

OTHER SIGNIFICANT CONDITIONS Renal tract infection 1949
cerebral embolus 4/19/49

Major findings: None
Of operations

Date of operation..... Was autopsy performed?

What test confirmed diagnosis? Clinical

5 Was disease or injury in any way related to occupation of deceased?
If so, specify (Signed) N A Wilhelm M. D.
(Address) P Bent Brigham Hosp 6-7 19 49

6 Winthrop Winthrop
Place of Burial or Cremation (City or Town)
DATE OF BURIAL June 10 19 49

7 NAME OF FUNERAL DIRECTOR H S Reynolds
ADDRESS Winthrop Mass

Received and filed JUN 24 1949 June 13 1949
(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX F 9 COLOR OR RACE W 10 SINGLE (write the word) MARRIED WIDOWED Divorced
or DIVORCED

10a If married, widowed, or divorced HUSBAND of.....
(Give maiden name of wife in full)
(or) WIFE of George Milan
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 64 Years 9 Months 14 Days If under 24 hours Hours .. Minutes

13 Usual Occupation: Housewife
(Kind of work done during most of working life)

14 Industry or Business: At home

15 Social Security No. None

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

17 NAME OF FATHER Cyrus J Belcher

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

19 MAIDEN NAME OF MOTHER Emma Spooner

20 BIRTHPLACE OF MOTHER (City) ..
(State or country)

21 Informant Miss E Belcher cousin
(Address)

A TRUE COPY [Signature]
ATTEST: [Signature]
(Registrar of City or Town where death occurred)

DATE FILED 6/13/49 19



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

1 PLACE OF DEATH

SUFFOLK
(County)



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

BOSTON

COPY OF
CERTIFICATE OF DEATH

(City or town making return)

Registered No. 5067 78

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

2 FULL NAME Philip Covitz
(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. 30 A Mermaid Ave St. Winthrop Mass
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death..... years..... months 2 days. In place of residence 2 years 6 months..... days.

MEDICAL CERTIFICATE OF DEATH	
3 DATE OF DEATH	June 9/49 (Month) (Day) (Year)
4 I HEREBY CERTIFY, That I attended deceased from June 7, 19 49, to June 9, 19 49	
I last saw him alive on June 9, 19 49 death is said to have occurred on the date stated above, at 1:55 PM.	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a)	Acute coronary occlusion
ANTE CEDENT CAUSES (b)	Arteriosclerosis generalized & coronary
Due To (c)	Diabetes mellitus Chronic nephritis Hypertension
OTHER SIGNIFICANT CONDITIONS	
Major findings: No Operation Of operations	
Date of operation..... Was autopsy performed? NO	
What test confirmed diagnosis? PE & tests of blood & Urine	
5 Was disease or injury in any way related to occupation of deceased? If so, specify A Marble	
(Signed) Boston Mass	M. D. 6-9 1949
Dr Theo Herzl	Everett
Place of Burial or Cremation	(City or Town)
DATE OF BURIAL	June 10 19 49
7 NAME OF FUNERAL DIRECTOR	H J Torf
ADDRESS	Chelsea Mass
Received and filed	June 13 19 49
JUN 24 1949 (Registrar of City or Town where deceased resided)	

PERSONAL AND STATISTICAL PARTICULARS	
8 SEX	M
9 COLOR OR RACE	W
10 SINGLE MARRIED WIDOWED or DIVORCED	Widowed
10a If married, widowed, or divorced HUSBAND of Clara Kapalovitz (Give maiden name of wife in full)	
(or) WIFE of..... (Husband's name in full)	
11 IF STILLBORN, enter that fact here.	
12 AGE	64 Years Months Days
If under 24 hours Hours Minutes	
13 Usual Occupation:	Brush maker (retired) (Kind of work done during most of working life)
14 Industry or Business:	Brush Mfging
15 Social Security No.	-----
16 BIRTHPLACE (City) (State or country)	Russia
17 NAME OF FATHER	Joseph Covitz
18 BIRTHPLACE OF FATHER (City) (State or country)	Russia
19 MAIDEN NAME OF MOTHER	Ida -----
20 BIRTHPLACE OF MOTHER (City) (State or country)	Russia
21 Informant (Address)	S Paul
A TRUE COPY	
ATTEST:	Michael S. [Signature] (Registrar of City or Town where death occurred)
DATE FILED..... 19.....	



INSTRUCTIONS
FOR
CERTIFICATEgiving
OF DEATHnot enter
than one
for each
(b) and (c)does not mean
of dying, such
failure, asthenia,
cons the disease,
scotons which
oth.bid conditions,
ving rise to the
use (o) sloting
erlyng causeditions contrib-
he death but not
the disease or
causing death.

100M (D)-10-48-24858

PLACE OF DEATH

1

Suffolk

(County)

Winthrop

(City or Town)

No. 52 Bartlett Road

2 FULL NAME John D. MacKinnon

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

(a) Residence. No. 52 Bartlett Road

(Usual place of abode)

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

PHYSICIAN — IMPORTANT

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

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

Length of stay: In place of death..... years..... months..... days. In place of residence 5 years..... months..... days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH June 14 1949

(Month)

(Day)

(Year)

4 I HEREBY CERTIFY, That I attended deceased, from

May 1946 to June 14 1949

I last saw him alive on June 14 1949, death is said to

have occurred on the date stated above, at 5 35 p. m.

DISEASE OR CONDITION

DIRECTLY LEADING

TO DEATH (a)

Coronary

thrombosis

INTERVAL BE-
TWEEN ONSET
AND DEATH

2 days

ANTE
CEDENT
CAUSES

Due To

(b)

(c)

(c)

(c)

(c)

(c)

(c)

(c)

(c)

(c)

(c)

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(c)

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(c)

(c)

(c)

(c)

(c)

(c)

(c)

(c)

(c)

(c)

OTHER
SIGNIFICANT
CONDITIONS

Obesity

Major findings:
Of operations

Date of operation..... Was autopsy performed?

What test confirmed diagnosis? clinical

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

If so, specify

(Signed)

(Address)

(Address)

(Address)

(Address)

(Address)

(Address)

(Address)

(Address)

(Address)

(Address)

(Address)

(Address)

(Address)

(Address)

(Address)

6 Place of Burial or Cremation Winthrop Winthrop

DATE OF BURIAL

June 17 1949

7 NAME OF FUNERAL DIRECTOR

ADDRESS

Winthrop Mass

Received and filed..... 19

JUN 23 1949

(Registrar)

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICSSTANDARD
CERTIFICATE OF DEATH

Registered No.

79

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

PERSONAL AND STATISTICAL PARTICULARS

8 SEX

Male

9 COLOR OR RACE

White

10 SINGLE (write the word)

MARRIED
WIDOWED
or DIVORCED

Single

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

67

AGE

Years

Months

Days

If under 24 hours

Hours

Minutes

13 Usual
Occupation:

Retired

(Kind of work done during most of working life)

14 Industry
or Business:

Carpenter

15 Social Security No.

16 BIRTHPLACE (City)

Cape Breton

(State or country)

Nova Scotia

17 NAME OF
FATHER

Dougall MacKinnon

18 BIRTHPLACE OF

FATHER (City)

Cape Breton

(State or country)

Nova Scotia

19 MAIDEN NAME

OF MOTHER

Margaret MacEachern

20 BIRTHPLACE OF

MOTHER (City)

Cape Breton

(State or country)

Nova Scotia

21

Informant

(Address)

Isabelle MacKinnon

52 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 S. Behrens

(Signature of Agent of Board of Health or other)

Health Officer

(Date of Issue of Permit)

6/15/49

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

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

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

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

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

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

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

RULES OF PRACTICE

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

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

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by 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)
Winthrop
(City or Town)
No. 11 Pearl Ave.



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

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

Registered No. 80

2 FULL NAME Esther Bella Katz
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(a) Residence. No. 11 Pearl Ave. st. Winthrop, Mass.
(Usual place of abode) (If nonresident, give city or town and State)
Length of stay: In hospital or institution years months days. In this community 2 yrs. mon. days.
(Before death) (Specify whether)

PHYSICIAN - IMPORTANT

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

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE (write the word) MARRIED WIDOWED or DIVORCED Widow
5a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full) (or) WIFE of Morris Katz (Husband's name in full)
6 Age of husband or wife if alive years
7 IF STILLBORN, enter that fact here.
8 AGE 69 Years Months Days | If less than 1 day Hours Minutes
9 Occupation: Housework
10 Industry or Business: At Home
11 Social Security No. None
12 BIRTHPLACE (City) (State or country) Russia

PARENTS

13 NAME OF FATHER Aaron Traiger
14 BIRTHPLACE OF FATHER (City) (State or country) Russia
15 MAIDEN NAME OF MOTHER Rose-Cannot be learned
16 BIRTHPLACE OF MOTHER (City) (State or country) Russia
17 Informant Aaron Katz (Address) 27 Fessenden St., Mattapan, Mass. (Relation, if any) Son

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

Walter A. Baker Jr.
(Signature of Agent of Board of Health or other)
Health Officer (Date of Issue of Permit) 6/15/49
(Official Designation)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH June 17 1949
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from April 15 1949, to 6/17/49 1949
I last saw her alive on 6/15/49, 1949, death is said to have occurred on the date stated above, at 10:00 P. M.

Immediate cause of death..... Duration

Coronary Thrombosis 1 day
Due to Hypertensive - Coronary Artery Heart Disease 3 yrs.
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? Clinical

20 Was disease or injury in any way related to occupation of deceased? No
If so, specify Charles F. Sherman M. D.
(Signed) (Address) 36 Waverley Ave. Date 6/17/49

Place of Burial, Cremation or Removal. Mt. Lebanon-Shiptonker-West Roxbury (City or Town) Mass.

DATE OF BURIAL June 19, 1949

22 NAME OF FUNERAL DIRECTOR Benjamin Birnbach
ADDRESS 10 Washington St., Dorchester Mass.

Received and filed JUN 23 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

INSTRUCTIONS
FOR
CERTIFICATEgiving
OF DEATHnot enter
than one
for each
(b) and (c)does not mean
of dying, such
ilure, asthenia,
ans the disease,
ications which
ath.id conditions,
ving rise to the
se (a) stating
rly causeitions contrib-
e death but not
the disease or
causing death.

100M-(D)-10-48-24695

PLACE OF DEATH

Suffolk
(County)Winthrop
(City or Town)

No. 51 Palmyra Street

2 FULL NAME. Samuel Chipman Doane
(If deceased is a married, widowed or divorced woman, give also maiden name.)(a) Residence. No. 51 Palmyra Street St. (If nonresident, give city or town and State)
(Usual place of abode)

Length of stay: In place of death years months days. In place of residence 43 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH June 18, 1949
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from July 16, 1949, to June 18, 1949

I last saw him alive on June 16, 1949, death is said to

have occurred on the date stated above, at 5:4 m.
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Carcinoma of Prostate

INTERVAL BETWEEN ONSET AND DEATH 1 yr

ANTECEDENT CAUSES
Due To (b)

Due To (c)

OTHER SIGNIFICANT CONDITIONS
Hypertension
Chronic Myocarditis 1 yr.Major findings:
Of operations.

Date of operation. Was autopsy performed? no

What test confirmed diagnosis?

5 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 June 18, 19496 Winthrop Winthrop
Place of Burial or Cremation (City or Town)

DATE OF BURIAL June 21, 1949

7 NAME OF FUNERAL DIRECTOR Howard S. Reynolds

ADDRESS Winthrop Mass.

Received and filed JUN 23 1949 19

(Registrar)

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. 81

(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

8 SEX Male 9 COLOR OR RACE White 10 SINGLE (write the word)
MARRIED
WIDOWED
or DIVORCED Married10a If married, widowed, or divorced
HUSBAND of Eunice E Brown
(Give maiden name of wife in full)

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

11 IF STILLBORN, enter that fact here.

12 AGE 77 Years 5 Months 16 Days
If under 24 hours
Hours Minutes13 Usual Occupation: Fish business (Retired)
(Kind of work done during most of working life)

14 Industry or Business: Wholesale

15 Social Security No. None

16 BIRTHPLACE (City) Wellfleet
(State or country) Mass.

17 NAME OF FATHER Isaiah C Doane

18 BIRTHPLACE OF FATHER (City) Wellfleet
(State or country) Mass.

19 MAIDEN NAME OF MOTHER Joanna Chipman

20 BIRTHPLACE OF MOTHER (City) Wellfleet
(State or country) Mass.21 Informant Eunice E Doane
(Address) 51 Palmyra St Winthrop, MassI 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)

(Official Designation)

(Date of Issue of Permit) 6/21/49

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

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

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

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

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

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

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

RULES OF PRACTICE

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

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

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance 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.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by 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

INSTRUCTIONS
FOR
L CERTIFICATEa giving
OF DEATHnot enter
than one
e for each
(b) and (c)s does not mean
e of dying, such
ailure, asthenia,
eans the disease,
lications which
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iving rise to the
se (a) stating
erlying causeditions contrib-
he death but not
to the disease or
causing death.

100M (D)-10-48-24686

PLACE OF DEATH

Suffolk
(County)Winthrop
(City or Town)

No. 960 Shirley Street

2 FULL NAME. Francis Henry Simpson
(If deceased is a married, widowed or divorced woman, give also maiden name.)(a) Residence. No. 960 Shirley Street
(Usual place of abode)

Length of stay: In place of death years months days. In place of residence 3 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH June 19 1949
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
Sept. 8 1947 to June 19 1949I last saw him alive on June 10 1949. death is said to
have occurred on the date stated above, at 7⁴⁰ P.m.DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a) Cerebral Hemorrhage 15 daysANTECEDENT CAUSES Due To (b) Arteriosclerotic and
hypertensive heart disease 1 yearDue To (c) Generalized arterio-
sclerosis 2 yearsOTHER
SIGNIFICANT
CONDITIONS NoneMajor findings:
Of operations. None

Date of operation..... Was autopsy performed? No

What test confirmed diagnosis? Clinical & laboratory

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

If so, specify

(Signed) Maurice Trautman Jr. M. D.
(Address) 56 Shirley St., Winthrop, Mass. June 19 19496 Mt. Hope Boston
Place of Burial or Cremation (City or Town)

DATE OF BURIAL June 22 1949

7 NAME OF FUNERAL DIRECTOR Edward S. Reynolds

ADDRESS Winthrop Mass.

Received and filed JUN 23 1949 19

(Registrar)



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. 82

(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

8 SEX Male 9 COLOR OR RACE White 10 SINGLE (write the word)
MARRIED
WIDOWED
or DIVORCED Widowed10a If married, widowed, or divorced
HUSBAND of Florence Swett
(Give maiden name of wife in full)

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

11 IF STILLBORN, enter that fact here.

12 AGE 79 Years 10 Months 6 Days If under 24 hours
Hours Minutes13 Usual Occupation: Maintenance
(Kind of work done during most of working life)

14 Industry or Business: Department Store

15 Social Security No. 031-05-8207A

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

17 NAME OF FATHER Henry Simpson

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

19 MAIDEN NAME OF MOTHER Sarah Carpenter

20 BIRTHPLACE OF MOTHER (City) Marblehead
(State or country) Mass21 Informant Eva Whitney
(Address) 960 Shirley St. Winthrop, MassI HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:Walter B. Bakers
(Signature of Agent of Board of Health or other)

(Official Designation) Health Officer (Date of Issue of Permit) 6/21/49

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

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

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, 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 persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec.46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

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

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

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance 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.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by 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-305 to the clerk of the city or town in which the deceased resided as soon as possible after the close of the month in which the death occurred. (See Chap. 46, Sec. 12, G. L.)

25m-(h)-10-48-24658

1 PLACE OF DEATH

SUFFOLK
(County)
BOSTON
(City or Town)



The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
COPY OF
MEDICAL EXAMINER'S
CERTIFICATE OF DEATH

BOSTON

(City or town making return)

Registered No. 54783

No. Mass. Eye & Ear Infirmary
St. (If death occurred in a hospital or institution, give its NAME instead of street and number)
2 FULL NAME "Frank" Nathaniel F.R. Nichols
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(a) Residence. No. 30 Underhill St
(Usual place of abode) St. Winthrop Mass.
(If nonresident, give city or town and State)
Length of stay: In place of death... years... months... 1... days. In place of residence... 35... years... months... days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH June 22/49
(Month) (Day) (Year)

4 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.)
Carcinoma of larynx
occlusion of larynx

5 Accident, suicide, or homicide (specify).....
Date and hour of injury.....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 suddenly and died
Nature of Injury quickly while in hospital
While at work?..... Was autopsy performed? No.....

6 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 6-22-1949
Winthrop Cem-Winthrop Mass.

7 Place of Burial, or Cremation. June 25/49 (City or Town)
DATE OF BURIAL.....19.....

8 NAME OF FUNERAL DIRECTOR Maurice Kirby
ADDRESS Winthrop Mass

Received and filed. JUL 1 1949 19.....
(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

9 SEX M 10 COLOR OR RACE W 11 SINGLE MARRIED WIDOWED or DIVORCED (write the word) Widowed

11a If married, widowed, or divorced, name of HUSBAND of Grace G Burke
(Give maiden name of wife in full)
(or) WIFE of.....
(Husband's name in full)

12 IF STILLBORN, enter that fact here.

13 AGE 65 Years Months Days If under 24 hours Hours Minutes

14 Usual Occupation Tax Accountant
(Kind of work done during most of working life)

15 Industry or Business Self

16 Social Security No None

17 BIRTHPLACE (City, State or country) So. Portland Maine

18 NAME OF FATHER Edwin Nichols

19 BIRTHPLACE OF FATHER (City, State or country) Lewisport Maine

20 MAIDEN NAME OF MOTHER Helen Pingree

21 BIRTHPLACE OF MOTHER (City, State or country) Portland Maine

22 Informant M Nichols
(Address)

A TRUE COPY

ATTEST: (Registrar of City or Town where death occurred)

DATE FILED June 27/49 19.....

PLACE OF DEATH

1

Suffolk
(County)
Dorchester
(City or Town)



The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD
CERTIFICATE OF DEATH

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

Registered No. **84**

No. *Dorchester Comm. Hosp.* St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME *Marie Fanni*
(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. *95 Terrace Ave.* St. (If nonresident, give city or town and State)
(Usual place of abode)

Length of stay: In place of death *5 hrs 27 min* years *31* months *27* days. In place of residence years months days.

INSTRUCTIONS
FOR
CERTIFICATE

giving
OF DEATH

ot enter
than one
for each
(b) and (c)

does not mean
of dying, such
culture, ashenia,
ans the disease,
ications which
th.

id conditions,
ing rise to the
e (a) stating
rlyng cause

tions contrib-
e death but not
the disease or
causing death.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH *June 23 1949*
(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 *4:30 A.M.*

DISEASE OR CONDITION

DIRECTLY LEADING

TO DEATH (a) *Prematurity*

ANTE DUE TO
CEDENT (b) *Exempted select*

CAUSES *of placenta*

Due To
(c) *1*

OTHER
SIGNIFICANT
CONDITIONS

Major findings:
Of operations.

Date of operation..... Was autopsy performed? *no*

What test confirmed diagnosis? *clinical*

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

If so, specify

(Signed) *John F. Ward*

(Address) *772 Broadway Ave. Mass.*

6 *Holy Cross Ave. Malden Mass.*
Place of Burial or Cremation (City or Town)

DATE OF BURIAL *June 24 1949*

7 NAME OF FUNERAL DIRECTOR *John F. Ward*

ADDRESS *772 Broadway Ave. Mass.*

Received and filed..... 19

JUN 28 1949

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX *Female* 9 COLOR OR RACE *White* 10 SINGLE (write the word)
MARRIED
WIDOWED
or DIVORCED *Single.*

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 *5* Under 24 hours *27* Minutes *31*

13 Usual Occupation:.....
(Kind of work done during most of working life)

14 Industry
or Business:.....

15 Social Security No.

16 BIRTHPLACE (City) *Dorchester*
(State or country) *Mass.*

17 NAME OF FATHER *William F. Fanni*

18 BIRTHPLACE OF FATHER (City) *Neenah*
(State or country) *Wisconsin*

19 MAIDEN NAME OF MOTHER *Marion M. Fannery*

20 BIRTHPLACE OF MOTHER (City) *Dorchester*
(State or country) *Mass.*

21 Infant (Address) *William F. Fanni*
95 Terrace Ave. Dorchester Mass.

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

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

Health Officer
(Official Designation) *6/23/49*
(Date of Issue of Permit)

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

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

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

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

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

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

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

RULES OF PRACTICE

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

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

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

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

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death. -

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

Registered No. 85

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

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

PHYSICIAN — IMPORTANT

(Was deceased a
U. S. War Veteran,
if so specify WAR)(a) Residence. No. 86 Grand View Ave. St. (If nonresident, give city or town and State)
(Usual place of abode)

Length of stay: In place of death. years. months. 1 days. In place of residence 20 years. months. days.

INSTRUCTIONS
FOR
CERTIFICATEgiving
OF DEATHnot enter
than one
for each
(b) and (c)does not mean
of dying, such
ilure, asthenia,
ans the disease,
ications which
ath.ing conditions,
ing rise to the
se (a) stating
rlying causeitions contrib-
e death but not
the disease or
causing death.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH June 24 1949
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
Oct 28 1947 to June 24 1949I last saw him alive on June 24 1949, death is said to
have occurred on the date stated above, at 3 P.M.

DISEASE OR CONDITION

DIRECTLY LEADING

TO DEATH (a)

Carcinoma of lung (right) 16 mos

ANTECEDENT CAUSES (b) General metastatic
carcinomatosis 4 mosDue To
(c)OTHER
SIGNIFICANT
CONDITIONS

Major findings: none

Date of operation. Was autopsy performed? no

What test confirmed diagnosis: clinical & X-rays.

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

If so, specify

(Signed) Jacob J. Abrams M.D.

(Address) 562 Shirley St. Date 6/25/49

6 Woodlawn Crematory Everett

Place of Burial or Cremation (City or Town)

DATE OF BURIAL June 27 1949

7 NAME OF FUNERAL DIRECTOR Edward S. Reynolds

ADDRESS Winthrop, Mass.

Received and filed JUN 28 1949

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Male 9 COLOR OR RACE White 10 SINGLE (write the word)
MARRIED WIDOWED
or DIVORCED Widowed10a If married, widowed, or divorced
HUSBAND of Beatrice (Give maiden name of wife in full)

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

11 IF STILLBORN, enter that fact here.

12 AGE 81 Years 1 Months 3 Days If under 24 hours
Hours Minutes13 Usual Occupation: Carpenter Builder
(Kind of work done during most of working life)

14 Industry or Business: Construction Co.

15 Social Security No. None

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

17 NAME OF FATHER Leonard Pick

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

19 MAIDEN NAME OF MOTHER Sarah Duncanson

20 BIRTHPLACE OF MOTHER (City) Nova Scotia
(State or country)21 Informant Louise Stevenson
(Address) 86 Grand View Ave. WinthropI HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:Walter J. Baker
(Signature of Agent of Board of Health or other)

(Official Designation) Health Officer (Date of Issue of Permit) 6/27/49

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

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

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

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, 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 persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

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

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

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

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

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

PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)



The Commonwealth of Massachusetts

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

Registered No.

87

No. 15 Hutchinson St

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

2 FULL NAME Adeline B. Matthews (Hood)

(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 Hutchinson St

(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 12 years..... months..... days.

INSTRUCTIONS
FOR
CERTIFICATEgiving
OF DEATHnot enter
than one
for each
(b) and (c)does not mean
of dying, such
ature, asthenia,
ans the disease,
ications which
th.ed conditions,
ing rise to the
e (a) stating
lying causeions contrib-
e death but not
he disease or
causing death.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH June 27 1949
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
April 23, 1949 to June 27, 1949I last saw her alive on June 27, 1949, death is said to
have occurred on the date stated above, at 6.35 P. M.

DISEASE OR CONDITION

DIRECTLY LEADING

TO DEATH (a) Carcinomatous -
Primary Lesion in uterusANTE CEDENT CAUSES
Due To (b) LesionDue To
(c)OTHER
SIGNIFICANT
CONDITIONS

Major findings: none

Date of operation: none Was autopsy performed? No

What test confirmed diagnosis? Physical Exam

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

If so, specify

(Signed) John F. O'Malley M. D.

(Address) Wrentham Mass Date 28 June 1949

6 Winthrop Winthrop
Place of Burial or Cremation (City or Town)

DATE OF BURIAL June 30 1949

7 NAME OF FUNERAL DIRECTOR John F. O'Malley

ADDRESS Winthrop Mass

Received and filed JUL 1 1949

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX 9 COLOR OR RACE 10 SINGLE (write the word)
Female White MARRIED
WIDOWED or DIVORCED Married

10a If married, widowed, or divorced

HUSBAND of (Give maiden name of wife in full)

(or) WIFE of John W. Matthews
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 75 If under 24 hours
AGE Years Months Days Hours Minutes13 Usual Occupation: Housewife
(Kind of work done during most of working life)

14 Industry or Business: Own Home

15 Social Security No.

16 BIRTHPLACE (City) N. Sydney
(State or country) Cape Breton

17 NAME OF FATHER Joseph Hood

18 BIRTHPLACE OF FATHER (City) N. Sydney
(State or country) Cape Breton

19 MAIDEN NAME OF MOTHER Cassie Kelly

20 BIRTHPLACE OF MOTHER (City) N. Sydney
(State or country) Cape Breton21 Ruth Brothers
Informant (Address) 15 Hutchinson St WinthropI HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:Walter H. Baker
(Signature of Agent of Board of Health or other)
Health Officer
(Official Designation)

(Date of Issue of Permit) 6/28/49

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

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

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by 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 STATISTICSSTANDARD
CERTIFICATE OF DEATHTo be filed for burial permit
with Board of Health
or its Agent.Registered No. **88**

No.

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

2 FULL NAME

Edward Brennan

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

PHYSICIAN — IMPORTANT

(Was deceased a
U. S. War Veteran,
if so specify WAR)(a) Residence. No. *36 North Ave., Winthrop, Massachusetts.*
(Usual place of abode)

(If nonresident, give city or town and State)

Length of stay: In place of death *3* years *3* months *3* days. In place of residence *26* years *3* months *3* days.INSTRUCTIONS
FOR
CERTIFICATEgiving
OF DEATHnot enter
than one
for each
(b) and (c)does not mean
of dying, such
illure, ashtenia,
ans the disease,
ications which
ith.id conditions,
ing rise to the
se (a) stating
rlying causeitions contrib-
e death but not
the disease or
causing death.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH *June 29, 1949*
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
*May 7, 1949 to June 29, 1949*I last saw him alive on *June 29, 1949*, death is said to
have occurred on the date stated above, at *12:55 P. m.*DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a)*Arteriosclerotic
Heart disease*INTERVAL BE-
TWEEN ONSET
AND DEATH*3 years*ANTE CEDENT
CAUSESDue To (b) *Benign nephrosclerosis
- severe**2 years*Due To
(c)OTHER
SIGNIFICANT
CONDITIONS*Chronic Bronchopneumonia 3 days*Major findings:
Of operations.*none*

Date of operation.

Was autopsy performed? *no*

What test confirmed diagnosis?

*Clinical + Laboratory*5 Was disease or injury in any way related to occupation of deceased? *no*

If so, specify.

(Signed) *Maurice H. Lybig* M. D.
(Address) *562 Cherry St. Winthrop* Date *June 29, 1949*

6

Bahy Cross (Maiden name)
Place of Burial or Cremation (City or Town)

DATE OF BURIAL

*July 2, 1949*7 NAME OF
FUNERAL DIRECTOR*Maurice H. Lybig*
ADDRESS *210 Winthrop St. Winthrop*

Received and filed

JUL 5 1949
(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX *Male* 9 COLOR OR RACE *White* 10 SINGLE (write the word)
MARRIED
WIDOWED
OR DIVORCED *Married*10a If married, widowed, or divorced
HUSBAND of *Margaret V. Lygan*
(Give maiden name of wife in full)(or) WIFE of *Margaret V. Lygan*
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE *81* Years Months Days If under 24 hours
Hours Minutes13 Usual Occupation: *Bar tender*
(Kind of work done during most of working life)14 Industry or Business: *Liquor*15 Social Security No. *none*16 BIRTHPLACE (City) *Boston*
(State or country)17 NAME OF FATHER *Killiam Lygan*18 BIRTHPLACE OF FATHER (City) *Ireland*
(State or country)19 MAIDEN NAME OF MOTHER *Hannah Hannaford*20 BIRTHPLACE OF MOTHER (City) *Ireland*
(State or country)21 Informant (Address) *Margaret V. Brennan
36 North 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) *8/1/49* (Date of Issue of Permit)

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

RULES OF PRACTICE

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

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

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance 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.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by 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. _____

89

State of NEW HAMPSHIRE

1. PLACE OF DEATH:

(a) County Carroll
(b) City or town No. Conway
(If outside city or town limits, write RURAL)
(c) Name of hospital or institution: Memorial Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether)
In this community 3 days
(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. 41 Buckthorn Terrace
(If rural, give location)
(e) If foreign born, how long in U. S. A? _____ years.

3. (a) FULL NAME Ernestine Belle Scribner

3. (b) If veteran,
name war _____

3. (c) Social Security
No. None

4. Sex Female race White

6. (a) Single, widowed, married
Widowed

6. (b) Name of husband or wife _____

6. (c) Age of husband or wife if
alive _____ years

7. Birth date of deceased May 12, 1874
(Month) (Day) (Year)

8. AGE: Years _____ Months _____ Days _____
74

If less than one day
hr. _____ min. _____

9. Birthplace West Falmouth, Maine
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name Neal Prince

13. Birthplace _____
(City, town, or county) (State or foreign country)

14. Maiden name Jennie Knight

15. Birthplace _____
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Arthur O. Jackson

(b) Address _____

17. (a) Burial (b) Date thereof 5/10/1949
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place; burial or cremation Woodlawn Cemetery
Beverett, Mass.

18. (a) Signature of funeral director Arthur H. Furber

(b) Address No. Conway, New Hampshire

19. (a) 5/7/1949 (b) Eral F. Burnell
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. Date of death: Month _____ day _____
year _____ hour 8 P. minute _____
21. I hereby certify that I attended the deceased from May 1, 1949 to May 4, 1949:
that I last saw him alive on May 4, 1949:
and that death occurred on the date and hour stated above.
Immediate cause of death Cerebral hemorrhage Duration 3 days

Due to Arteriosclerosis

Unknown

Due to _____

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

PHYSICIAN

Major findings: Code: 331X
Of operations _____

Of autopsy _____

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

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public
place? _____
(Specify type of place)
While at work? _____ (e) Means of injury _____

23. Signature G. H. Shedd (M. D. or other) M.D.
Address No. Conway, New Hampshire Date signed 5/6/49



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

Chelsea

(City or town making return)

354

Registered No.

90

Suffolk

(County)

Chelsea

(City or Town)

No. U.S. Naval Hospital

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

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

{ (If U. S. War Veteran, specify WAR) Spanish World I World 2

(a) Residence, No. 887 Shirley St., Winthrop, Mass.
(Usual place of abode)

(If nonresident, give city or town and State)

Length of stay: In hospital or institution years months 23 days. In this community 20 yrs. mos. days.
(Before death) (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6 Age of husband or wife if alive years

7 IF STILLBORN, enter that fact here.

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

9 Occupation: U.S. Navy Retired

10 Industry or Business:

11 Social Security No.

12 BIRTHPLACE (City) Ireland
(State or country)

13 NAME OF FATHER Peter O'Neill

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

15 MAIDEN NAME OF MOTHER Cannot be learned

16 BIRTHPLACE OF MOTHER (City) Ireland
(State or country)17 Informant Margaret Grimes (Daughter)
(Address) 887 Shirley St., Winthrop, Mass.

A TRUE COPY.

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

DATE FILED 19

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH June 6, 1949
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from May 14, 1949, to June 6, 1949.

I last saw him alive on June 6, 1949, death is said to have occurred on the date stated above, at 7:35 p.m.

Immediate cause of death Generalized Carcinomatosis Duration 1 mo.

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Gastric C. & Carcinoma - the cause to Of operations tosis Date of 4/9/49 which death should be charged statistically.

Of autopsy Yes

What test confirmed diagnosis? Biopsy

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

If so, specify William H. Rundles M. D.
(Signed) (Address) Date 6/7/194921 PLACE OF BURIAL, CREMATION OR REMOVAL Calvary, Boston
(Cemetery) (City or Town)

DATE OF BURIAL June 10, 1949 19

22 NAME OF FUNERAL DIRECTOR John E. O'Maley
ADDRESS 79 Atlantic St., Winthrop, Mass.

Received and filed JUL 20 1949 19

(Registrar of City or Town where deceased resided)



Copies of returns of deaths which occurred in your city or town in case the deceased resided in another city or town at the time of death should be transmitted on Form R-302 to the clerk of the city or town in which the deceased resided as soon as possible after the close of the month in which the death occurred. (See Chap. 46, Sec. 12, G. L.)

50m-(c)-10-48-24658

PLACE OF DEATH

Suffolk

(County)

Revere

(City or Town)

No. 214 Endicott Ave.

2 FULL NAME Everett Barlow Cartwright

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

(a) Residence. No. 614 Shirley
(Usual place of abode)St. Winthrop
(If nonresident, give city or town and State)

Length of stay: In place of death.....years.....months 8.....days. In place of residence.....years.....months 20.....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH June 7, 1949
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
May 27, 1949 to June 7, 1949I last saw him alive on June 7, 1949, death is said to
have occurred on the date stated above, at 4:30 A.M.DISEASE OR CONDITION
DIRECTLY LEADING

TO DEATH (a) Coronary thrombosis 30 min

ANTE CEDENT CAUSES Due To (b) Arteriosclerotic
heart disease 12 mosDue To (c) Generalized
arteriosclerosis 7 yrs

OTHER SIGNIFICANT CONDITIONS Diabetes mellitus 7 yrs

Major findings:
Of operations.....

Date of operation..... Was autopsy performed? No

What test confirmed diagnosis Clinical

5 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 6/7/496 Linwood Cemetery Haverhill, Mass.
Place of Burial or Cremation (City or Town)

DATE OF BURIAL June 9, 1949

7 NAME OF FUNERAL DIRECTOR Howard S. Reynolds

ADDRESS Winthrop, Mass.

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

JUL 14 1949

(Registrar of City or Town where deceased resided)

The Commonwealth of Massachusetts

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

Revere

(City or town making return)

Registered No. 91

(If death occurred in a hospital or institution,
St. { give its NAME instead of street and number)(Was deceased a
U. S. War Veteran,
if so specify WAR)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Male 9 COLOR OR RACE White 10 SINGLE (write the word)
MARRIED Divorced
WIDOWED
OR DIVORCED10a If married, widowed, or divorced
HUSBAND of Anna Floyd
(Give maiden name of wife in full)(or) WIFE of.....
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 73 Years 9 Months 6 Days
If under 24 hours
Hours Minutes13 Usual Occupation: Piano Tunner
(Kind of work done during most of working life)

14 Industry or Business: Self employed

15 Social Security No. 027-14-3927

16 BIRTHPLACE (City) Haverhill
(State or country) Mass.

17 NAME OF FATHER Edmund Cartwright

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

19 MAIDEN NAME OF MOTHER Kate McCloy

20 BIRTHPLACE OF MOTHER (City) Salem
(State or country) Mass.21 Informant Edmund S. Cartwright
(Address) 85 Johnson Ave., Winthrop

A TRUE COPY.

ATTEST: Joseph F. Schiel
(Registrar of City or Town where death occurred)

DATE FILED June 10, 1949



RM R-302

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)-10-48-24638

PLACE OF DEATH

1

Suffolk
(County)

Revere
(City or Town)

No. 405 Washington Avenue

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

(a) Residence. No. 139 Cliff Avenue
(Usual place of abode)

Length of stay: In place of death.....years..3.....months.....days. In place of residence 57.....years.....months.....days.

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. 92

(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)

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

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH June 22, 1949
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from
Nov. 1944 to June 22, 1949
I last saw her alive on June 22, 1949, death is said to
have occurred on the date stated above, at 11:30 P.m.

DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a) Cerebro-vascular
accident with left hemipl-

ANTECEDENT (b) Generalized
CAUSES arteriosclerosis ? yrs

Due To
(c)

OTHER SIGNIFICANT CONDITIONS Fracture left hip,
old healed with nailing 6 yrs

Major findings:
Of operations: None

Date of operation: Was autopsy performed? No

What test confirmed diagnosis? Clinical

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

If so, specify (Signed) Paul B. Wainsiff M. D.
230 Shore Drive, Winthrop 6/23/1949

6 Place of Burial or Cremation Everett
(City or Town)

DATE OF BURIAL June 24, 1949

7 NAME OF FUNERAL DIRECTOR Frank S. Whitney

ADDRESS 30 Laurel Street-Melrose

Received and filed JUL 14 1949

(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Female 9 COLOR OR RACE White 10 SINGLE (write the word)
MARRIED
WIDOWED or DIVORCED Single

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 86 Years 5 Months 4 Days If under 24 hours
Hours Minutes

13 Usual Occupation: At home
(Kind of work done during most of working life)

14 Industry or Business:

15 Social Security No.

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

17 NAME OF FATHER S. Schryver

18 BIRTHPLACE OF FATHER (City) Amsterdam
(State or country) Holland

19 MAIDEN NAME OF MOTHER Rosette Van Wechel

20 BIRTHPLACE OF MOTHER (City) Amsterdam
(State or country) Holland

21 Informant Rosalie M. Cobb N.Y.
(Address) 79 Claremont Ave., New York

A TRUE COPY. Joseph P. Schryver

ATTEST: (Registrar of City or Town where death occurred)

DATE FILED June 23, 1949

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

PLACE OF DEATH

1

Suffolk
(County)

Boston
(City or Town)

No. Peter Bent Brigham Hospital

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

(a) Residence. No. 20 Pleasant St
(Usual place of abode)

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

Length of stay: In place of death..... years..... months..... 4 days. In place of residence 5 years..... months..... days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH June 27/49
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from June 24, 19 49, to June 27/49

I last saw him alive on June 27, 19 49, death is said to have occurred on the date stated above, at 2:05A m.

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Myocardial infarction old

ANTE Due To Pneumonia, right lobe, lower
CEDENT (b)
CAUSES

Due To Bronchiectasis, peptic ulcer
(c) diverticulitis, sigmoid colon

OTHER SIGNIFICANT CONDITIONS Arteriolar nephrosclerosis

Major findings: Medical Examiner Declined Jurisdiction
Of operations.

Date of operation..... Was autopsy performed? see above

What test confirmed diagnosis? autopsy

5 Was disease or injury in any way related to occupation of deceased?
If so, specify N A Wilhelm
(Signed) Peter Bent Brigham Hospt 6-27-49
(Address) Greenwood Cem-Saratoga Springs New York

6 Place of Burial or Cremation June 29/49
(City or Town)

7 NAME OF FUNERAL DIRECTOR H S Reynolds
ADDRESS Winthrop Mass.

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

(Registrar of City or Town where deceased resided)

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

COPY OF
CERTIFICATE OF DEATH

Boston

(City or town making return)

Registered No. 5572 93

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)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX M 9 COLOR OR RACE W 10 SINGLE (write the word) MARRIED Widowed
WIDOWED or DIVORCED

10a If married, widowed, or divorced HUSBAND of Mattie C Holmes
(Give maiden name of wife in full)

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

11 IF STILLBORN, enter that fact here.

12 AGE 75 Years 2 Months 20 Days If under 24 hours
Hours..... Minutes

13 Usual Occupation: Building Estimator
(Kind of work done during most of working life)

14 Industry or Business: Contracting Co.

15 Social Security No. 010-07-3206

16 BIRTHPLACE Saratoga Springs New York
(State or country)

17 NAME OF FATHER William Hammond

18 BIRTHPLACE OF FATHER (City) Saratoga Springs New York
(State or country)

19 MAIDEN NAME OF MOTHER Arabella Ward

20 BIRTHPLACE OF MOTHER (City) Saratoga Springs New York
(State or country)

21 Informant Douglas Hammond
(Address)

A TRUE COPY ATTEST Michael J. Manning
(Registrar of City or Town where death occurred)

DATE FILED Jun 29/49

COPY OF THE RECORD OF A DEATH

Returned to the clerk of Winthrop, Mass.

as is provided in Section 383 of Chapter 22, 1944 R. S.

Full name Vera Small Silva

Place of death Old Town, Penobscot, Maine

(If outside city or town limits, write RURAL)

Name of hospital or institution Home Private Hospital

(If not in hospital or institution write street No. or location)

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

In this community.....

Usual residence of deceased: State Mass.

County.....

City or Town Winthrop

Street No.....

If veteran, name war.....

Social Security No. 005-22-4208

Sex Female Color White Married, Single, Married

Widowed or Divorced Married

Name of husband or wife.....

Age of husband or wife, if alive.....

Birth date of deceased: Year 1904 Month Aug Day 14

Age: Years 44 Months..... Days..... If less than

one day..... hr..... minutes.....

Birthplace Old Town, Maine

(City, town or county) (State or foreign country)

Usual occupation Housewife

Industry or business.....

Father: Name Harry Wilber Small

Occupation -----

Birthplace -----

(City, town or county) (State or foreign country)

Mother: Maiden name Maude Duplissa

Birthplace -----

(City, town or county) (State or foreign country)

Name of informant Mrs. Maud Campbell

Date of death: Month June Day 29 Year 1949

Immediate cause of death Essential

Hypertension Duration.....

Due to Cerebral Hemorrhage

Other conditions.....

(Over)

JUL 13 1949

Of autopsy.....

No

If death was due to external causes, fill in the following:

Accident, suicide, or homicide (specify).....

Date of occurrence.....

Where did injury occur?.....

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

While at work?..... Means of injury.....

Name of physician..... Louis L. Theriault, M.D.

P. O. Address..... Old Town, Maine

Place of burial..... Old Town, Maine

Date of burial..... July 1, 1949

Name of Cemetery..... Forest Hill

Funeral Director (Embalmer)..... Everett T. Nealey

P. O. Address..... Old Town, Maine

Date when received by Town Clerk..... June 30, 1949

State of Maine

I hereby certify that the above is a true copy of the
Record of a Death made by the clerk of
Old Town in the month of

June 19 40

Clerk of Old Town
Dep. Richard J. Nealey

50m-(c)-10-48-24658

PLACE OF DEATH

(County)

(City or Town)



The Commonwealth of Massachusetts

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

(City or town making return)

Registered No. 94

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

2 FULL NAME VERA SMALL SILVA
(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 June 29 1949
(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
BETWEEN
ONSET
AND DEATHANTE Due To
CEDENT (b)
CAUSESDue To
(c)OTHER
SIGNIFICANT
CONDITIONSMajor 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
FATHER18 BIRTHPLACE OF
FATHER (City)
(State or country)19 MAIDEN NAME
OF MOTHER20 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



R-301A

INSTRUCTIONS
FOR
CERTIFICATEgiving
OF DEATHnot enter
than one
for each
b) and (c)does not mean
of dying, such
dure, ashenia,
ns the disease,
ations which
h.d conditions,
ng rise to the
e (a) stating
lying causeions contrib-
death but not
he disease or
causing death.

PLACE OF DEATH

Suffolk
(County)
Winthrop
(City or Town)

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICSTo be filed for burial permit
with Board of Health
or its Agent.STANDARD
CERTIFICATE OF DEATH

Registered No. 95

No. 76 Washington Ave. Kirkpatrick Nursing Home St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

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

(a) Residence. No. 62 Crystal Gore Ave. St. Winthrop (If nonresident, give city or town and State)

Length of stay: In place of death 4 years 4 months 41 days. In place of residence 41 years 4 months 41 days.

PHYSICIAN — IMPORTANT

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

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH July 2 1949
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from
Jan 5 1947 to July 2 1949
I last saw him alive on July 2 1949, death is said to
have occurred on the date stated above, at 11:35 P.M.

DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a) Chronic Nephritis
with uremiaINTERVAL BE-
TWEEN ONSET
AND DEATH
3 yrs.ANTE Due To
CEDENT (b) —
CAUSESDue To
(c) —OTHER
SIGNIFICANT
CONDITIONS noneMajor 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? no
If so, specify none(Signed) John N. King M. D.
(Address) 25 Linden St Date July 3 19496 Highland Winthrop Mass Norwood
Place of Burial or Cremation (City or Town)DATE OF BURIAL July 6 19497 NAME OF
FUNERAL DIRECTOR John C. Kelly
ADDRESS 286 Meridian St., E.B.Received and filed July 6 1949

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Male 9 COLOR OR RACE White 10 SINGLE (write the word)
MARRIED Married
WIDOWED Widowed
or DIVORCED

10a If married, widowed, or divorced
HUSBAND of Mary E. Wagnire
(Give maiden name of wife in full)
(or) WIFE of —
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 76 Years — Months — Days — Hours — Minutes —
If under 24 hours

13 Usual Occupation: Retired Letter Carrier
(Kind of work done during most of working life)

14 Industry or Business: U. S. Post Office

15 Social Security No. none

16 BIRTHPLACE (City) Chillicothe
(State or country) Ohio

17 NAME OF FATHER Bryan Corbett

18 BIRTHPLACE OF FATHER (City) —
(State or country) Ireland

19 MAIDEN NAME OF MOTHER Joanna M. Gillicuddy

20 BIRTHPLACE OF MOTHER (City) —
(State or country) Ireland

21 Informant Mary E. Corbett
(Address) 62 Crystal Gore 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)
(Official Designation) Health Officer 7/5/49
(Date of Issue of Permit)

100M-(D)-10-48-24888

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

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

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "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 persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

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

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

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance 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.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by 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. MEDICAL EXAMINERS should state CAUSE AND MANNER OF DEATH in plain terms, so that it may be properly classified under the International Classification of Causes of Death. See reverse side for extracts from the laws relative to the return of certificates of death.

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

50m-(g)-10-48-24658

R-303 A

PLACE OF DEATH

Su 11/26
(County)

Winthrop.
(City or Town)

No. near Point Shirley Boston Harbor

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

(a) Residence. No. 233 Winthrop St.
(Usual place of abode)

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 July - 4 - 1949
(Month) (Day) (Year)

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

5 Accident, suicide, or homicide (specify) accidental
Date and hour of injury July - 4 - 1949
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? Boston Harbor.
(Specify type of place)
Manner of injury While in boat with parents a squall
(How did injury occur?)
Nature of injury upset the boat near Pt. Shirley
While at work? - Was autopsy performed? no

6 Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) M. J. Buckley M. D.
(A dress) B. J. Buckley Date 5-19-49

7 Place of Burial, or Cremation. Back River Bennington Vt.
(City or Town)

DATE OF BURIAL 7-7-1949

8 NAME OF FUNERAL DIRECTOR Kirby Funeral Home

ADDRESS Winthrop Mass

Received and filed 19

JUL 19 1949

(Registrar)

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

MEDICAL EXAMINER'S
CERTIFICATE OF DEATH

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

Registered No. 96

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

PHYSICIAN - IMPORTANT

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

(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

9 SEX Female 10 COLOR OR RACE White 11 SINGLE (write the word) MARRIED WIDOWED or DIVORCED Single

11a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full)

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

12 IF STILLBORN, enter that fact here.

13 AGE Years 1 Months Days If under 24 hours Hours Minutes

14 Usual Occupation: (Kind of work done during most of working life)

15 Industry or Business:

16 Social Security No.

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

18 NAME OF FATHER Donald Comar

19 BIRTHPLACE OF FATHER (City) Bennington Vt.
(State or country)

20 MAIDEN NAME OF MOTHER Lois Deming

21 BIRTHPLACE OF MOTHER (City) No. Adams.
(State or country) Mass

22 Informant (Address) Donald Comar 233 Winthrop St Winthrop

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

WATKINS J. MULLANEY

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

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

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

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

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L. as amended by Chap. 48, Acts of 1927 and Chap. 414, Acts of 1931.

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

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead..... General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

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

RULES OF PRACTICE

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

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

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

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

STATEMENT OF CAUSE OF DEATH

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

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

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

R-301A

INSTRUCTIONS
FOR
CERTIFICATEgiving
OF DEATHnot enter
than one
for each
(b) and (c)does not mean
of dying, such
as, asthenia,
the disease,
conditions whichand conditions,
ing rise to the
se (a) stating
lying causetions contrib-
e death but not
the disease or
causing death.

PLACE OF DEATH

1

Suffolk (County)
Winthrop (City or Town)

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICSSTANDARD
CERTIFICATE OF DEATH

Registered No. 97

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

2 FULL NAME: Mrs. J. Harris (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. 15 Royce Rd Allston St. Allston Mass (If nonresident, give city or town and State)

Length of stay: In place of death. 3 years 3 months 3 days. In place of residence 3 years 3 months 3 days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH: July 4, 1949 (Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from DECEMBER 28 1948 to July 4, 1949

I last saw him alive on July 4, 1949, death is said to have occurred on the date stated above, at 9:35 A.M.

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Generalized Carcinomatosis 2 mos.

ANTECEDENT CAUSES (b) Due To Carcinoma of the Pancreas 6 mos.

(c) Due To

OTHER SIGNIFICANT CONDITIONS: Paget's Disease of the bones 2 yrs.

Major findings: Carcinoma of pancreas + metastasis

Of operations: FEB 11/49, was autopsy performed? No

What test confirmed diagnosis? Clinical + Laboratory.

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

If so, specify

(Signed) Maurice Traubman M. D.

(Address) 56 2 Cherry St, Woburn, July 4, 1949

6 Place of Burial or Cremation: Rebury Mutual Cem. Woburn (City or Town)

DATE OF BURIAL: July 5, 1949

7 NAME OF FUNERAL DIRECTOR: Benjamin F. Solomon

ADDRESS: 420 Harvard St Brookline

Received and filed: JUN 6 1949 (Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX: male 9 COLOR OR RACE: white 10 SINGLE (write the word) MARRIED (write the word) WIDOWED OR DIVORCED: married

10a If married, widowed, or divorced HUSBAND of: Esther Jacobo Harris (Give maiden name of wife in full)

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

11 IF STILLBORN, enter that fact here.

12 AGE: 70 Years Months Days If under 24 hours Hours Minutes

13 Usual Occupation: Salesman (Kind of work done during most of working life)

14 Industry or Business: novelties

15 Social Security No. to come

16 BIRTHPLACE (City) (State or country) England

17 NAME OF FATHER: Moses Harris

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

19 MAIDEN NAME OF MOTHER: Katherine Levast

20 BIRTHPLACE OF MOTHER (City) (State or country) Holland

21 Informant: Gabriel Harris (Address) 52 Bonetield Prochton

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

(Signature of Agent of Board of Health or other) Walter E. Baker July 4, 1949 (Official Designation) H. O. (Date of Issue of Permit)

100M-(D)-10-48-24656

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of 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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death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

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

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed 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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(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance 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.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by 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 Boston
(County) 8/19/49Winthrop
(City or Town)

No.

Winthrop Beach

2 FULL NAME

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

(a) Residence. No.

(Usual place of abode)

9 Elm St. Dorchester

St.

(If nonresident, give city or town and State)

Length of stay: In place of death years months 1 days In place of residence 10 years months days

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH

July - 7 - 1949
(Month) (Day) (Year)

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

Drowning

5 Accident, suicide, or homicide (specify)

Accidental

Date and hour of injury

July - 7 - 1949

Where did

injury occur?

Winthrop, Mass.
(City or town and State)

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

(Specify type of place)

Manner of

injury

Nature of

injury

Lost while swimming off Winthrop Beach July 7 - 1949
(How did injury occur?)

While at work?

Was autopsy performed? no

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

If so, specify

(Signed)

(A dress)

Wm. J. Brickley, M.D.
July 11 - 1949

7 Mt. Auburn

Place of Burial, or Cremation.

Cambridge

(City or Town)

DATE OF BURIAL

July 14, 1949

8 NAME OF FUNERAL DIRECTOR

Frederick J. Dolan

ADDRESS 1429 Dorchester

e. Boston

Received and filed

JUL 19 1949

(Registrar)

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

Registered No.

98

(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

PERSONAL AND STATISTICAL PARTICULARS

9 SEX

Male

10 COLOR OR RACE

White

11 SINGLE (write the word)

MARRIED

WIDOWED

or DIVORCED

Married

11a If married, widowed, or divorced

HUSBAND of

Anita Cardillo

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

12 IF STILLBORN, enter that fact here.

13

AGE

41 Years

Months Days

If under 24 hours

Hours

Minutes

14 Usual

Occupation:

Proprietor

(Kind of work done during most of working life)

15 Industry

or Business:

Gasoline Service Station

16 Social Security No.

17 BIRTHPLACE (City)

Boston

(State or country)

Mass.

18 NAME OF

FATHER

Theodore Hanson

19 BIRTHPLACE OF

FATHER (City)

(State or country)

Sweden

20 MAIDEN NAME

OF MOTHER

Unknown

21 BIRTHPLACE OF

MOTHER (City)

(State or country)

Norway

22

Informant

(Address)

Anita Hanson (Wife)

9 Elm St. Dorchester, Mass.

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

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

BOSTON HEALTH DEPT.

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. as amended by Chap. 48, Acts of 1927 and Chap. 414, Acts of 1931.

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

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead..... General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

.....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.)"

SPACE FOR ADDITIONAL INFORMATION.....

DATE OF ENTERING MILITARY SERVICE.....

DATE OF DISCHARGE.....

RANK, RATING.....

ORGANIZATION AND OUTFIT.....

SERVICE NUMBER.....

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

PLACE OF DEATH

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. 99

No. 19 BUCKTHORNE TERRACE St. { (If death occurred in a hospital or institution,
give its NAME instead of street and number)

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

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

(a) Residence. No. 19 BUCKTHORNE TERRACE
(Usual place of abode) (If nonresident, give city or town and state)

Length of stay: In hospital or institution _____ years _____ months _____ days. In this community 30 yrs. mos. days.
(Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX MAKE 4 COLOR OR RACE WHITE 5 SINGLE (write the word) MARRIED WIDOWED or DIVORCED WIDOWER

5a If married, widowed, or divorced
HUSBAND of HENRIETTA L. 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 79 Years _____ Months _____ Days _____ If less than 1 day Hours _____ Minutes _____

Usual

9 Occupation: RETIRED

Industry

10 or Business: NEWSPAPER

11 Social Security No. _____

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

13 NAME OF FATHER WILLIAM HARBER

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

15 MAIDEN NAME OF MOTHER ELIZABETH GERRARD

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

17 Informant KATHLEEN HARBER Relation, if any (Address) 19 BUCKTHORNE TERRACE

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) 7/11/49

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH July 10 1949
(Month) (Day) (Year)

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

I last saw h. _____ alive on _____, 19____, death is said to have occurred on the date stated above, at 9:00 a.m. Duration IMPORTANT

Immediate cause of death _____

Due to _____

Due to _____

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

Major findings: _____ Underline the cause to which death should be charged statistically.
Of operations _____ Date of _____
Of autopsy _____
What test confirmed diagnosis? Clinical Signs

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

If so, specify _____ M. D.

(Signed) _____

(Address) _____

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

DATE OF BURIAL July 12 1949

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

Received and filed. JUL 12 1949 19____

(Registrar)

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

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

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

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

RULES OF PRACTICE

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

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

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

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

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

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

SPACE FOR ADDITIONAL INFORMATION.....

INSTRUCTIONS
FOR
CERTIFICATEgiving
OF DEATHnot enter
than one
for each
b) and (c)does not mean
of dying, such
ure, asthenia,
ns the disease,
ations which
h.d conditions,
ng rise to the
e (a) stating
lying causeions contrib-
death but not
he disease or
causing death.

100M.(D)-10-48-24688

PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)

No. Winthrop Community Hospital

2 FULL NAME ~~BABY GIRL~~ SMITH

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

(a) Residence. No. 51 Walnut Avenue
(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)

Revere, Mass.

(If nonresident, give city or town and State)

Length of stay: In place of death years months 43 days. In place of residence years months 43 days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH July 11 1949
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from

July 8 1949 to July 11 1949

I last saw her alive on July 11 1949, death is said to

have occurred on the date stated above, at 8:45 p.m.

DISEASE OR CONDITION intra uterine
DIRECTLY LEADING to DEATH (a) intra uterine asphyxia
i. cerebral hemorrhageINTERVAL BE-
TWEEN ONSET
AND DEATHANTE CEDENT CAUSES
Due To (b)

Due To (c)

OTHER SIGNIFICANT CONDITIONS Pulmonary Atelectasis
atelectasisMajor findings:
Of operations

Date of operation — Was autopsy performed? No

What test confirmed diagnosis? spinal tap

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

If so, specify

(Signed) H. Arthur Benson M. D.
(Address) 192 Shurtleff St Chelsea Date 7-12 19496 Roxbury Mutual, Montvale
Place of Burial or Cremation (City or Town)

DATE OF BURIAL July 12, 1949

7 NAME OF FUNERAL DIRECTOR Benj. F. Solomon
ADDRESS 420 Harvard St Brookline

Received and filed JUL 12 1949

(Registrar)

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. 100

PERSONAL AND STATISTICAL PARTICULARS

8 SEX female 9 COLOR OR RACE white 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 4 Days If under 24 hours
Hours Minutes13 Usual Occupation: none
(Kind of work done during most of working life)14 Industry
or Business:

15 Social Security No.

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

17 NAME OF FATHER Abraham Smith

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

19 MAIDEN NAME OF MOTHER Reina VanGee

20 BIRTHPLACE OF MOTHER (City) Malden,
(State or country) Mass.21 Informant Abraham Smith
(Address) 51 Walnut Ave., RevereI 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
(Official Designation)7/12/49
(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 persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.

. . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

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

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

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

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

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by 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 R-301A

PLACE OF DEATH

Suffolk
Winthrop
(City or Town)

The Commonwealth of Massachusetts

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

Registered No. 101

No. 25 Woodside Ave.

(If death occurred in a hospital or institution,
St. give its NAME instead of street and number)2 FULL NAME George H. Goodearl
(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. 25 Woodside Ave
(Usual place of abode)

(If nonresident, give city or town and State)

Length of stay: In place of death. years. months. days. In place of residence 20 years. months. days.

INSTRUCTIONS
FOR
CERTIFICATEgiving
OF DEATHnot enter
than one
for each
(b) and (c)does not mean
of dying, such
as, apoplexy,
asthenia,
insane the disease,
conditions which
th.id conditions,
ing rise to the
e (a) stating
-lying causetions contrib-
death but not
he disease or
causing death.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH July 15, 1949
(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 5:35 P. M.

DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a) Probable
Coronary DiseaseINTERVAL BE-
TWEEN ONSET
AND DEATH
SuddenANTECEDENT
CAUSES
Due To (b)Due To
(c)OTHER
SIGNIFICANT
CONDITIONSMajor findings:
Of operations.

Date of operation. none Was autopsy performed? no

What test confirmed diagnosis: Clinical Signs

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

If so, specify
(Signed) D. O'Brien - Winthrop
(Address) For Board of Health

Date July 15, 1949

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

DATE OF BURIAL July 18, 1949

7 NAME OF FUNERAL DIRECTOR John H. Smalley

ADDRESS Winthrop

Received and filed JUL 19 1949

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Male 9 COLOR OR RACE White 10 SINGLE (write the word)
MARRIED
WIDOWED
or DIVORCED Married10a If married, widowed, or divorced
HUSBAND of Jane C. Peers
(Give maiden name of wife in full)

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

11 IF STILLBORN, enter that fact here.

12 AGE 61 Years Months Days If under 24 hours
Hours Minutes13 Usual Occupation: Meat Cutter
(Kind of work done during most of working life)

14 Industry or Business: Meat

15 Social Security No. 031-01-7279

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

17 NAME OF FATHER George D. Goodearl

18 BIRTHPLACE OF FATHER (City) East Boston
(State or country) Mass

19 MAIDEN NAME OF MOTHER Jane Wright

20 BIRTHPLACE OF MOTHER (City) East Boston
(State or country) Mass21 Informant Jane Goodearl
(Address) 25 Woodside AveI 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 7/18/49
(Official Designation) (Date of Issue of Permit)

100M-(D)-10-45-24656

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

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

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

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

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

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

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

RULES OF PRACTICE

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

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

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance 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.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by 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. 297 Bowdoin Street

2 FULL NAME Annie (Goodrich) Colby
(If deceased is a married, widowed or divorced woman, give also maiden name.)(a) Residence. No. 297 Bowdoin Street
(Usual place of abode)

Length of stay: In place of death years months days. In place of residence. years months days.

The Commonwealth of Massachusetts

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

Registered No.

102

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)INSTRUCTIONS
FOR
CERTIFICATEn giving
E OF DEATHnot enter
e than one
e for each
, (b) and (c)s does not mean
e of dying, such
ailure, asthenia,
eans the disease,
lications which
eath.bid conditions,
iving rise to the
use (a) stating
erlying causeditions contrib-
the death but not
o the disease or
causing death.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH July 16, 1949
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
July 10, 1936 to July 16, 1949
I last saw her alive on July 16, 1949 death is said tohave occurred on the date stated above, at 1 A. m.
DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a) Mitral Stenosis
mitralANTE DUE TO Chronic Glomerular
CEDENT (b) Nephritis
CAUSESDue To Arteriosclerosis
(c)OTHER
SIGNIFICANT
CONDITIONS UremiaMajor findings: none
Of operations.Date of operation none Was autopsy performed? noWhat test confirmed diagnosis clinical + laboratory

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

If so, specify

(Signed)

(Address)

6 Winthrop Cemetery, Winthrop, Mass.
Place of Burial or Cremation (City or Town)DATE OF BURIAL July 18, 19497 NAME OF FUNERAL DIRECTOR Arthur B. MarshADDRESS 174 Winthrop St, Winthrop, Mass.Received and filed JUL 19 1949

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX female 9 COLOR OR RACE white 10 SINGLE (write the word)
MARRIED
WIDOWED
or DIVORCED widowed

10a If married, widowed, or divorced

HUSBAND of
(Give maiden name of wife in full)(or) WIFE of Frank P.W. Colby
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 83 Years 4 Months 24 Days
If under 24 hours
..... Hours Minutes13 Usual Occupation: housework
(Kind of work done during most of working life)14 Industry or Business: own home15 Social Security No. none16 BIRTHPLACE (City) West Newfield
(State or country) Maine17 NAME OF FATHER Amaza Goodrich18 BIRTHPLACE OF FATHER (City) West Newfield
(State or country) Maine19 MAIDEN NAME OF MOTHER Therza Reed20 BIRTHPLACE OF MOTHER (City) West Newfield
(State or country) Maine21 Informant Seymour Colby
(Address) 297 Bowdoin StreetI 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 (other)
Health Officer
(Official Designation)(Date of Issue of Permit) 7/18/49

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

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

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

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

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

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

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

RULES OF PRACTICE

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

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

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance 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.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by 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

INSTRUCTIONS
FOR
FILLING OUT
THIS CERTIFICATE1. Giving
OF DEATH

not enter
e than one
e for each
(b) and (c)

s does not mean
e of dying, such
ailure, asthenia,
eans the disease,
ications which
eath.

bid conditions,
iving rise to the
use (a) stating
terly ing cause

ditions contrib-
he death but not
o the disease or
causing death.

PLACE OF DEATH

1

2 FULL NAME

(a) Residence. No.

(Usual place of abode)

Length of stay: In place of death..... years..... months..... 2 days. In place of residence..... years..... months..... days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF
DEATH

4 I HEREBY CERTIFY, That I attended deceased from

I last saw him alive on..... death is said to

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

DISEASE OR CONDITION
DIRECTLY LEADING

TO DEATH (a) Multiple Myeloma

ANTE Due To
CEDENT (b)
CAUSESDue To
(c)OTHER
SIGNIFICANT
CONDITIONSMajor findings:
Of operations.....

Date of operation.....

What test confirmed diagnosis?

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

If so, specify

(Signed)

(Address) 562 Chibley St. Wrentham, Mass. M. D.

6 Wrentham Cemetery Wrentham
Place of Burial or Cremation (City or Town)

DATE OF BURIAL

7 NAME OF
FUNERAL DIRECTOR

ADDRESS

Received and filed.....

JUL 26 1949

(Registrar)

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.

103

(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

8 SEX

9 COLOR OR RACE

10 SINGLE (write the word)

Male

White

MARRIED

WIDOWED

or DIVORCED

10a If married, widowed, or divorced

HUSBAND of Antonietta Nicoletta

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12

AGE 7 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)

I HEREBY CERTIFY that a satisfactory standard certificate of death was

filed with me BEFORE the burial or transit permit was issued:

Walter E. Kasper

(Signature of Agent of Board of Health or other)

Health Officer

(Official Designation)

7/25/49

(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.

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

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RULES OF PRACTICE

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

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Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by 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. 104

1. PLACE OF DEATH: No. 121 Court Road (If death occurred in a hospital or institution, St. give its NAME instead of street and number)

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

(a) Residence. No. 121 Court Road St. Winthrop (If nonresident, give city or town and State)

Length of stay: In place of death 1 years 1 months days. In place of residence 1 years 1 months days.

PHYSICIAN — IMPORTANT
(Was deceased a Spanish American U. S. War Veteran, if so specify WAR) World War I

INSTRUCTIONS
FOR
CERTIFICATE

giving
OF DEATH

not enter
than one
for each
(b) and (c)

does not mean
of dying, such
failure, asthenia,
means the disease,
indications which
ath.

and conditions,
giving rise to the
se (a) stating
underlying cause

itions contrib-
the death but not
the disease or
causing death.

MEDICAL CERTIFICATE OF DEATH	
3 DATE OF DEATH	July 23 1949 (Month) (Day) (Year)
4 I HEREBY CERTIFY, That I attended deceased from Sept 1948 to July 22 1949	
I last saw him alive on July 22 1949, death is said to have occurred on the date stated above, at 9 A. m.	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a)	Myocardial heart disease
ANTECEDENT CAUSES (b)	arteriosclerosis, generalized
(c)	Sensibility
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? no	
If so, specify (Signed) J. G. Kelly, M. D. (Address) 286 Meridian St., E.B. Date 7/23 1949	
6	Holy Cross, Malden Place of Burial or Cremation (City or Town)
DATE OF BURIAL	July 25, 1949
7 NAME OF FUNERAL DIRECTOR	John C. Kelly
ADDRESS	286 Meridian St., E.B.
Received and filed	JUL 26 1949
(Registrar)	

PERSONAL AND STATISTICAL PARTICULARS		
8 SEX	9 COLOR OR RACE	10 SINGLE (write the word) MARRIED WIDOWED or DIVORCED
Male	White	Single
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	87 Years Months Days	If under 24 hours Hours Minutes
13 Usual Occupation: Retired Boiler Maker (Kind of work done during most of working life)		
14 Industry or Business: U. S. Navy		
15 Social Security No. none		
16 BIRTHPLACE (City) East Boston (State or country) Mass.		
PARENTS	17 NAME OF FATHER Roger Mahoney	
	18 BIRTHPLACE OF FATHER (City) Ireland (State or country)	
	19 MAIDEN NAME OF MOTHER Mary Keefe	
	20 BIRTHPLACE OF MOTHER (City) Ireland (State or country)	
	21 Informant (Address) David L. O'Brien 121 Court Rd., Winthrop	
I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:		
Walter S. Baker (Signature of Agent of Board of Health or other)		
Health Officer (Official Designation)		
7/25/49 (Date of Issue of Permit)		

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

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

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

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

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

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a 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.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by 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

January 23, 1885
November 21, 1919
Boiler Maker
U. S. Navy
Continuous Service Certificate No. 8172

Suffolk

(County)

Winthrop

(City or Town)

No. 132 Loring Rd.

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

2 FULL NAME Alphonso Wallace Belcher

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

(a) Residence. No. 132 Loring 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 77 yrs. 0 mos. 7 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 Edith Moses

(Give maiden name of wife in full)

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

6 Age of husband or wife if alive. 69 years

7 IF STILLBORN, enter that fact here.

8 AGE 77 Years 0 Months 7 Days If less than 1 day Hours Minutes

9 Usual Occupation: Manufacture

10 Industry or Business: Women Accessories

11 Social Security No. None

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

13 NAME OF FATHER

John W Belcher

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

15 MAIDEN NAME OF MOTHER

Helen L Chase

16 BIRTHPLACE OF MOTHER (City) Dennis (State or Country) Mass.

17 Informant. Mary E Belcher (Relation, if any) (Address) 132 Loring Rd. Winthrop

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

Walter G. Baker

(Signature of Agent or Board of Health or other)

(Official Designation) H.D. (Date of Issue of Permit) 8/2/49

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD

CERTIFICATE OF DEATH

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

Registered No. 105

PHYSICIAN-IMPORTANT

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

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH July 20 1949 (Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from March 1948 to July 1949

I last saw him alive on May 16 1949, death is said to have occurred on the date stated above, at 1:10 P.m.

Immediate cause of death. Carcinoma of liver Duration 1 year IMPORTANT

Due to

Due to

Other conditions Prostatism (Include pregnancy within 3 months of death) 2 years IMPORTANT Physician

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. Murray M.D. (Address) Winthrop, Mass. Date 31 July 1949

21 Winthrop Winthrop (City or Town) DATE OF BURIAL Aug. 2 1949

22 NAME OF FUNERAL DIRECTOR Edward S. Bismuth ADDRESS Winthrop

Received and Filed 19

AUG 8 1949

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

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

RULES OF PRACTICE

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

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

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

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

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

PLACE OF DEATH

1

Suffolk County
(County)
Winthrop
(City or Town)



The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICSTo be filed for burial permit
with Board of Health
or its Agent.STANDARD
CERTIFICATE OF DEATHRegistered No. **106**

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 Boy Rosenthal*
(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. *133 Campbell Ave* St. *Revere Mass*
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death *9 hrs 15 min* years *7* months *1* days. In place of residence years *7* months *1* days.

INSTRUCTIONS
FOR
CERTIFICATEn giving
E OF DEATHnot enter
re than one
se for each
, (b) and (c)is does not mean
le of dying, such
failure, asthenia,
means the disease,
lications which
death.rbid conditions,
iving rise to the
use (a) stating
derlying causeditions contrib-
the death but not
o the disease or
n causing death.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH *July 31 1949*
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from
July 31 1949 to *July 31 1949*

I last saw him alive on *July 31 1949* death is said to
have occurred on the date stated above, at *11:20 P.M.*

DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a) *Asphyxia*

INTERVAL BE-
TWEEN ONSET
AND DEATH*10 hrs.*

ANTECEDENT CAUSES Due To *New born*
(b)

10 hrs.

Due To *Shock*
(c) *Maternal shock giving*
rise to fetal anoxia.

10 hrs.

OTHER SIGNIFICANT CONDITIONS *none anoxia*

Major findings:
Of operations. *Not done*

Date of operation *X* Was autopsy performed?

What test confirmed diagnosis?

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

If so, specify *X*

(Signed) *Harry J. Davis* M. D.

(Address) *114 Danbury Ave, Revere, Mass Aug 1 1949*

6 *Revere, Mass*
DATE OF BURIAL *Aug 1 1949* (City or Town)

7 NAME OF FUNERAL DIRECTOR *L. J. Vail*
ADDRESS *151 Washington Ave, Chelsea*

Received and filed *AUG 8 1949* 19

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX *Male* 9 COLOR OR RACE *White* 10 SINGLE (write the word)
MARRIED *Single*
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 *9 45*
Years Months Days If under 24 hours
10 Hours 30 Minutes

13 Usual Occupation: *none*
(Kind of work done during most of working life)

14 Industry or Business: *none*

15 Social Security No. *none*

16 BIRTHPLACE (City) *Winthrop, Mass*
(State or country)

17 NAME OF FATHER *Israel Rosenthal*

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

19 MAIDEN NAME OF MOTHER *Ida Klane*

20 BIRTHPLACE OF MOTHER (City) *Everett*
(State or country) *Mass*

21 Informant *Israel Rosenthal (Kimball Ave)*
(Address) *137 Campbell Ave, Revere*

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)
H. O. *Aug. 1-1949*
(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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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

PLACE OF DEATH
1

2 FULL NAME

Len

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THIS CERTIFICATE NOT VALID UNLESS FILED IN THE HEALTH DEPARTMENT DO NOT WRITE IN THIS SPACE. MARKS RESERVED FOR CODING AND INDEXING

BUREAU OF HEALTH DEPARTMENT OF HEALTH CITY OF MANHATTAN		156-49-102331 156-49-102331	
FREDERICK L. WESTCOTT		Certificate of Death	
1 NAME OF DECEASED (Print or Type name)		FREDERICK L. WESTCOTT	
2 USUAL RESIDENCE: (a) State		16 PLACE OF DEATH:	
(b) City, Town or Village		(a) NEW YORK CITY: (b) Borough	
(c) Post Office and Zone		(a) Name of Hospital or Institution	
(d) No.		(If not in hospital or institution, give street and number.)	
(e) Length of residence or stay in City of New York immediately prior to death		(d) Length of stay in Hospital immediately prior to death	
3 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)		(e) If elsewhere than in hospital or own residence, specify character of place of death, as hotel, office, store, street, taxicab, etc.	
4 WIFE HUSBAND		17 DATE AND HOUR OF DEATH	
5 DATE OF BIRTH OF DECEASED		18 SEX	
6 AGE		19 COLOR OR RACE	
7 A Trade, profession, or particular kind of work done, as typewriter, newspaper, bookkeeper, etc.		20 Approximate Age	
8 BIRTHPLACE OF DECEASED: (a) State		21 I hereby certify (a) that in accordance with Section 878-20 and 873-3.0 of the Administrative Code for the City of New York, I went to, and took charge of the dead body	
(b) County		City Mortuary	
(c) City, Town or Village		at this 29 day of January 1949	
(d) Country		(b) that I examined the body and investigated the circumstances of this death, and	
9 WAS DECEASED WAR VETERAN? IF SO, NAME WAR		I further certify from the investigation, (complete autopsy)*	
10 NAME OF FATHER OF DECEASED		in my opinion, death occurred on the date and at the hour stated above and resulted from (determined circumstances pending further investigation)*, and (e) that the causes of death were:	
11 BIRTHPLACE OF FATHER		ACUTE CORROSIVE GASTRITIS:	
12 MARRIAGE NAME OF MOTHER OF DECEASED		PENDING CHEMICAL EXAMINATION.	
13 BIRTHPLACE OF MOTHER		Signed: Benj. Morgan Vance	
14 SIGNATURE OF DECEASED		Approved: Thomas B. Smith	
15 PLACE OF BURIAL OR CREMATION		M. E. Case	
16 FUNERAL		Date: January 30, 1949	
17 BUREAU OF RECORDS AND STATISTICS		DEPARTMENT OF HEALTH	
18 CITY OF NEW YORK		CITY OF NEW YORK	

AUG 17 1949

Copies of returns of deaths which occurred in your city or town in case the deceased resided in another city or town at the time of death should be transmitted on Form R-305 to the clerk of the city or town in which the deceased resided as soon as possible after the close of the month in which the death occurred. (See Chap. 46, Sec. 12, G. L.)

25m-(b)-10-48-24658

PLACE OF DEATH

Plymouth

(County)

Wareham

(City or Town)

No. Tobey Hospital

2 FULL NAME Walter M. Myszkowski

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

(a) Residence. No. Colonial Inn,
(Usual place of abode)

Shirley

St. Winthrop, Mass.

(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 May 12 1949
(Month) (Day) (Year)

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

Traumatic shock due to fracture of right femur, right forearm and elbow and internal abdominal injuries sustained in automobile accident

5 Accident, suicide, or homicide (specify) Accident, dent
Date and hour of injury 2.15 P.M. May 12 49Where did injury occur? Sandwich, Mass.
(City or town and State)Did injury occur in or about home, on farm, in industrial place, or in public place? Highway
(Specify type of place)Manner of injury Automobile accident
(How did injury occur?)Nature of injury Fractures & Internal injuries
While at work? No Was autopsy performed? No

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

If so, specify.....
(Signed) Sterling A. McLean, M. D.
(Address) Middleboro, Mass. Date 5/12 19 497 St. Joseph Chicago
Place of Burial, or Cremation (City or Town)

DATE OF BURIAL May 16 19 49

8 NAME OF FUNERAL DIRECTOR Daniel L. Shea
ADDRESS Boston, Mass.

Received and filed SEP 6 1949 19 49

(Registrar of City or Town where deceased resided)

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
COPY OF
MEDICAL EXAMINER'S
CERTIFICATE OF DEATH

Wareham

(City or town making return)

Registered No. 108

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

{ (Was deceased a U. S. War Veteran, WW 11 if so specify WAR)

PERSONAL AND STATISTICAL PARTICULARS

9 SEX Male 10 COLOR OR RACE White 11 SINGLE (write the word) MARRIED Married WIDOWED or DIVORCED

11a If married, widowed, or divorced HUSBAND of Margarite Bortol
(Give maiden name of wife in full)

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

12 IF STILLBORN, enter that fact here.

13 AGE 30 Years Months Days If under 24 hours Hours Minutes

14 Usual Occupation Pilot
(Kind of work done during most of working life)

15 Industry or Business: Self

16 Social Security No. 17 BIRTHPLACE (City) Chicago (State or country) Illinois

18 NAME OF FATHER Joseph Myszkowski

19 BIRTHPLACE OF FATHER (City) Poland (State or country)

20 MAIDEN NAME OF MOTHER Mary Wychik

21 BIRTHPLACE OF MOTHER (City) Poland (State or country)

22 Informant Margarite Myszkowski (Address) Colonial Inn, Winthrop

A TRUE COPY. Charles L. Bates
ATTEST: (Registrar of City or Town where death occurred)

DATE FILED May 17 19 49



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

RM R-302

1 PLACE OF DEATH

MIDDLESEX

(County)

NEWTON

(City or Town)



The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

NEWTON

(City or town making return)

COPY OF
CERTIFICATE OF DEATH

Registered No. 360 109

No. 32 Newtonville Ave.

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

2 FULL NAME Pearl C. Andrews (MacIntyre)

(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. Beacon Villa, Villa Ave.
(Usual place of abode)

St. Winthrop
(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 July 5, 1949
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from May 14, 1949, to July 5, 1949

I last saw her alive on July 5, 1949, death is said to have occurred on the date stated above, at 8:35P. m.

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Generalized Carcinomatosis

INTERVAL BETWEEN ONSET AND DEATH

6 mos

ANTE CEDENT CAUSES Due To Carcinoma Cervix

1 yr

Due To (c)

OTHER SIGNIFICANT CONDITIONS None

Major findings: Of operations. None

Date of operation. None Was autopsy performed? No

What test confirmed diagnosis? Biopsy

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

If so, specify

(Signed) E. P. Heath M. D.
(Address) 324 Walnut St., Newtonville 7/5/1949

6 Pine Grove Cemetery, Falmouth Foreside, Me.
Place of Burial or Cremation (City or Town)

DATE OF BURIAL July 8, 1949

7 NAME OF FUNERAL DIRECTOR Archibald C. Bellinger

ADDRESS 26 Centre Ave., Newton

Received and filed.....19

AUG 17 1949
(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Female 9 COLOR OR RACE White 10 SINGLE (write the word) MARRIED WIDOWED or DIVORCED Widowed

10a If married, widowed, or divorced HUSBAND of John Henry Swain (Maiden name of wife in full) Irving L. Andrews (or) WIFE of (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 72 9 29 Years Months Days If under 24 hours Hours Minutes

13 Usual Occupation Retired Teacher (Kind of work done during most of working life)

14 Industry or Business Portland Me., High School

15 Social Security No. None

16 BIRTHPLACE (City) Solon (State or country) Maine

17 NAME OF FATHER Leander F. W. MacIntyre

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

19 MAIDEN NAME OF MOTHER Elzada Pierce

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

21 Informant Robert Swain (Address) 169 Washington St., Newton, Mass.

A TRUE COPY.

ATTEST: (Registrar of City or Town where death occurred)

DATE FILED July 11, 1949



RM R-302

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

PLACE OF DEATH

Suffolk
(County)Boston
(City or Town)

No. Infant's Hospt

2 FULL NAME. Robert Rantz
(If deceased is a married, widowed or divorced woman, give also maiden name.)(a) Residence. No. 23 Sagamore Ave.
(Usual place of abode)St. (If death occurred in a hospital or institution,
give its NAME instead of street and number)Winthrop Mass.
(If nonresident, give city or town and State)

Length of stay: In place of death... years... months... 3 days. In place of residence... years... months... days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH Jul 14/49
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
Jul 12, 19 49, to Jul 14, 19 49I last saw h. in alive on Jul 14, 19 49, death is said to
have occurred on the date stated above, at 6 PM m.DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a) Congenital heart disease
type undeterminedINTERVAL BE-
TWEEN ONSET
AND DEATHANTE Due To
CEDENT (b)
CAUSESDue To
(c)OTHER
SIGNIFICANT
CONDITIONSMajor findings:
Of operations.

Date of operation... Was autopsy performed? No

What test confirmed diagnosis? E.K.G. Chest xray

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

If so, specify. G B Shattuck M. D.
(Signed) (Address) 300 Longwood Ave. Date 7-14 19 496 Beth Israel Cem-Everett Mass.
Place of Burial or Cremation (City or Town)

DATE OF BURIAL Jul 15/49 19

7 NAME OF FUNERAL DIRECTOR. H J Torf
ADDRESS Chelsea Mass.

Received and filed. AUG 16 1949 19

(Registrar of City or Town where deceased resided)

The Commonwealth of Massachusetts

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

Boston

(City or town making return)

Registered No.

60840

PERSONAL AND STATISTICAL PARTICULARS

8 SEX M 9 COLOR OR RACE W 10 SINGLE (write the word)
MARRIED
WIDOWED Single
or DIVORCED10a 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 1 Years 5 Months 18 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) Chelsea Mass.
(State or country)

17 NAME OF FATHER Morris Rantz

18 BIRTHPLACE OF FATHER (City) Beverly Mass.
(State or country)

19 MAIDEN NAME OF MOTHER Anne Staretz

20 BIRTHPLACE OF MOTHER (City) Chelsea Mass.
(State or country)21 Informant. M Rantz
(Address)

A TRUE COPY

ATTEST: (Registrar of City or Town where death occurred)

DATE FILED Jul 18/49 19

RM R-302

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

PLACE OF DEATH

Suffolk

(County)

Boston

(City or Town)

No. Boston City Hospital

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

(a) Residence. No. 39 Moore
(Usual place of abode)

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

Winthrop

(If nonresident, give city or town and State)

Length of stay: In place of death..... years..... months 10 days. In place of residence: 35 years..... months..... days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH Jul 14 1949
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from
Jul 4, 19 49, to Jul 14, 19 49.

I last saw h..... alive on....., 19....., death is said to
have occurred on the date stated above, at 11:45 A.m.

DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a) Peritonitis

INTERVAL BETWEEN ONSET AND DEATH

5das

ANTE DUE T Chronic pancreatitis
CEDENT (b) CAUSES

wks

Due To
(c)

OTHER
SIGNIFICANT
CONDITIONS

Major findings: Gastro enterostomy
Of operations.....

Date of operation 7/9/49 Was autopsy performed?

What test confirmed diagnosis? Clinical

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

If so, specify.....

(Signed)

(Address)

M W O'Connell

B C H

Date 7/14

M. B. 19 49

6 Woodlawn Crematory Everett
Place of Burial or Cremation (City or Town)

DATE OF BURIAL Jul 18 1949

7 NAME OF FUNERAL DIRECTOR H S Reynolds
ADDRESS Winthrop

Received and filed AUG 16 1949

(Registrar of City or Town where deceased resided)

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

Boston

(City or town making return)

COPY OF

CERTIFICATE OF DEATH

Registered No. 6127 111

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Male 9 COLOR OR RACE white 10 SINGLE (write the word) MARRIED WIDOWED OR DIVORCED Married

10a If married, widowed, or divorced
HUSBAND of Viola Crosby
(Give maiden name of wife in full)

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

11 IF STILLBORN, enter that fact here.

12 AGE 58 Years 5 Months 14 Days If under 24 hours Hours Minutes

13 Usual Occupation: Machinist
(Kind of work done during most of working life)

14 Industry or Business: Razor Co

15 Social Security No. 012 09 3717

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

17 NAME OF FATHER Willis Stuart

18 BIRTHPLACE OF FATHER (City) Etna
(State or country) Me

19 MAIDEN NAME OF MOTHER Eva Gilbert

20 BIRTHPLACE OF MOTHER (City) C N B L
(State or country)

21 Informant: Viola Stuart
(Address)

A TRUE COPY

ATTEST: (Registrar of City or Town where death occurred)

DATE FILED Jul 19 1949

Copies of returns of deaths which occurred in your city or town in case the deceased resided in another city or town at the time of death should be transmitted on Form R-305 to the clerk of the city or town in which the deceased resided as soon as possible after the close of the month in which the death occurred. (See Chap. 46, Sec. 12, G. L.)

25m-(b)-10-48-24658

PLACE OF DEATH

SUFFOLK
BOSTON

(City or Town)



The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
COPY OF
MEDICAL EXAMINER'S
CERTIFICATE OF DEATH

BOSTON
(City or town making return)

Registered No. 6260 112

No. en route to P B Brigham Hosp

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

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

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

(a) Residence. No. 24 Lincoln Terr

Winthrop

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

Length of stay: In place of death. years. months. days. In place of residence. 50 years. months. days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH Jul 20 1949
(Month) (Day) (Year)

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

5 Accident, suicide, or homicide (specify)

Date and hour of injury. 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? Collapsed in ambulance en route

Manner of Injury to hospital (Specify type of place)

Nature of Injury (How did injury occur?)

While at work? Was autopsy performed? No

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

If so, specify

(Signed) W J Brickley
(Address) Boston Date 7/20 1949 M. P. 49

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

DATE OF BURIAL Jul 23 1949 19.

8 NAME OF FUNERAL DIRECTOR J F O'Maley

ADDRESS Winthrop

Received and filed. 19.

AUG 16 1949
(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

9 SEX Male 10 COLOR OR RACE White 11 SINGLE (write the word) MARRIED WIDOWED Widowed or DIVORCED

11a If married, widowed, or divorced HUSBAND of Maude L Egan
(Give maiden name of wife in full)

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

12 IF STILLBORN, enter that fact here.

13 AGE 74 Years Months Days If under 24 hours Hours Minutes

14 Usual Occupation Government insp
(Kind of work done during most of working life)

15 Industry or Business Clothing

16 Social Security No.

17 BIRTHPLACE (City) St John
(State or country) N B

18 NAME OF FATHER James E Donovan

19 BIRTHPLACE OF FATHER (City) St John
(State or country) N B

20 MAIDEN NAME OF MOTHER Margaret Leary

21 BIRTHPLACE OF MOTHER (City) St John
(State or country) N B

22 Informant Dorothy Vickerson
(Address)

A TRUE COPY Michael J. Donovan
ATTEST: (Registrar of City or Town where death occurred)

DATE FILED Jul 25 1949 19.

Date of entering military service Apr 26 1898

Date of discharge Nov 14 1898

Rank, rating Corp Battery K First Reg

Organization and outfit Mass Heavy Artillery U S Vol

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-(e)-10-48-24658

PLACE OF DEATH

1

SUFFOLK
BOSTON
(County)

(City or Town)



The Commonwealth of Massachusetts

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

BOSTON

(City or town making return)

Registered No. 6298 113

No. Jewish Memorial Hospital

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

2 FULL NAME. Kate Segel
(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. 36 Nevada
(Usual place of abode)St. Winthrop
(If nonresident, give city or town and State)

Length of stay: In place of death..... years..... months..... 68 days. In place of residence. 12 years..... months..... days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH Jul 24 1949
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
Apr 18 1949 to Jul 24 1949
I last saw her alive on Jul 24 1949, death is said to
have occurred on the date stated above, at 6:10 P.m.DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a) Carcinoma of sigmoid
colon (post-op); generalized metastases 3 1/4 yrsINTERVAL BE-
TWEEN ONSET
AND DEATHANTE Due To
CEDENT (b)
CAUSESDue To
(c)

OTHER SIGNIFICANT CONDITIONS Secondary anemia 1 yr

Major findings: Carcinoma of colon; met. to liver
Of operations.

Date of operation Nov 1947 Was autopsy performed? No

What test confirmed diagnosis?

5 Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) E E Langabaugh
(Address) Roxbury Date 7/24 19496 Roxbury Lodge W Roxbury
Place of Burial or Cremation (City or Town)

DATE OF BURIAL Jul 25 1949 19

7 NAME OF FUNERAL DIRECTOR L Levine
ADDRESS Brookline

Received and filed AUG 16 1949 19

(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Female 9 COLOR OR RACE White 10 SINGLE (write the word)
MARRIED MARRIED
WIDOWED or DIVORCED Married10a If married, widowed, or divorced
HUSBAND of (Give maiden name of wife in full)(or) WIFE of Harry Segel
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 57 Years Months Days If under 24 hours
Hours Minutes13 Usual Occupation: Housewife
(Kind of work done during most of working life)

14 Industry or Business: At home

15 Social Security No.

16 BIRTHPLACE (City)
(State or country) Russia

17 NAME OF FATHER Isaac Schuster

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

19 MAIDEN NAME OF MOTHER Yetta (unk)

20 BIRTHPLACE OF MOTHER (City)
(State or country) Russia21 Informant Nathan Silverstein
(Address)

A TRUE COPY

ATTEST: (Registrar of City or Town where death occurred)

DATE FILED Jul 26 1949 19

Copies of returns of deaths which occurred in your city or town in case the deceased resided in another city or town at the time of death should be transmitted on Form R-305 to the clerk of the city or town in which the deceased resided as soon as possible after the close of the month in which the death occurred. (See Chap. 46, Sec. 12, G. L.)

25m-(h)-10-48-24658

PLACE OF DEATH

1

(County) **UFFOLK**
(City or Town) **STON**



The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
COPY OF
MEDICAL EXAMINER'S
CERTIFICATE OF DEATH

BOSTON
(City or town making return)

Registered No. **6673111**

No. **818 Harrison Ave.**

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

2 FULL NAME **John A DePalma**
(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. **91 Locust**
(Usual place of abode)

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

Length of stay: In place of death.....years.....months.....days. In place of residence **6**.....years.....months.....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH **August 3/49**
(Month) (Day) (Year)

4 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.)
Pistol shot wound of chest
shot by policeman while attempting
to escape arrest

5 Accident, suicide, or homicide (specify).....
Date and hour of injury.....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.....
(How did injury occur?)
Nature of Injury.....
While at work?..... Was autopsy performed? **Yes**

6 Was disease or injury in any way related to occupation of deceased?.....
If so, specify **Timothy Leary**, M. D.
(Signed).....
(Address)..... Date **8-3** 19 **49**

7 **Winthrop Cem-Winthrop Mass.**
Place of Burial, or Cremation. (City or Town)
DATE OF BURIAL **August 6/49**.....19.....

8 NAME OF FUNERAL DIRECTOR **M W Kirby**
ADDRESS **Winthrop Mass.**

Received and filed **AUG 8-9 1949**.....19.....
(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

9 SEX **M** 10 COLOR OR RACE **W** 11 SINGLE (write the word)
MARRIED
WIDOWED
or DIVORCED **Single**

11a If married, widowed, or divorced
HUSBAND of.....
(Give maiden name of wife in full)
(or) WIFE of.....
(Husband's name in full)

12 IF STILLBORN, enter that fact here.
13 AGE **23** Years.....Months.....Days If under 24 hours
Hours.....Minutes

14 Usual Occupation **Ship Cleaner**
(Kind of work done during most of working life)

15 Industry or Business.....

16 Social Security No. **----**

17 BIRTHPLACE (City) **East Boston Mass.**
(State or country)

18 NAME OF FATHER **Phillip DePalma**

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

20 MAIDEN NAME OF MOTHER **Alice Fothergill**

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

22 Informant **Father**
(Address)

A TRUE COPY. *[Signature]*

ATTEST: *[Signature]*
(Registrar of City or Town where death occurred)
Aug. 8/49

DATE FILED.....19.....



R-301A

INSTRUCTIONS
FOR
CERTIFICATEgiving
OF DEATHnot enter
than one
for each
(b) and (c)does not mean
of dying, such
lure, asthenia,
ns the disease,
ations which
th.d conditions,
ing rise to the
e (a) stating
lying causeions contrib-
death but not
he disease or
causing death.

100M-(D)-10-48-24858

PLACE OF DEATH

Suffolk
(County)Winthrop
(City or Town)

No. 15 Pleasant Pk Rd

2 FULL NAME. Frank R. Preg
(If deceased is a married, widowed or divorced woman, give also maiden name.)(a) Residence. 288 Alexander St. Rochester N.Y. St.
(Usual place of abode)

Length of stay: In place of death years months days. In place of residence years months days.

The Commonwealth of Massachusetts

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

Registered No. 115

(If death occurred in a hospital or institution,
St. { 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

3 DATE OF DEATH August 5 1949
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
19 to 19I last saw h. alive on 19 death is said to
have occurred on the date stated above, at 8:00 P.m.DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a)

Natural causes

ANTE Due To
CEDENT (b)
CAUSES

Presumably

Due To
(c)coronary
occlusionOTHER
SIGNIFICANT
CONDITIONSMajor findings:
Of operations.

Date of operation. Was autopsy performed? no

What test confirmed diagnosis?

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

If so, specify

(Signed) M. D.
(Address) Date 8/4/49 19496 Place of Burial or Cremation
(City or Town)

DATE OF BURIAL August 5 1949

7 NAME OF
FUNERAL DIRECTOR John F. Maley

ADDRESS Winthrop

Received and filed 1949

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Male 9 COLOR OR RACE White 10 SINGLE MARRIED (write the word)
WIDOWED or DIVORCED Widowed10a If married, widowed, or divorced
HUSBAND of Elizabeth Dunn
(Give maiden name of wife in full)(or) WIFE of
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 71 Years Months Days If under 24 hours
Hours Minutes13 Usual Occupation: Tailor
(Kind of work done during most of working life)

14 Industry or Business: Tailoring

15 Social Security No. 073-09-1260

16 BIRTHPLACE (City)
(State or country) Germany17 NAME OF
FATHER Joseph Preg18 BIRTHPLACE OF
FATHER (City)
(State or country) Germany19 MAIDEN NAME
OF MOTHER Anna Loeffler20 BIRTHPLACE OF
MOTHER (City)
(State or country) Germany21 Informant Joseph Preg
(Address) 15 Pleasant Pk RoadI HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

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

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

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

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

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

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

RULES OF PRACTICE

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

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

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance 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.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by 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-(e)-10-48-24658

PLACE OF DEATH

Suffolk

(County)

Boston

(City or Town)

No.

Carney Hospital

2 FULL NAME

William Curran

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

(a) Residence. No.

90 Loring Road

(Usual place of abode)

St.

Winthrop Mass.

(If nonresident, give city or town and State)

Length of stay: In place of death.....years.....months 20.....days. In place of residence.....years.....months.....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH

August 5/49

(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from

July 17, 19 49, to August 5, 19 49

I last saw him alive on August 5, 19 49, death is said to

have occurred on the date stated above, at 4 AM m.

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a)

Coronary failure
Massive pulmonary
embolism

ANTE CEDENT CAUSES (b)

Due To (c)

OTHER SIGNIFICANT CONDITIONS

Gastric ulcer post op.
gastrectomy, splenectomy 4 mos.
and resection of head of pancreas

Major findings: Of operations.

Gastric ulcer

Date of operation. 7-25-49 Was autopsy performed? Yes

What test confirmed diagnosis?

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

If so, specify

H G Habib

(Signed)

Carney Hospt

Date 8-5

M. 49

(Address)

Holy Cross-Malden Mass.

6 Place of Burial or Cremation

(City or Town)

DATE OF BURIAL

Aug. 8/49

19

7 NAME OF FUNERAL DIRECTOR

J F DiMaley

ADDRESS

Winthrop Mass.

Received and filed

AUG 29 1949

19

(Registrar of City or Town where deceased resided)

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

Boston

(City or town making return)

COPY OF

CERTIFICATE OF DEATH

Registered No.

66976

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)

St.

(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX

M

9 COLOR OR RACE

W

10 SINGLE (write the word)

MARRIED
WIDOWED
or DIVORCED

Married

10a If married, widowed, or divorced

HUSBAND of Ethel Owen

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12

AGE 70 Years Months Days

If under 24 hours

Hours Minutes

13 Usual

Occupation:

Printer

(Kind of work done during most of working life)

14 Industry

or Business:

Printing

15 Social Security No.

16 BIRTHPLACE (City) (State or country)

East Boston Mass.

NAME OF FATHER

Simon F Curran

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

East Boston Mass.

19 MAIDEN NAME OF MOTHER

Catherine McGovern

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

East Boston Mass.

21

Informant (Address)

Ethel A Curran

A TRUE COPY

ATTEST

(Registrar of City or Town where death occurred)

Aug/10/49

DATE FILED

19

M R-301A

PLACE OF DEATH

(County)

(City or Town)

No. Winthrop Comm. Hesp.

2 FULL NAME Harry B. Weiner
(If deceased is a married, widowed or divorced woman, give also maiden name.)(a) Residence. No. 10 Abbotsford
(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

Rox.

(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.

INSTRUCTIONS
FOR
CERTIFICATEgiving
OF DEATHnot enter
than one
for each
(b) and (c)does not mean
of dying, such
ilure, asthenia,
ans the disease,
ications which
ath.id conditions.
ring rise to the
se (a) stating
lying causeitions contrib-
e death but not
the disease or
causing death.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH August 10 1949
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from Aug 10 1949 to Aug 10 1949

I last saw him alive on Aug 10 1949 death is said to have occurred on the date stated above, at 6:00 P.M.

DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a) Natural causesINTERVAL BE-
TWEEN ONSET
AND DEATHANTE Due To
CEDENT (b)
CAUSESDue To
(c)OTHER
SIGNIFICANT
CONDITIONSMajor findings:
Of operations none

Date of operation none Was autopsy performed?

What test confirmed diagnosis?

5 Was disease or condition related to occupation? Charles Schlessberg, head of family, Winthrop Board of Health, M. D.

(Signature) Dr. Hummer Date 8/10/1949
Mt. Lebanon Centre Parishure
Place of Burial or Cremation West Rox (City or Town)

DATE OF BURIAL 8-11-1949

7 NAME OF FUNERAL DIRECTOR Louis Schlessberg
ADDRESS 1272 Blue Hill Ave. Matt

Received and filed AUG 12 1949 19

(Registrar)

The Commonwealth of Massachusetts

EDWARD J. CRONIN, SECRETARY
DIVISION OF VITAL STATISTICSSTANDARD
CERTIFICATE OF DEATHTo be filed for burial permit
with Board of Health
or its Agent.

Registered No.

117

PERSONAL AND STATISTICAL PARTICULARS

8 SEX M 9 COLOR OR RACE W 10 SINGLE (write the word) MARRIED Married
WIDOWED
or DIVORCED10a If married, widowed, or divorced HUSBAND of Mary DeBaney
(Give maiden name of wife in full)

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

11 IF STILLBORN, enter that fact here.

12 AGE 48 Years Months Days If under 24 hours Hours Minutes

13 Usual Occupation: Salesman
(Kind of work done during most of working life)

14 Industry or Business: Heating Supplies

15 Social Security No. 024-07-93-35

16 BIRTHPLACE (City) Boston
(State or country)

17 NAME OF FATHER Wolf Weiner

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

19 MAIDEN NAME OF MOTHER Rose Yavner

20 BIRTHPLACE OF MOTHER (City) Russia
(State or country)21 Informant Louis Weiner Brother
(Address) 189 Chiswick Rd Brighton

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 _____ of Board of Health or other)
140. (Official Designation) Aug. 11/1949.
(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 persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. . . General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

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

RULES OF PRACTICE

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

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

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance 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.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by 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 STATISTICSSTANDARD
CERTIFICATE OF DEATHTo be filed for burial permit
with Board of Health
or its Agent.Registered No. **118**

PLACE OF DEATH

Suffolk
(County)
Winthrop
(City or Town)No. *43* *George St* St. { (If death occurred in a hospital or institution,
give its NAME instead of street and number)2 FULL NAME *Sarah E. Tracy*
(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. *43 George St* St. (If nonresident, give city or town and State)
(Usual place of abode)Length of stay: In place of death years months days. In place of residence *5* years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH *Aug 12 1949*
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
October 8 48 to *August 12 49*I last saw her alive on *August 12 1949*, death is said to
have occurred on the date stated above, at *11:00* p. m.DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH *Broncho Pneumonia*
*terminal*ANTE DUE TO
CEDENT (b) *Arteriosclerotic*
CAUSES *Heart Disease*Due To
(c)OTHER
SIGNIFICANT
CONDITIONS *Parkinson's*
*disease*Major findings:
Of operations *none*Date of operation *none* Was autopsy performed? *no*What test confirmed diagnosis? *none*5 Was disease or injury in any way related to occupation of deceased? *no*If so, specify *John F. Pepsi*(Signed) *John F. Pepsi* M. D.(Address) *821 Saratoga Ave Boston 8/13/49*6 *St Marys Quincy*
Place of Burial or Cremation (City or Town)DATE OF BURIAL *Aug 16 1949*7 NAME OF FUNERAL DIRECTOR *Frederick J. Magrath*ADDRESS *East Boston*

Received and filed 19.....

AUG 15 1949

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX *Female* 9 COLOR OR RACE *White* 10 SINGLE (write the word)
MARRIED
WIDOWED
or DIVORCED *Widowed*10a If married, widowed, or divorced
HUSBAND of *Joseph H. Tracy*
(Give maiden name of wife in full)(or) WIFE of *Joseph H. Tracy*
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE *68* Years Months Days If under 24 hours
Hours Minutes13 Usual Occupation: *At Home*
(Kind of work done during most of working life)

14 Industry or Business:

15 Social Security No. *none*16 BIRTHPLACE (City) *East Boston*
(State or country) *Mass*17 NAME OF FATHER *John Murray*18 BIRTHPLACE OF FATHER (City) *Duland*
(State or country)19 MAIDEN NAME OF MOTHER *Catherine Carroll*20 BIRTHPLACE OF MOTHER (City) *Quincy*
(State or country) *Mass*21 Informant *Joseph Murray*
(Address) *43 George St Winthrop*I HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:*Walter G. Baker*
(Signature of Agent of Board of Health or other)*H.D.* *8715/49*
(Official Designation) (Date of Issue of Permit)

1 R-301A

INSTRUCTIONS
FOR
CERTIFICATEgiving
OF DEATHnot enter
than one
for each
(b) and (c)does not mean
of dying, such
lure, asthenia,
ns the disease,
ations which
th.d conditions,
ing rise to the
e (a) stating
lying causeions contrib-
death but not
he disease or
causing death.

100M-(D)-10-48-24858

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

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

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

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

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

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

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

RULES OF PRACTICE

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

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

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance 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.—Physicians: see explanatory instructions on face side of standard certificate of death. -

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by 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

M R-302

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-(e)-10-48-24658

PLACE OF DEATH

1

SUFFOLK
(County)
BOSTON
(City or Town)

The Commonwealth of Massachusetts

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

BOSTON

(City or town making return)

Registered No.

694419

No. Boston Floating Hospital

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

2 FULL NAME John Corbett

(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.

120 Main

(Usual place of abode)

St.

Winthrop

(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

Aug 13 1949

(Month)

(Day)

(Year)

4 I HEREBY CERTIFY, That I attended deceased from

Aug 13, 19 49 to Aug 13, 19 49

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

have occurred on the date stated above, at 9:04 P. m.

DISEASE OR CONDITION

DIRECTLY LEADING

TO DEATH (a) Prematurity

INTERVAL BE-
TWEEN ONSET
AND DEATH

3hrs

ANTE Due To
CEDENT (b)
CAUSESDue To
(c)OTHER
SIGNIFICANT
CONDITIONSMajor findings:
Of operations.....

Date of operation..... Was autopsy performed? yes

What test confirmed diagnosis?.....

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

If so, specify.

(Signed) L. M. Abelman

(Address) B F H

Date 8/13 19 49

6 Winthrop Winthrop
Place of Burial or Cremation (City or Town)

DATE OF BURIAL Aug 16 1949

7 NAME OF
FUNERAL DIRECTOR J F O'Maley

ADDRESS Winthrop

Received and filed AUG 29 1949

(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX

male

9 COLOR OR RACE

white

10 SINGLE

MARRIED

WIDOWED

or DIVORCED

(write the word)

single

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

3 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)

Winthrop

Mass

17 NAME OF
FATHER

John Corbett

18 BIRTHPLACE OF

FATHER (City).....

Revere

(State or country)

Mass

19 MAIDEN NAME

OF MOTHER

Dorothy Reardon

20 BIRTHPLACE OF

MOTHER (City).....

Boston

(State or country)

Mass

21

Informant.....

(Address)

John Corbett

A TRUE COPY

ATTEST:.....

(Registrar of City or Town where death occurred)

DATE FILED

Aug 17 1949

19

M R-302

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

PLACE OF DEATH

1

SUFFOLK
BOSTON

(City or Town)



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. 6945120

No. Boston Floating Hosp

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

2 FULL NAME Susan Corbett

(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. 120 Main
(Usual place of abode)

St. Winthrop
(If nonresident, give city or town and State)

Length of stay: In place of death..... years..... months..... 1 days. In place of residence..... years..... months..... days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH Aug 14 1949
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from
Aug 13 1949 to Aug 14 1949

I last saw her alive on Aug 14 1949 death is said to
have occurred on the date stated above, at 11:10 m.

DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a) Prematurity

INTERVAL
BETWEEN ONSET
AND DEATH

17hrs
40min

ANTE CEDENT CAUSES
Due To (b)

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? no
If so, specify L M Abelman
(Signed) (Address) B F H Date 8/14 1949

6 Winthrop Winthrop
Place of Burial or Cremation (City or Town)

DATE OF BURIAL Aug 16 1949

7 NAME OF FUNERAL DIRECTOR J F O'Maley
ADDRESS Winthrop

Received and filed AUG 29 1949

(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX female 9 COLOR OR RACE white 10 SINGLE (write the word)
MARRIED single
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..... 0 Days 17 Hours 40 Minutes
If under 24 hours

13 Usual Occupation: (Kind of work done during most of working life)

14 Industry or Business:

15 Social Security No.

16 BIRTHPLACE (City) Winthrop
(State or country) Mass

17 NAME OF FATHER John Corbett

18 BIRTHPLACE OF FATHER (City) Revere
(State or country) Mass

19 MAIDEN NAME OF MOTHER Dorothy Reardon

20 BIRTHPLACE OF MOTHER (City) Boston
(State or country) Mass

21 Informant John Corbett
(Address)

A TRUE COPY

ATTEST: (Signatures)

DATE FILED Aug 17 1949



1 R-301A

INSTRUCTIONS
FOR
CERTIFICATEgiving
OF DEATHot enter
than one
for each
(b) and (c)does not mean
of dying, such
ilure, asthenia,
ans the disease,
ications which
th.id conditions,
ing rise to the
e (a) stating
lying causetions contrib-
e death but not
the disease or
causing death.

PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)

No.

30 Bartlett Road

2 FULL NAME

Alice Higginbotham

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No.

30 Bartlett Road

(Usual place of abode)

St.

Winthrop

(If nonresident, give city or town and State)

Length of stay: In place of death. 4 years. months. days. In place of residence 4 years. months. days.

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICSSTANDARD
CERTIFICATE OF DEATHTo be filed for burial permit
with Board of Health
or its Agent.

Registered No.

121

(If death occurred in a hospital or institution,
St. { give its NAME instead of street and number)

PHYSICIAN — IMPORTANT

(Was deceased a
U. S. War Veteran,
if so specify WAR)

No

INSTRUCTIONS
FOR
CERTIFICATEgiving
OF DEATHot enter
than one
for each
(b) and (c)does not mean
of dying, such
ilure, asthenia,
ans the disease,
ications which
th.id conditions,
ing rise to the
e (a) stating
lying causetions contrib-
e death but not
the disease or
causing death.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH August 15 1949
(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 7:30 A. m.DISEASE OR CONDITION
DIRECTLY LEADING

TO DEATH (a) Natural causes

ANTECEDENT
CAUSES

Due To Generalized

Due To

(c) arterio-sclerosis

OTHER
SIGNIFICANT
CONDITIONSMajor findings:
Of operations.

Date of operation Was autopsy performed? no

What test confirmed diagnosis? clinical

5 Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed)

(Address)

Holy Cross

Place of Burial or Cremation

(City or Town)

DATE OF BURIAL

August 17

1949

7 NAME OF

FUNERAL DIRECTOR

ADDRESS 286 Meridian St., E. Boston

Received and filed. 19

AUG 17 1949

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Female 9 COLOR OR RACE White 10 SINGLE (write the word)
MARRIED WIDOWED
or DIVORCED

10a If married, widowed, or divorced

HUSBAND of

(or) WIFE of John Higginbotham
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 79 Years Months Days If under 24 hours
Hours Minutes13 Usual Occupation: House work, own home
(Kind of work done during most of working life)

14 Industry or Business: House work, own home

15 Social Security No. none

16 BIRTHPLACE (City) Co. Waterford
(State or country) Ireland

17 NAME OF FATHER Thomas Conway

18 BIRTHPLACE OF FATHER (City) Co. Waterford
(State or country) Ireland

19 MAIDEN NAME OF MOTHER Bridget Purcell

20 BIRTHPLACE OF MOTHER (City) Co. Waterford
(State or country) Ireland21 Informant (Address) John X. Higginbotham son
30 Bartlett Road, 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)

(Official Designation) Health Officer (Date of Issue of Permit) 8/16/49

100M-(D)-10-48-24688

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . General Laws, Chap. 38, Sec. 6.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance 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.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by 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 R-301A

PLACE OF DEATH

1

Suffolk
Winthrop
(City or Town)

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICSSTANDARD
CERTIFICATE OF DEATH

Registered No.

122

To be filed for burial permit
with Board of Health
or its Agent.

No.

40 Myrtle Ave

(If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME

Wolf. Moskowitz

(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.

(Usual place of abode)

10 Wayne

St.

Rox. Mass

(If nonresident, give city or town and State)

Length of stay: In place of death 2 months days. In place of residence 60 years months days.

INSTRUCTIONS
FOR
CERTIFICATEgiving
OF DEATHnot enter
than one
for each
(b) and (c)does not mean
of dying, such
as, emphysema,
asthma, etc.,
which are the
causes of death.does not mean
of dying, such
as, emphysema,
asthma, etc.,
which are the
causes of death.conditions contrib-
ing to the death but not
the disease or
causing death.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH August 19 1949
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
June 19 49 to August 19 49

I last saw him alive on August 19 49, death is said to

have occurred on the date stated above, at 9 40 p.m.

DISEASE OR CONDITION

DIRECTLY LEADING
TO DEATH (a)Generalized
CarcinomatosisINTERVAL BE-
TWEEN ONSET
AND DEATH

1 year

ANTE
CEDENT
CAUSES

Due To

(b)

Carcinoma of colon

Due To

(c)

OTHER
SIGNIFICANT
CONDITIONS

Arteriosclerosis, generalized 7 yrs

Major findings:
Of operations

Carcinomatosis

Date of operation

October 1947

Was autopsy performed?

no

What test confirmed diagnosis?

pathological

5 Was disease or injury in any way related to occupation of deceased?

no

If so, specify

(Signed)

Paul P. Weinsaft

(Address)

238 Shore Drive

Date

8/19

M. D.

1949

ADATH-YESHURUN - CEM.

Place of Burial or Cremation

DATE OF BURIAL

Aug. 21, 1949

7 NAME OF

FUNERAL DIRECTOR

Harry Levine

ADDRESS

470 Harvard St Brookline

Received and filed

AUG 22 1949

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX

Male

9 COLOR OR RACE

White

10 SINGLE

(write the word)

MARRIED

WIDOWED

or DIVORCED

Widowed

10a If married, widowed or divorced
HUSBAND of

Fannie Matuszewich

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12

AGE

71

Years

Months

Days

If under 24 hours

Hours

Minutes

13

Usual

Occupation:

Clothier

(Kind of work done during most of working life)

14

Industry

or Business

Wholesale & Retail

15 Social Security No.

16 BIRTHPLACE (City)
(State or country)

Russia

17 NAME OF
FATHER

Israel Moskowitz

18 BIRTHPLACE OF

FATHER (City)

(State or country)

Russia

19 MAIDEN NAME

OF MOTHER

Sarah (unknown)

20 BIRTHPLACE OF

MOTHER (City)

(State or country)

Russia

21

Informant

(Address)

Arthur Moskowitz (son)

46 Summit Ave Brookline

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)

H. O.
(Official Designation)Aug 20, 49
(Date of Issue of Permit)

100M-(D)-10-46-24686

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . General Laws, Chap. 38, Sec. 6.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance 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.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by 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.

45 Nahant Avenue

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.

123

(If death occurred in a hospital or institution,
St. { give its NAME instead of street and number)

2 FULL NAME John Fortunat Brosseau

(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)

Spanish

(a) Residence. No. 45 Nahant Avenue

(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 30 years months days.

INSTRUCTIONS
FOR
CERTIFICATEgiving
OF DEATHnot enter
than one
for each
(b) and (c)does not mean
of dying, such
ilure, asthenia,
ans the disease,
ications which
ath.id conditions,
ing rise to the
se (a) stating
rying causeitions contrib-
e death but not
the disease or
causing death.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH August 21 1949
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
Aug 14, 1949, to Aug 21, 1949
I last saw him alive on Aug 21, 1949, death is said to

have occurred on the date stated above, at 21:59 m.

DISEASE OR CONDITION

DIRECTLY LEADING TO DEATH (a) CORONARY Thrombosis 6 mos.

INTERVAL BE-
TWEEN ONSET
AND DEATHANTE Due To
CEDENT (b)
CAUSESDue To
(c)OTHER
SIGNIFICANT
CONDITIONSMajor findings:
Of operations none

Date of operation none Was autopsy performed? none

What test confirmed diagnosis? Clinical Signs

5 Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) J. J. Brosseau M. D.

(Address) Winthrop Mass Date Aug 22, 1949

6 Woodlawn Cemetery, Everett, Mass.
Place of Burial or Cremation (City or Town)

DATE OF BURIAL August 23, 1949

7 NAME OF FUNERAL DIRECTOR Alfred B. Marsh

ADDRESS 174 Winthrop St, Winthrop

Received and filed AUG 22 1949

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX 9 COLOR OR RACE 10 SINGLE (write the word)

male

white

MARRIED

WIDOWED

or DIVORCED

married

10a If married, widowed, or divorced

HUSBAND of Nellie Thompson

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 79 Years 10 Months 4 Days If under 24 hours
Hours Minutes13 Usual Occupation: manufacturing agent
(Kind of work done during most of working life)

14 Industry or Business store and restaurant fixtures

15 Social Security No. none

16 BIRTHPLACE (City) St. John
(State or country) Quebec

17 NAME OF FATHER Narcisse Brosseau

18 BIRTHPLACE OF FATHER (City) St. John
(State or country) Quebec

19 MAIDEN NAME OF MOTHER Marie Philomine Moquin

20 BIRTHPLACE OF MOTHER (City) La Prairie
(State or country) Quebec21 Informant Mrs. John J. Brosseau
(Address) 45 Nahant Ave, WinthropI HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

Walter L. Baker
Health Officer

(Date of Issue of Permit) 8/22/49

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . General Laws, Chap. 38, Sec. 6.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance and whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by 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.....May 9, 1898.....
DATE OF DISCHARGE.....Nov. 14, 1898.....
RANK, RATING.....4th sargent.....
ORGANIZATION AND OUTFIT.....H Battery of 1st Mass Reg of Heavy Artillery.....
SERVICE NUMBER.....Spanish American War.....

1 R-301A

PLACE OF DEATH

Suffolk
(County)Winthrop
(City or Town)

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICSSTANDARD
CERTIFICATE OF DEATHTo be filed for burial permit
with Board of Health
or its Agent.

Registered No. 121

No. 10 Beacon St.

{(If death occurred in a hospital or institution,
St. { give its NAME instead of street and number)

2 FULL NAME Josiah Lippitt

(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. 8 Chiswick Rd.
(Usual place of abode)St. Brighton
(If nonresident, give city or town and State)

Length of stay: In place of death years 2 months days. In place of residence 8 years months days.

INSTRUCTIONS
FOR
CERTIFICATEgiving
OF DEATHnot enter
than one
for each
(b) and (c)does not mean
of dying, such
ilure, asthenia,
ans the disease,
ications which
ath.id conditions,
ing rise to the
se (a) stating
lying causeitions contrib-
e death but not
the disease or
causing death.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH August 21 1949
(Month) (Day) (Year)I HEREBY CERTIFY, That I attended deceased from
July 9 1949 to August 21 1949
I last saw him alive on Aug. 20 1949, death is said tohave occurred on the date stated above, at 7:30 A.M.
DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a) Carcinoma
of Prostate 1 yearANTECEDENT CAUSES (b) Several
Carcinomatosis 6 mosDue To
(c)OTHER SIGNIFICANT CONDITIONS
Angina Pectoris 6 mosMajor findings: Carcinoma of Prostate
Of operations: Oct 15/49

Date of operation: Was autopsy performed? No

What test confirmed diagnosis: Clinical & pathological

5 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

6 Date of burial or cremation: Beth El Cem. (City or Town)

DATE OF BURIAL August 23 1949

7 NAME OF FUNERAL DIRECTOR Henry Levine
ADDRESS 470 Harvard St., Brookline

Received and filed AUG 22 1949

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Male 9 COLOR OR RACE White 10 SINGLE (write the word)
MARRIED WIDOWED Married
or DIVORCED10a If married, widowed, or divorced,
HUSBAND of Minnie Nichols
(Give maiden name of wife in full)(or) WIFE of
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 64 Years Months Days If under 24 hours
Hours Minutes13 Usual Occupation: Shoe Manufacturer
(Kind of work done during most of working life)

14 Industry or Business: Retired

15 Social Security No.

16 BIRTHPLACE (City) Russia
(State or country)

17 NAME OF FATHER Jacob Lippitt

18 BIRTHPLACE OF FATHER (City) Russia
(State or country)

19 MAIDEN NAME OF MOTHER Leah Jolles

20 BIRTHPLACE OF MOTHER (City) Russia
(State or country)21 Informant Mrs. Minnie Lippitt
(Address) 8 Chiswick Rd., BrightonI HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:Walter E. Baker
(Signature of Agent of Board of Health or other)

(Official Designation) Health Officer (Date of Issue of Permit) 8/23/49

100M-(D)-10-46-24658

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

A physician or registered medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a 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.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by 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 R-301A

PLACE OF DEATH

Suffolk
(County)Winthrop
(City or Town)

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICSSTANDARD
CERTIFICATE OF DEATHTo be filed for burial permit
with Board of Health
or its Agent.

Registered No. 125

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 Phillips
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT

(Was deceased a
U. S. War Veteran,
if so specify WAR)(a) Residence. No. 59 Crest Ave
(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.

INSTRUCTIONS
FOR
CERTIFICATEgiving
OF DEATHnot enter
than one
for each
(b) and (c)does not mean
of dying, such
ilure, asthenia,
ans the disease,
ications which
ath.id conditions.
ing rise to the
se (a) stating
rlying causeitions contrib-
e death but not
the disease or
causing death.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH August 26 1949
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
19 to 19I last saw him alive on 19 death is said to
have occurred on the date stated above, at m.

DISEASE OR CONDITION

DIRECTLY LEADING
TO DEATH (a) STILLBORN 3 1/2 mos.

Congenital cardiac hypertrophy

ANTECEDENT CAUSES (b) Due to with congestive
failureDue to
(c)INTERVAL BE-
TWEEN ONSET
AND DEATHOTHER
SIGNIFICANT
CONDITIONSMajor 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) Paul P. Dussault

(Address) 38 Shore Drive Winthrop

Date 8/26

M. D. 1949

6 Winthrop Winthrop
(City or Town)

DATE OF BURIAL August 29 1949

7 NAME OF
FUNERAL DIRECTOR

ADDRESS

Received and filed

AUG 30 1949

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX male 9 COLOR OR RACE white 10 SINGLE (write the word)
MARRIED
WIDOWED single
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. Stillborn

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) Winthrop
(State or country) Massachusetts

17 NAME OF FATHER William Phillips

18 BIRTHPLACE OF FATHER (City) Revere Mass.
(State or country)

19 MAIDEN NAME OF MOTHER Claire Crowley

20 BIRTHPLACE OF MOTHER (City) Everett
(State or country) Mass21 Informant William Phillips
(Address) 59 Crest Ave WinthropI HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:Walter G. Baker
(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit) 8/29/49

100M-(D)-10-48-24856

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . General Laws, Chap. 38, Sec. 6.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance 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.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by 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 R-301A

PLACE OF DEATH

Suffolk
(County)Winthrop
(City or Town)

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICSSTANDARD
CERTIFICATE OF DEATHTo be filed for burial permit
with Board of Health
or its Agent.

Registered No. 126

No. 100 Waldemar Ave.

(If death occurred in a hospital or institution,
St. { give its NAME instead of street and number)2 FULL NAME. Mary Anne (Carpenter) Murray (Minnie C Murray)
(If deceased is a married, widowed or divorced woman, give also maiden name.)PHYSICIAN — IMPORTANT
Was deceased a
U. S. War Veteran,
(if so specify WAR)(a) Residence. No. 100 Waldemar Ave.
(Usual place of abode)

(If nonresident, give city or town and State)

Length of stay: In place of death. 45 years months days. In place of residence 45 years months days.

INSTRUCTIONS
FOR
CERTIFICATEgiving
OF DEATHnot enter
than one
for each
(b) and (c)does not mean
of dying, such
ilure, asthenia,
ans the disease,
ications which
uth.id conditions,
ing rise to the
se (a) stating
rlying causeitions contrib-
e death but not
the disease or
causing death.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH August 28 1949
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
March 19 38, to August 28, 19 49I last saw her alive on August 28, 19 49, death is said to
have occurred on the date stated above, at 8 P.M.DISEASE OR CONDITION
DIRECTLY LEADING TO DEATH (a) Cerebral Thrombosis 4 days

INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT (b) Due To Arteriosclerosis yrs
CAUSES

Due To (c)

OTHER SIGNIFICANT CONDITIONS Arteriosclerotic Heart Disease 5 yrs
Diabetes Mellitus 1 yr
Fracture left Hip 2 yrs

Major findings: Of operations

Date of operation. Was autopsy performed? No

What test confirmed diagnosis? None

5 Was disease or injury in any way related to occupation of deceased? No
If so, specify(Signed) George H. Lynch M. D.
(Address) 520 Commonwealth Ave. Boston 8/29 19496 Holyhood Brookline
Place of Burial or Cremation (City or Town)

DATE OF BURIAL Aug 31 19 49

7 NAME OF FUNERAL DIRECTOR Howard S. Reynolds

ADDRESS Winthrop

Received and filed SEP 1 1949

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Female 9 COLOR OR RACE White 10 SINGLE (write the word)
MARRIED
WIDOWED
or DIVORCED Widow10a If married, widowed, or divorced
HUSBAND of (Give maiden name of wife in full)(or) WIFE of John J. Murray
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 74 Years 6 Months 27 Days If under 24 hours
Hours Minutes13 Usual Occupation: Housewife
(Kind of work done during most of working life)

14 Industry or Business: Own Home

15 Social Security No. None

16 BIRTHPLACE (City) Boston
(State or country) Mass

17 NAME OF FATHER Patrick Carpenter

18 BIRTHPLACE OF FATHER (City) Ireland
(State or country)

19 MAIDEN NAME OF MOTHER Catherine Smith

20 BIRTHPLACE OF MOTHER (City) Ireland
(State or country)21 Informant. Arthur C Murray
(Address) 100 Waldemar Ave. WinthropI 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) Health Officer (Date of Issue of Permit) 8/30/49

100M-(D)-10-48-24655

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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(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.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by 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. 46 Washington Ave.

2 FULL NAME Isabella (Stidstone) Ayers

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 144 Hermon Street

(Usual place of abode)

(If death occurred in a hospital or institution, St. (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 place of death years months 7 days. In place of residence 49 years months days.

INSTRUCTIONS
FOR
CERTIFICATEgiving
OF DEATHnot enter
than one
for each
(b) and (c)does not mean
of dying, such
failure, asthenia,
means the disease,
indications which
path.bid conditions,
iving rise to the
use (a) stating
erlying causeditions contrib-
he death but not
the disease or
causing death.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH Aug 30 1949
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
Feb 17 1947 to Aug 30 1949I last saw her alive on Aug 30 1949, death is said to
have occurred on the date stated above, at 11:15 P. m.DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a) Carcinoma of stomach 2 yrsINTERVAL BE-
TWEEN ONSET
AND DEATHANTE Due To
CEDENT (b)
CAUSESDue To
(c)OTHER
SIGNIFICANT
CONDITIONS Hypertension 4 yrs
Facial paralysisMajor 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? no

If so, specify

(Signed) Louis J. Salerno M. D.

(Address) 175 Pleasant St. Date Sept 1 1949

6 Winthrop Winthrop
Place of Burial or Cremation (City or Town)

DATE OF BURIAL Sept 2 1949

7 NAME OF FUNERAL DIRECTOR Edward S. Reynolds

ADDRESS Winthrop Mass.

Received and filed SEP 2 1949 19

(Registrar)

The Commonwealth of Massachusetts

EDWARD J. CRONIN, SECRETARY
DIVISION OF VITAL STATISTICSSTANDARD
CERTIFICATE OF DEATHTo be filed for burial permit
with Board of Health
or its Agent.

Registered No. 127

PERSONAL AND STATISTICAL PARTICULARS

8 SEX 9 COLOR OR RACE 10 SINGLE (write the word)
MARRIED
WIDOWED
or DIVORCED
Female White Widow

10a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of Samuel Ayers

(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 79 Years Months Days If under 24 hours
Hours Minutes13 Usual Occupation: Housewife
(Kind of work done during most of working life)

14 Industry or Business: Own Home

15 Social Security No. None

16 BIRTHPLACE (City, State or country) St. John
Newfoundland

17 NAME OF FATHER John Stidstone

18 BIRTHPLACE OF FATHER (City, State or country) St. John
Newfoundland

19 MAIDEN NAME OF MOTHER Jane Moore

20 BIRTHPLACE OF MOTHER (City, State or country) St. John
Newfoundland21 Informant James Evans
(Address) 16 Woodside Pk. WinthropI 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) 9-2-49

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, 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 persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. — General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.

. . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

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Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate 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

RM R-302

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

PLACE OF DEATH

Suffolk

(County)

Chelsea

(City or Town)

U.S. Naval Hospital

No.

2 FULL NAME

William Leslie MacDuff

(If deceased is a married, widowed or divorced woman, give also maiden name.)

40 Bates

(a) Residence. No.

(Usual place of abode)

(If death occurred in a hospital or institution, St. give its NAME instead of street and number)

St.

Winthrop, Mass.

(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

Aug. 5, 1949

(Month)

(Day)

(Year)

4 I HEREBY CERTIFY, That I attended deceased from

July 5 1949 to Aug. 5 1949

I last saw him alive on Aug. 5, 1949, death is said to

have occurred on the date stated above, at 8:15A. m.

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION

DIRECTLY LEADING TO DEATH (a) Valvular heart disease

ANTECEDENT CAUSES

Due To

(b)

Rheumatic Fever

Due To

(c)

OTHER SIGNIFICANT CONDITIONS

Pulmonary fibrosis

Major findings:

Of operations.....

Date of operation.....

Was autopsy performed?

no

What test confirmed diagnosis?

5 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) C. Wannamaker

(Address) 158 H Chelsea

Date Aug. 5 1949

6

Place of Burial or Cremation

(City or Town)

DATE OF BURIAL

Aug. 8, 1949

19

7 NAME OF FUNERAL DIRECTOR

John F. O'Maley

ADDRESS

Winthrop, Mass.

Received and filed

Aug. 5, 1949

19

OCT 10 1949

(Registrar of City or Town where deceased resided)

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

Chelsea

(City or town making return)

473 128

Registered No.

COPY OF
CERTIFICATE OF DEATH

(If death occurred in a hospital or institution, St. give its NAME instead of street and number)

St.

Winthrop, Mass.

(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX

Male

9 COLOR OR RACE

White

10 SINGLE (write the word)

MARRIED

WIDOWED

OR DIVORCED

Married

10a If married, widowed, or divorced

HUSBAND of Ann Ezekiel

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE

48

Years

Months

Days

If under 24 hours

Hours Minutes

13 Usual Occupation:

Salesman

(Kind of work done during most of working life)

14 Industry or Business:

15 Social Security No.

082-14-2450

16 BIRTHPLACE (City)

Everett, Mass.

(State or country)

17 NAME OF FATHER

William A. MacDuff

18 BIRTHPLACE OF FATHER (City)

P.E.I.

(State or country)

19 MAIDEN NAME OF MOTHER

Mary A. McLeod

20 BIRTHPLACE OF MOTHER (City)

P.E.I.

(State or country)

21 Informant (Address)

Ann MacDuff
40 Bates Ave. Winthrop, Mass.

A TRUE COPY.

ATTEST:

(Registrar of City or Town where death occurred)

DATE FILED

19

RECEIVED



OCT - 31 13 AM

Entered Service 12/18/18

Discharged 12/29/21

AS USNavy

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-(e)-10-48-24658

PLACE OF DEATH

SUFFOLK
BOSTON
(County)

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

BOSTON

(City or town making return)

COPY OF
CERTIFICATE OF DEATH

Registered No. 70029

1 (City or Town) Peter Bent Brigham Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Mary A Hennessy (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. 74 Washington Ave. St. Winthrop Mass. (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 August 15/49 (Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from July 12, 1949, to August 15, 1949

I last saw her alive on Aug. 15/49, 1949, death is said to have occurred on the date stated above, at 7 PM m.

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Carcinomatosis ? site of origin

ANTE CEDENT CAUSES (b) ? date of origin

Due To Carcinoma of uterus (proven)

OTHER SIGNIFICANT CONDITIONS Cirrhosis of liver (proven)

Major findings: D & C liver biopsy hemorrhoidectomy

Of operations June 1939 Was autopsy performed? None

What test confirmed diagnosis? operation

5 Was disease or injury in any way related to occupation of deceased?

If so, specify.

(Signed) N A Wilhelm M. 49

(Address) P. Bent Brigham Hospt -- 1949

6 Place of Burial or Cremation Winthrop Cem-Winthrop Mass. (City or Town)

DATE OF BURIAL August 18/49 19

7 NAME OF FUNERAL DIRECTOR J C Kelly East Boston Mass.

ADDRESS

Received and filed SEP 12 1949 19

(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX F 9 COLOR OR RACE W 10 SINGLE (write the word) MARRIED WIDOWED Married or DIVORCED

10a If married, widowed, or divorced HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of Michael J Hennessy (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 64 Years Months Days If under 24 hours Hours Minutes

13 Usual Occupation: Housewife (Kind of work done during most of working life)

14 Industry or Business: Own Home

15 Social Security No. None

16 BIRTHPLACE (City) Boston Mass. (State or country)

17 NAME OF FATHER James McEnaney

18 BIRTHPLACE OF FATHER (City) Boston Mass. (State or country)

19 MAIDEN NAME OF MOTHER Lucy E Martin

20 BIRTHPLACE OF MOTHER (City) St John N.B. (State or country)

21 Informant Husband (Address)

A TRUE COPY

ATTEST: Michael J Hennessy (Registrar of City or Town where death occurred)

DATE FILED August 19/49 19



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

PLACE OF DEATH

SUFFOLK
BOSTON

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

BOSTON

(City or town making return)

COPY OF
CERTIFICATE OF DEATH

Registered No. 70131

1 (City or Town) **Mass. General Hospital**

2 FULL NAME **Stephen Tonry**
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. **22 Upland Road** St. **Winthrop Mass.**
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death.....years.....months **1** days. In place of residence.....years.....months.....days. **45**

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)

(If nonresident, give city or town and State)

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH **August 17/49**
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from
August 17 19 49 to **August 17 19 49**

I last saw him alive on **August 17 19 49**, death is said to
have occurred on the date stated above, at **7:05A** m.

DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a) **Coronary thrombosis**

INTERVAL BE-
TWEEN ONSET
AND DEATH
3 hrs

ANTE Due To
CEDENT (b)
CAUSES

Due To **Declined by Medical Examiner**
(c)

OTHER
SIGNIFICANT
CONDITIONS

Major findings:
Of operations **No operation**

Date of operation **None** Was autopsy performed? **No**

What test confirmed diagnosis? **Clinical**

5 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) **C L Clay** M. D. **8-17 19 49**
(Address) **Mass. General Hospt**

6 **Winthrop Cem-Winthrop Mass.**

Place of Burial or Cremation (City or Town)

DATE OF BURIAL **August 20/49** 19

7 NAME OF FUNERAL DIRECTOR **M W Kirby**
Winthrop Mass.

Received and filed **SEP 12 1949** 19

(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX **M** 9 COLOR OR RACE **W** 10 SINGLE (write the word)
MARRIED
WIDOWED **Married**
or **DIVORCED**

10a If married, widowed, or divorced
HUSBAND of **Mary E Motherway**
(Give maiden name of wife in full)

(or) WIFE of
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE **69** Years.....Months.....Days
If under 24 hours
.....Hours.....Minutes

13 Usual Occupation: **Retired Park Laborer**
(Kind of work done during most of working life)

14 Industry or Business: **Winthrop Park Dept.**

15 Social Security No. **None**

16 BIRTHPLACE (City). **Boston Mass.**
(State or country)

17 NAME OF FATHER **John Tonry**

18 BIRTHPLACE OF FATHER (City). **Ireland**
(State or country)

19 MAIDEN NAME OF MOTHER **Francis Sheekey**

20 BIRTHPLACE OF MOTHER (City). **Ireland**
(State or country)

21 Informant **M E Tonry**
(Address)

A TRUE COPY

ATTEST: **Michael J. Spinning**
(Registrar of City or Town where death occurred)

August 19/49

DATE FILED.....19



M R-302

Copies of returns of deaths which occurred in your city or town in which the deceased resided in another city or town at the time of death should be transmitted on Form R-302 to the clerk of the city or town in which the deceased resided as soon as possible after the close of the month in which the death occurred. (See Chap. 46, Sec. 12, G. L.)

50m-(c)-10-48-24658

1 PLACE OF DEATH

Essex
(County)

Danvers
(City or Town)

No. Danvers State Hospital, Hathorne, Mass. If death occurred in a hospital or institution, St. (give its NAME instead of street and number)

2 FULL NAME Charles A. Burke
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 86 Ingleside Avenue, Winthrop, Mass.
(Usual place of abode) St. (If nonresident, give city or town and State)

Length of stay: In place of death... years... 1 months... days. In place of residence... years... months... days.

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. 132

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH August 23 1949
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from July 26 19 49 to August 23 19 49

I last saw him alive on August 23 19 49 death is said to

have occurred on the date stated above, at 8 p. m.

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Arteriosclerotic heart disease
INTERVAL BETWEEN ONSET AND DEATH 4 yrs

ANTE CEDENT CAUSES Due To (b)

Due To (c)

OTHER SIGNIFICANT CONDITIONS

Major findings: Of operations

Date of operation... Was autopsy performed? No

What test confirmed diagnosis? Clinical

5 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 8/26 19 49

6 Mattawankeag Cemetery Maine
Place of Burial or Cremation (City or Town)

DATE OF BURIAL August 26 19 49

7 NAME OF FUNERAL DIRECTOR Howard S. Reynolds

ADDRESS Winthrop, Mass.

Received and filed... 19

SEP 12 1949
(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Male 9 COLOR OR RACE White 10 SINGLE (write the word) MARRIED WIDOWED or DIVORCED Widowed

10a 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)

11 IF STILLBORN, enter that fact here.

12 AGE 79 Years Months Days If under 24 hours Hours Minutes

13 Usual Occupation: Retired
(Kind of work done during most of working life)

14 Industry or Business:

15 Social Security No. None

16 BIRTHPLACE (City) Canada
(State or country)

17 NAME OF FATHER Samuel Burke

18 BIRTHPLACE OF FATHER (City) Canada
(State or country)

19 MAIDEN NAME OF MOTHER Elizabeth McLaughlin

20 BIRTHPLACE OF MOTHER (City) Canada
(State or country)

21 Informant Mary E. Sheehan
(Address) Hathorne, Mass.

A TRUE COPY

ATTEST: (Registrar of City or Town where death occurred)

DATE FILED August 29 19 49



M R-302

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

PLACE OF DEATH

Suffolk

(County)

Boston

(City or Town)



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.

7429133

No. New England Deaconess Hospt

St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Philip P Manta

(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.

114 Plummer St

St.

Winthrop Mass.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of stay: In place of death.....years.....months.2.....days. In place of residence.50.....years.....months.....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF
DEATH

August 31/49

(Month)

(Day)

(Year)

4 I HEREBY CERTIFY, That I attended deceased from

August 29 19 49, to August 31 19 49

I last saw h. im alive on August 31, 19 49, death is said to

have occurred on the date stated above, at 11:40P.m.

INTERVAL BE-
TWEEN ONSET
AND DEATH

DISEASE OR CONDITION

DIRECTLY LEADING

TO DEATH (a)

Chronic nephritis

1 Yr

Plus

ANTE Due To
CEDENT (b)
CAUSES

Uremia

10 Days

Plus

Due To
(c)

Coronary occlusion

10 Days

OTHER
SIGNIFICANT
CONDITIONSCoronary arterio sclerosis
diabetes mellitus

12 Yrs plus

Major findings:
Of operations.....

Date of operation..... Was autopsy performed? No

What test confirmed diagnosis? P.E.Lab.Data

5 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

A P Joslin

Date 9-1

M. 49

6 St Peter's Cem-Provincetown Mass.

Place of Burial or Cremation

(City or Town)

DATE OF BURIAL

Sept. 3/49

19

7 NAME OF

FUNERAL DIRECTOR

R C Kirby

ADDRESS

Boston Mass.

Received and filed.....19

SEP 24 1949

(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX

M

9 COLOR OR RACE

W

10 SINGLE (write the word)

MARRIED

WIDOWED

or DIVORCED

Married

10a If married, widowed, or divorced HUSBAND of Doris H Loring

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12

AGE 70 Years 1 Months 17 Days

If under 24 hours

Hours Minutes

13 Usual

Occupation:

(Kind of work done during most of working life)

14 Industry

or Business:

Ships Chandler

15 Social Security No.

013-03-3417

16 BIRTHPLACE (City)
(State or country)

Provincetown Mass.

NAME OF
FATHER

Joseph Manta

18 BIRTHPLACE OF

FATHER (City)

Portugal

(State or country)

19 MAIDEN NAME

OF MOTHER

Philomena Prada

20 BIRTHPLACE OF

MOTHER (City)

Portugal

(State or country)

21

Informant
(Address)

Wife

A TRUE COPY

ATTEST:

(Registrar of City or Town where death occurred)

DATE FILED

Sept. 6/49

19



M R-302

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

PLACE OF DEATH

Suffolk

(County)

Boston

(City or Town)



The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

COPY OF

CERTIFICATE OF DEATH

Boston

(City or town making return)

Registered No. 749131

No. Mass. General Hospital

St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

John Walters

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(Was deceased a
U. S. War Veteran,
if so specify WAR)

(a) Residence. No.

100 Terrace Ave

St.

Winthrop Mass.

(Usual place of abode)

(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

Sept. 2/49

(Month)

(Day)

(Year)

4 I HEREBY CERTIFY, That I attended deceased from

August 26, 19 49 to Sept. 2, 19 49

I last saw him alive on Sept. 2, 19 49, death is said to

have occurred on the date stated above, at 8:05 P. m.

INTERVAL BE-
TWEEN ONSET
AND DEATH

12 Days

DISEASE OR CONDITION

DIRECTLY LEADING

TO DEATH (a)

Uremia

ANTE Due To
CEDENT (b)
CAUSES

Lower nephron nephrosis

12 Days

Due To
(c)

Adynamic ileus

10 Days

OTHER
SIGNIFICANT
CONDITIONSMajor findings:
Of operations:

Cecostomy

Date of operation 8-31-49 Was autopsy performed? Yes

What test confirmed diagnosis? autopsy

5 Was disease or injury in any way related to occupation of deceased? No

If so, specify

F. Haase Jr.

(Signed)

Mass. General Hospt 9-3 19 49

(Address) Winthrop Cem-Winthrop Mass.

6 Place of Burial or Cremation (City or Town)

DATE OF BURIAL

Sept. 6/49

19

7 NAME OF

FUNERAL DIRECTOR

Maurice W Kirby

ADDRESS

Winthrop Mass.

Received and filed 19

SEP 26 1949

(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX

M

9 COLOR OR RACE

W

10 SINGLE

MARRIED

WIDOWED

or DIVORCED

(write the word)

Widowed

10a If married, widowed, or divorced

HUSBAND of

Alice J Baybutt

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12

AGE 65

Years

Months

Days

If under 24 hours

Hours

Minutes

13 Usual

Occupation:

Upholstering

(Kind of work done during most of working life)

14 Industry

or Business:

Upholsterer Retired

15 Social Security No.

None

16 BIRTHPLACE (City)

(State or country)

New Haven Conn.

17 NAME OF
FATHER

John Walters

18 BIRTHPLACE OF

FATHER (City)

(State or country)

Germany

19 MAIDEN NAME

OF MOTHER

Frances Walle

20 BIRTHPLACE OF

MOTHER (City)

(State or country)

Germany

21

Informant

(Address)

Winthrop Welfare Dept.

A TRUE COPY

ATTEST:

(Registrar of City or Town where death occurred)

DATE FILED

Sept. 8/49

19

PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)



The Commonwealth of Massachusetts

EDWARD J. CRONIN, SECRETARY
DIVISION OF VITAL STATISTICSSTANDARD
CERTIFICATE OF DEATHTo be filed for burial permit
with Board of Health
or its Agent.

Registered No. 135

No. 50 Marshall Street

(If death occurred in a hospital or institution,
St. { give its NAME instead of street and number)

2 FULL NAME. Nina (Kean) Kempton

(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. 50 Marshall Street
(Usual place of abode)

St. (If nonresident, give city or town and State)

Length of stay: In place of death 60 years months days. In place of residence 60 years months days.

INSTRUCTIONS
FOR
FILLING OUT
THIS CERTIFICATEgiving
OF DEATHnot enter
more than one
cause for each
(b) and (c)does not mean
of dying, such
failure, asthenia,
means the disease,
indications which
death.bid conditions,
iving rise to the
use (a) stating
erlying causeditions contrib-
the death but not
o the disease or
causing death.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH Sept 3 1949
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
Aug 1 1949 to Sept 3 1949I last saw him alive on Sept 3, 1949 death is said to
have occurred on the date stated above, at 11 P.M.DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a) cerebral hemorrhageINTERVAL BE-
TWEEN ONSET
AND DEATHANTE CEDENT
CAUSES (b) Anterior poliomyelitisDue To
(c)OTHER
SIGNIFICANT
CONDITIONSMajor 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? No

If so, specify

(Signed) H. S. Cronin M. D.
(Address) 40 Washington St. Date 9-5-19496 Winthrop Winthrop
Place of Burial or Cremation (City or Town)

DATE OF BURIAL Sept 6 1949

7 NAME OF FUNERAL DIRECTOR Howard S. Cronin
ADDRESS Winthrop Mass.

Received and filed SEP 8 1949

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX 9 COLOR OR RACE 10 SINGLE (write the word)
Female White MARRIED WIDOWED Widowed
or DIVORCED

10a If married, widowed, or divorced

HUSBAND of (Give maiden name of wife in full)

(or) WIFE of Herbert Kempton
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 82 8 Months 5 Days If under 24 hours
Hours Minutes13 Usual Occupation: Housewife
(Kind of work done during most of working life)

14 Industry or Business: At Home

15 Social Security No. None

16 BIRTHPLACE (City) Nova Scotia
(State or country)

17 NAME OF FATHER William Kean

18 BIRTHPLACE OF FATHER (City) Nova Scotia
(State or country)

19 MAIDEN NAME OF MOTHER Annie M MacKenzie

20 BIRTHPLACE OF MOTHER (City) Nova Scotia
(State or country)21 Informant Richard M Kempton
(Address) 50 Marshall Street WinthropI HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:Walter H. Baker
(Signature of Agent of Board of Health or other)
(Official Designation) (Date of Issue of Permit) 9/5/49

EXTRACTS
FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. . — General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.

. . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance 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.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by 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. MEDICAL EXAMINERS should state CAUSE AND MANNER OF DEATH in plain terms, so that it may be properly classified under the International Classification of Causes of Death. See reverse side for extracts from the laws relative to the return of certificates of death.

If deceased was a U. S. War Veteran, G.L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

50m-(g)-10-48-24658

R-303 A

PLACE OF DEATH

1

Suffolk
(County)
Winthrop
(City or Town)



The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
MEDICAL EXAMINER'S
CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

Registered No. 136

- 2 FULL NAME Lucinda Archer
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(a) Residence. No. 29 James Ave. Winthrop St. Winthrop Community Hospital (If death occurred in a hospital or institution, give its NAME instead of street and number)
(Usual place of abode) (If nonresident, give city or town and State)
Length of stay: In place of death 19 years 19 months 45 days. In place of residence 45 years 19 months 45 days.

PHYSICIAN - IMPORTANT

(Was deceased a
U. S. War Veteran,
if so specify WAR)

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH Sept - 8 - 1949
(Month) (Day) (Year)

4 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 Attack
arterio-sclerotic heart disease
fractured left femur

5 Accident, suicide, or homicide (specify) accidental
Date and hour of injury Aug - 20 - 1949

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? Yes
(Specify type of place)

Manner of injury fell accidentally on her bed
(How did injury occur?)

Nature of injury room on Aug 20, 1949

While at work? Yes Was autopsy performed? Yes

6 Was disease or injury in any way related to occupation of deceased?

If so, specify Winthrop

(Signed) Dr. J. S. Smith M. D.

(A dress) Dr. J. S. Smith Date Sept 10, 1949

7 Winthrop Winthrop
Place of Burial, or Cremation. (City or Town)
Sept 10 1949

8 NAME OF FUNERAL DIRECTOR Howard S. Reynolds

ADDRESS Winthrop Mass

Received and filed 19

SEP 13 1949
(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

9 SEX Female 10 COLOR OR RACE White 11 SINGLE (write the word)
MARRIED
WIDOWED
OR DIVORCED Married

11a If married, widowed, or divorced
HUSBAND of Albert Milton Archer
(Give maiden name of wife in full)

(or) WIFE of Albert Milton Archer
(Husband's name in full)

12 IF STILLBORN, enter that fact here.

13 AGE 76 Years 1 Months 3 Days
If under 24 hours
Hours 1 Minutes 15

14 Usual Occupation: Housewife
(Kind of work done during most of working life)

15 Industry or Business: Own home

16 Social Security No. None

17 BIRTHPLACE (City) Everett
(State or country) Mass

18 NAME OF FATHER Henry Temple

19 BIRTHPLACE OF FATHER (City) Bowdoinham
(State or country) Maine

20 MAIDEN NAME OF MOTHER Lucinda Buker

21 BIRTHPLACE OF MOTHER (City) Bowdoinham
(State or country) Maine

22 Informant Albert Milton Archer
(Address) 29 James 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. Parker
(Signature of Agent of Board of Health or other)

Health Officer (Official Designation) 9/9/49 (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. as amended by Chap. 48, Acts of 1927 and Chap. 414, Acts of 1931.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. Chap. 114, Sec. 46, G. L., as amended.

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

.....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)."

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-305 to the clerk of the city or town in which the deceased resided as soon as possible after the close of the month in which the death occurred. (See Chap. 46, Sec. 12, G. L.)

25m-(h)-10-48-24658

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 John W. Burke, Jr.

(If deceased is a married, widowed or divorced woman, give also maiden name.)

104 Highland Ave., Winthrop, Mass.

(a) Residence. No.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of stay: In place of death 7 years 5 months 1 days. In place of residence years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH September 8 1949
(Month) (Day) (Year)

4 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows: (If an injury was involved, state fully.)

Bronchopneumonia: Coronary occlusion. Fracture of left humerus.

5 Accident, suicide, or homicide (specify) Accident

Date and hour of injury Oct. 24 19 48

Where did injury occur? Danvers State Hospital
(City or town and State)

Did injury occur in or about home, on farm, in industrial place, or in public place? Public place
(Specify type of place)

Manner of injury Fell out of bed
(How did injury occur?)

Nature of injury Fracture left humerus

While at work? No Was autopsy performed? Yes

6 Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Ralph E. Foss M. D.
(Address) Peabody, Mass. Date 9/9 19 49

7 Winthrop Cemetery Winthrop
Place of Burial, or Cremation. (City or Town)

DATE OF BURIAL Sept. 12 19 49

8 NAME OF FUNERAL DIRECTOR Maurice Kirby

ADDRESS Winthrop, Mass.

Received and filed OCT 10 1949 19

(Registrar of City or Town where deceased resided)

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
COPY OF
MEDICAL EXAMINER'S
CERTIFICATE OF DEATH



Danvers

(City or town making return)

Registered No.

137

PERSONAL AND STATISTICAL PARTICULARS

9 SEX Male 10 COLOR OR RACE White 11 SINGLE (write the word) MARRIED WIDOWED or DIVORCED Married

11a If married, widowed, or divorced HUSBAND of Elizabeth Cuenin
(Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

12 IF STILLBORN, enter that fact here.

13 AGE 60 Years 9 Months 27 Days If under 24 hours Hours Minutes

14 Usual Occupation Pressman
(Kind of work done during most of working life)

15 Industry or Business

16 Social Security No.

17 BIRTHPLACE (City) Chelsea Mass.
(State or country)

18 NAME OF FATHER John W. Burke

19 BIRTHPLACE OF FATHER (City) Canada
(State or country)

20 MAIDEN NAME Charlotte Steele
OF MOTHER

21 BIRTHPLACE OF MOTHER Salem Mass.
(State or country)

22 Informant Mary E. Sheehan
(Address) Hathorne, Mass.

A TRUE COPY.

ATTEST: (Registrar of City or Town where death occurred)

DATE FILED Sept. 10 19 49

RECEIVED



OCT-19-1900

46-1-100
1/100
1/100

R-301A

PLACE OF DEATH

1

Suffolk
(County)
Waltham
(City or Town)



The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICSSTANDARD
CERTIFICATE OF DEATHTo be filed for burial permit
with Board of Health
or its Agent.Registered No. **138**No. *Waltham Community Hosp* St. (If death occurred in a hospital or institution,
give its NAME instead of street and number)2 FULL NAME *Salvatore Appuccio*
(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. *375 Riverside av. Medford Mass.*
(Usual place of abode) *20 hrs. 55 minutes* (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.

CTIONS
FOR
CERTIFICATEgiving
OF DEATHot enter
than one
for each
(b) and (c)does not mean
of dying, such
culture, asthenia,
ins the disease,
ications which
th.id conditions,
ing rise to the
e (a) stating
lying causetions contrib-
e death but not
the disease or
causing death.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH *Sept 8 1949*
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
*Sept 7 1949 to Sept 8 1949*I last saw h *er* alive on *Sept 8 1949* death is said tohave occurred on the date stated above, at *805 A.M.*DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH *Inguinal
Arteriosclerosis*INTERVAL
BETWEEN
ONSET
AND DEATH
*20 hrs*ANTE CEDENT CAUSES
Due To *atelectasis*
(b)Due To
(c)OTHER
SIGNIFICANT
CONDITIONSMajor findings:
Of operations.....Date of operation..... Was autopsy performed? *Yes*What test confirmed diagnosis? *Amn. Exam.*5 Was disease or injury in any way related to occupation of deceased? *No*If so, specify *Edg. Ellis*(Signed) *Edg. Ellis* M. D.(Address) *311 Commonwealth St. Boston* Date *9/8/1949*6 *Michael*
Place of Burial or Cremation (City or Town)DATE OF BURIAL *Sept 13 1949*7 NAME OF FUNERAL DIRECTOR *Michael Rapino*ADDRESS *7 Chelsea St. Boston*

Received and filed..... 19

SEP 13 1949

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX *Female* 9 COLOR OR RACE *White* 10 SINGLE (write the word)
MARRIED
WIDOWED
or DIVORCED *Single*

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 *20* Hours *55* Minutes
If under 24 hours13 Usual Occupation:.....
(Kind of work done during most of working life)

14 Industry or Business:.....

15 Social Security No.

16 BIRTHPLACE (City) *Waltham*
(State or country)17 NAME OF FATHER *Louis Appuccio*18 BIRTHPLACE OF FATHER (City) *Italy*
(State or country)19 MAIDEN NAME OF MOTHER *Mary DeCapparo*20 BIRTHPLACE OF MOTHER (City) *Italy*
(State or country)21 Informant *Louis Appuccio*
(Address) *375 Riverside av Medford*I HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued.*Walter L. Parker*
(Signature of Agent of Board of Health or other)*Health Officer*
(Official Designation) *9/12/49*
(Date of Issue of Permit)

100M-(D)-10-45-24856

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given, and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . General Laws, Chap. 38, Sec. 6.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance 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.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by 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. 19 Revere Street

2 FULL NAME Constantino Racca

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 19 Revere Street

(Usual place of abode)

St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

Registered No.

139

PHYSICIAN — IMPORTANT

(Was deceased a U. S. War Veteran, if so specify WAR)

No

Length of stay: In place of death 52 years months days. In place of residence 52 years months days.

INSTRUCTIONS
FOR
CERTIFICATEgiving
OF DEATHnot enter
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for each
(b) and (c)does not mean
of dying, such
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ications which
th.id conditions,
ing rise to the
se (a) stating
rlyng causeitions contrib-
e death but not
the disease or
causing death.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH Sept 9 1949
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from April 6 1949 to Sept 9 1949

I last saw him alive on Sept 9 1949, death is said to

have occurred on the date stated above, at 10:30 p.m.

DISEASE OR CONDITION

DIRECTLY LEADING

TO DEATH (a) Coronary Thrombosis

ANTECEDENT CAUSES Due To (b) Coronary Thrombosis

Due To (c)

OTHER SIGNIFICANT CONDITIONS

Major findings:
Of operations.

Date of operation. Was autopsy performed? Yes

What test confirmed diagnosis? (b) Sept 10 1949

5 Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) (Address) 1949 Date Sept 9 1949 M. D.

6 Winthrop Semetery Winthrop Mass
Place of Burial or Cremation (City or Town)

DATE OF BURIAL Sept. 12 1949

7 NAME OF FUNERAL DIRECTOR R. B. Marsh
ADDRESS 174 Winthrop St. Winthrop

Received and filed SEP 12 1949

(Registrar)

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.

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Male 9 COLOR OR RACE White 10 SINGLE MARRIED (write the word) WIDOWED or DIVORCED MARRIED

10a If married, widowed, or divorced HUSBAND of Marion Agnes Matthews
(Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 57 Years 9 Months 19 Days If under 24 hours Hours Minutes

13 Usual Occupation: Restaurant Prop.
(Kind of work done during most of working life)

14 Industry or Business: Own Business

15 Social Security No. 026 18 7701

16 BIRTHPLACE (City) Naples Italy
(State or country)

17 NAME OF FATHER Louis A. Racca

18 BIRTHPLACE OF FATHER (City) Naples Italy
(State or country)

19 MAIDEN NAME OF MOTHER Josephine Simonelli

20 BIRTHPLACE OF MOTHER (City) Naples Italy
(State or country)21 Infant (Address) Marion A. Racca 9
19 Revere 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
(Official Designation)

(Date of Issue of Permit) 9/12/49

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . General Laws, Chap. 38, Sec. 6.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance 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.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

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. 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

Suffolk (County) Revere (City or Town)			The Commonwealth of Massachusetts OFFICE OF THE SECRETARY DIVISION OF VITAL STATISTICS STANDARD CERTIFICATE OF DEATH		To be filed for burial permit with Board of Health or its Agent.	
1 PLACE OF DEATH			No. 448 Revere St.		Registered No. 140	
2 FULL NAME Georgianna McKirdy (If deceased is a married, widowed or divorced woman, give also maiden name.)			St. { (If death occurred in a hospital or give its NAME instead of street and number) }			
(a) Residence. No. 448 Revere 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. no. 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 V. McKirdy (Husband's name in full)						
6 Age of husband or wife if alive years						
7 IF STILLBORN, enter that fact here.						
8 AGE 75 Years Months Days If less than 1 day Hours Minutes						
9 Usual Occupation: Housewife						
10 Industry or Business: At Home						
11 Social Security No.						
12 BIRTHPLACE (City) Prince Edward Island. (State or Country)						
13 NAME OF FATHER Roderick Steele						
14 BIRTHPLACE OF FATHER (City) Prince Edward Island (State or Country)						
15 MAIDEN NAME OF MOTHER Christina McLean						
16 BIRTHPLACE OF MOTHER (City) Prince Edward Island. (State or Country)						
17 Informant Mr. Howard Stone (Relation if any) (Address) 448 Revere 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) 9/12/49 (Date of Issue of Permit)						
MEDICAL CERTIFICATE OF DEATH						
18 DATE OF DEATH September 10 1949 (Month) (Day) (Year)						
19 I HEREBY CERTIFY, That I attended deceased from March 1949 to Sept 10 1949 I last saw her alive on Sept 10 1949, death is said to have occurred on the date stated above, at 6:50 P. m.						
Immediate cause of death Acute Coronary Occlusion						
Due to Hypertensive Heart Disease 2 yrs. Chronic Rheumatic Heart Disease 2 yrs. Cardiac insufficiency 6 months						
Other conditions None						
(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? No If so, specify No (Signed) Myron N. King M.D. (Address) 25 Sturges St. Date Sept 11 1949						
21 Calvary Cemetery Boston Place of Burial, Cremation or Removal (City or Town) Date of BURIAL Sept. 13 1949						
22 NAME OF FUNERAL DIRECTOR John J. McLaughlin ADDRESS 67 Albany Street. Boston						
Received and Filed SEP 13 1949 (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, deemed as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . Gen. Laws, Chap. 45, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, 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.

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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 _____

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICSTo be filed for burial permit
with Board of Health
or its Agent.

R-301A

PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)

STANDARD
CERTIFICATE OF DEATH

Registered No.

111

No. Winthrop Community Hospital

St. (If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME Delia G. Madden Hennessey

(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. 102 Court Rd.

(Usual place of abode)

St.

(If nonresident, give city or town and State)

Length of stay: In place of death years months 2 days. In place of residence 47 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH September 11 1949
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
Sept. 9 1949 to Sept. 11 1949I last saw her alive on Sept. 11 1949, death is said to
have occurred on the date stated above, at 7:30 AM

DISEASE OR CONDITION

DIRECTLY LEADING

TO DEATH (a) Cerebral Hemorrhage

INTERVAL BE-
TWEEN ONSET
AND DEATH

32 hours

ANTE CEDENT
CAUSES

Due To

(b)

DUE TO

(c)

Unrelieved arthritis
deformansOTHER SIGNIFICANT
CONDITIONS atherosclerosis

5 years

Major findings:

Of operations none

Date of operation none Was autopsy performed?

What test confirmed diagnosis: clinical & laboratory

5 Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signature)

(Address)

562 Shirley St. Date 9/11/49

6 Place of Burial or Cremation Winthrop (City or Town)

DATE OF BURIAL Sept 14 1949

7 NAME OF FUNERAL DIRECTOR

John J. Males Winthrop

Received and filed

SEP 13 1949

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX

Female

9 COLOR OR RACE

White

10 SINGLE

MARRIED

WIDOWED

or DIVORCED

(write the word)

10a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of James R. Hennessey

(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12

69

Years

Months

Days

If under 24 hours

Hours

13 Usual

Occupation:

Housewife

(Kind of work done during most of working life)

14 Industry

or Business:

Own Home

15 Social Security No.

16 BIRTHPLACE (City) East Boston

(State or country)

Mass

17 NAME OF FATHER

Martin Madden

18 BIRTHPLACE OF FATHER (City)

(State or country)

Ireland

19 MAIDEN NAME OF MOTHER

Margaret Larkin

20 BIRTHPLACE OF MOTHER (City)

(State or country)

Ireland

21

Informant (Address)

James Hennessey

102 Court Rd

I HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:

Walter L. Baker

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

100M-(D)-10-48-24656

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

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SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

M R-301A

PLACE OF DEATH

Suffolk
(County)Winthrop
(City or Town)

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICSSTANDARD
CERTIFICATE OF DEATHTo be filed for burial permit
with Board of Health
or its Agent.

Registered No. 142

No. Winthrop Community Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Anna Mabel Wood
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT

(Was deceased a
U. S. War Veteran,
if so specify WAR) NO.(a) Residence. No. 96 Johnson Avenue St. (If nonresident, give city or town and State)
(Usual place of abode)

Length of stay: In place of death years months 15 days. In place of residence years months days.

INSTRUCTIONS
FOR
CERTIFICATEa giving
OF DEATHnot enter
than one
for each
(b) and (c)s does not mean
e of dying, such
ailure, asthenia,
eans the disease,
ications which
ath.bid conditions,
iving rise to the
se (a) stating
erlying causeditions contrib-
he death but not
o the disease or
causing death.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH September 11, 1949
(Month) (Day) (Year)I HEREBY CERTIFY, That I attended deceased from
August 16, 1946 to Sept. 11, 1949

I last saw her alive on Sept. 11, 1949, death is said to

have occurred on the date stated above, at 7:30 A.M.

DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a) Acute Coronary
ThrombosisANTE DECEASED (b) Cerebral Hemorrhage
CAUSE Recent Disease

Due To (c) Cerebral Hemorrhage 11 days

INTERVAL BE-
TWEEN ONSET
AND DEATH

1 hour

OTHER
SIGNIFICANT
CONDITIONSMajor findings:
Of operations: none

Date of operation: none Was autopsy performed? no

What test confirmed diagnosis: clinical & laboratory

5 Was disease or injury in any way related to occupation of deceased?

If so, specify:

(Signed) Jacob J. Alpers M.D.
(Address) 532 Bedford St. Boston, Mass. 11/3/496 Central Cemetery Cohasset, Mass.
(City or Town)

DATE OF BURIAL September 14, 1949 19

7 NAME OF FUNERAL DIRECTOR Alfred B. Marsh

ADDRESS 174 Winthrop St., Winthrop

Received and filed SEP 13 1949 19

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX female 9 COLOR OR RACE white 10 SINGLE (write the word)
MARRIED
WIDOWED
or DIVORCED married

10a If married, widowed, or divorced

HUSBAND OF (Give maiden name of wife in full)

(or) WIFE OF Harry Ingalls Wood
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 79 Years 0 Months 21 Days If under 24 hours
Hours Minutes13 Usual Occupation: housewife
(Kind of work done during most of working life)

14 Industry or Business: at home

Social Security No. 018-18-5029-B.

16 BIRTHPLACE (City) Boston
(State or country) Mass.

17 NAME OF FATHER George Lawrence

18 BIRTHPLACE OF FATHER (City) Cohasset
(State or country) Mass.

19 MAIDEN NAME OF MOTHER Eleanor Green

20 BIRTHPLACE OF MOTHER (City) Cohasset
(State or country) Mass.21 Informant Mr. Harry I. Wood
(Address) 96 Johnson AvenueI 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 9/13/49
(Official Designation) (Date of Issue of Permit)

100M-(D)-10-48-24856

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a 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.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by 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

INSTRUCTIONS
FOR
CERTIFICATE

in giving
E OF DEATH

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se for each
, (b) and (c)

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e of dying, such
failure, asthenia,
means the disease,
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derlying cause

ditions contrib-
the death but not
o the disease or
causing death.

100M-10-10-48-24888

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. **143**

No. *164 Grovers Ave* St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME *Saul D. Cannon* (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. *164 Grovers Ave* St. (If nonresident, give city or town and State)
(Usual place of abode)

Length of stay: In place of death *18* years — months — days. In place of residence *18* years — months — days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH *September 13, 1949*
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from *May 5, 1949* to *Sept 13, 1949*

I last saw him alive on *Sept. 13, 1949*, death is said to have occurred on the date stated above, at *1:15 A.M.*

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) *Carcinoma of stomach with metastases*

ANTECEDENT CAUSES Due To (b) *6 months*

Due To (c)

OTHER SIGNIFICANT CONDITIONS

Major findings: *Carcinoma of stomach*
Of operations.

Date of operation. *5-31-49* Was autopsy performed? *no*

What test confirmed diagnosis? *operation*

5 Was disease or injury in any way related to occupation of deceased? *no*
If so, specify *not fatal*

(Signed) *1. County Rd Chelsea* Date *9-13* M. D. *1949*

6 *Ohira Zosh Cem. Burlington Vt.*
Place of Burial or Cremation (City or Town)

DATE OF BURIAL *Sept 14* 1949

7 NAME OF FUNERAL DIRECTOR *St. J. J. Torf*

ADDRESS *151 Washington Ave. Chelsea*

Received and filed. *SEP 13 1949*

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX *Male* 9 COLOR OR RACE *White* 10 SINGLE (write the word) *MARRIED*
MARRIED WIDOWED OR DIVORCED

10a If married, widowed, or divorced HUSBAND of *Edythe Greenstein*
(Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE *61* Years Months Days If under 24 hours Hours Minutes

13 Usual Occupation: *Factory agent*
(Kind of work done during most of working life)

14 Industry or Business: *Furniture*

15 Social Security No. *none*

16 BIRTHPLACE (City) (State or country) *Russia*

17 NAME OF FATHER *Harold J. Cannon*

18 BIRTHPLACE OF FATHER (City) (State or country) *Russia*

19 MAIDEN NAME OF MOTHER *Esther G. Miller*

20 BIRTHPLACE OF MOTHER (City) (State or country) *Russia*

21 Informant *Mrs Edythe Cannon*
(Address) *164 Grovers 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 G. Baker
(Signature of Agent of Board of Health or other health officer)

(Official Designation) (Date of Issue of Permit) *9/13/49*

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

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SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

PLACE OF DEATH

Suffolk
(County)
Winthrop
(City or Town)

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICSSTANDARD
CERTIFICATE OF DEATHTo be filed for burial permit
with Board of Health
or its Agent.

Registered No. 144

No. Winthrop Community Hosp. St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME. Levinia Bounos
(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. 39 Lecheater Ave St. (If nonresident, give city or town and State)

Length of stay: In place of death..... years..... months. 4 days. In place of residence years months days.

INSTRUCTIONS
FOR
CERTIFICATEn giving
OF DEATHnot enter
e than one
e for each
(b) and (c)s does not mean
e of dying, such
ailure, asthenia,
eans the disease,
ications which
eath.bid conditions,
iving rise to the
use (a) stating
erlying causeditions contrib-
he death but not
the disease or
causing death.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH September 19 1949
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
9/15 1949 to Sept 19 1949.I last saw her alive on Sept 19 1949, death is said to
have occurred on the date stated above, at 6:30 P. m.DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a) BronchopneumoniaINTERVAL BE-
TWEEN ONSET
AND DEATH

1 day.

ANTE CEDENT CAUSES Due to (b) Congestive Heart failure 4 weeks.
(c) Bronchial asthma 3 yrs.
(d) Diabetes mellitus 1 mo.

Due to (e) Arterio-sclerotic Heart Disease 2 yrs.

OTHER SIGNIFICANT CONDITIONS none.

Major findings: _____
Of operations: _____

Date of operation: _____ Was autopsy performed? no

What test confirmed diagnosis? _____

5 Was disease or injury in any way related to occupation of deceased? no
If so, specify _____

(Signed) Myron H. King M.D. M. D.

(Address) 25 Slingsby St. Winthrop 9/19 1949

6 Place of Burial or Cremation Holy Cross Malden (City or Town)

DATE OF BURIAL Sept 22 1949

7 NAME OF FUNERAL DIRECTOR Frederick J. Magrath

ADDRESS East Boston

Received and filed. SEP 21 1949 19.

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Male 9 COLOR OR RACE White 10 SINGLE (write the word) MARRIED WIDOWED or DIVORCED married

10a If married, widowed, or divorced HUSBAND of _____

(or) WIFE of George Bounos (Give maiden name of wife in full) (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 73 Years Months Days If under 24 hours Hours Minutes

13 Usual Occupation: at Home (Kind of work done during most of working life)

14 Industry or Business: none

15 Social Security No. none

16 BIRTHPLACE (City) (State or country) England

17 NAME OF FATHER James Hakers

18 BIRTHPLACE OF FATHER (City) (State or country) Not known none Scotia

19 MAIDEN NAME OF MOTHER Alice Tobin

20 BIRTHPLACE OF MOTHER (City) (State or country) Cleveland

21 Informant (Address) Bertrude M. J. Connell 39 Lecheater 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. Hakers (Signature of Agent of Board of Health or other)

(Official Designation) Health Officer (Date of Issue of Permit) 9/21/49

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

PLACE OF DEATH

Suffolk
(County)

Winthrop
(City or Town)

No. Winthrop Community Hospital

The Commonwealth of Massachusetts

EDWARD J. CRONIN, 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

2 FULL NAME Alice M Harriman
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If death occurred in a hospital or institution,
give its NAME instead of street and number)

PHYSICIAN — IMPORTANT

(Was deceased a
U. S. War Veteran,
if so specify WAR)

(a) Residence. No. 33A Sunnyside Ave.
(Usual place of abode)

St. (If nonresident, give city or town and State)

Length of stay: In place of death. 11 months. 26 days. In place of residence. 26 years. 26 months. 26 days.

INSTRUCTIONS
FOR
CERTIFICATE

not enter
more than one
cause for each
(a), (b) and (c)

is does not mean
of dying, such
failure, ashenia,
means the disease,
indications which
death.

rbid conditions,
giving rise to the
cause (a) stating
derlying cause

ditions contrib-
the death but not
to the disease or
a causing death.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH Sept. 21 - 1949
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from
Sept 6, 1949, to Sept 21, 1949.
I last saw her alive on Sept 21, 1949, death is said to
have occurred on the date stated above, at 3 p. m.

DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a) Acute leucemia

INTERVAL BE-
TWEEN ONSET
AND DEATH
15 days

ANTECEDENT CAUSES Due To Hypertension
(b) Chronic glomerular nephritis
(c)

1944

OTHER
SIGNIFICANT
CONDITIONS

Major findings:
Of operations.

Date of operation. Was autopsy performed? Yes

What test confirmed diagnosis? Clinical and autopsy

5 Was disease or injury in any way related to occupation of deceased? No

If so, specify Charles Harriman
(Signed) 305 Hawthorne St. M. D.
(Address) Date Sept 19 1949

6 Winthrop Winthrop
Place of Burial or Cremation (City or Town)

DATE OF BURIAL Sept 24 1949

7 NAME OF FUNERAL DIRECTOR Howard S. Byrns
ADDRESS Winthrop, Mass.

Received and filed. SEP 27 1949

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX 9 COLOR OR RACE 10 SINGLE (write the word)
FEMALE White MARRIED WIDOWED Widowed
or DIVORCED

10a If married, widowed, or divorced
HUSBAND of James F Harriman
(Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 56 Years 5 Months 19 Days
If under 24 hours
Hours Minutes

13 Usual Occupation: Nurse
(Kind of work done during most of working life)

14 Industry or Business: Public Welfare

15 Social Security No. None

16 BIRTHPLACE (City) Canada
(State or country)

17 NAME OF FATHER John McGoldrick

18 BIRTHPLACE OF FATHER (City) Unable to obtain
(State or country)

19 MAIDEN NAME OF MOTHER Mary F Quinlan

20 BIRTHPLACE OF MOTHER (City) Unable to obtain
(State or country)

21 Informant Kenneth Cole
(Address) 226 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:

Walter F. Baker
(Signature of Agent of Board of Health or other)

Health Officer (Official Designation) 9/23/49 (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 persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. . . General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4. Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.

. . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by 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

M R-301A

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PLACE OF DEATH

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PLACE OF DEATH

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EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or 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

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PLACE OF DEATH

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2 FULL NAME

(a) Residence. No. (Usual place of abode)

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 (Month) (Day) (Year) to (Month) (Day) (Year)

I last saw her alive on (Month) (Day) (Year), death is said to have occurred on the date stated above, at (a) m.

DISEASE OR CONDITION

DIRECTLY LEADING

TO DEATH (a)

ANTECEDENT CAUSES (b) Due To

(c) Due To

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) (Address) (City or Town) (State or Country) (Date)

6 Place of Burial or Cremation (City or Town)

DATE OF BURIAL (Month) (Day) (Year)

7 NAME OF FUNERAL DIRECTOR (Address) (City or Town) (State or Country)

Received and filed..... SEP 29 1949.....

(Registrar)

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICSSTANDARD
CERTIFICATE OF DEATH

Registered No. 147

To be filed for burial permit
with Board of Health
or its Agent.At death occurred in a hospital or institution,
its NAME instead of street and number)

PHYSICIAN — IMPORTANT

(Was deceased a
U. S. War Veteran,
if so specify WAR)

(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX 9 COLOR OR RACE 10 SINGLE (write the word)
MARRIED
WIDOWED
or DIVORCED10a 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 37 Years Months Days If under 24 hours
Hours Minutes13 Usual Occupation: Housewife - Nurse
(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 Donald MacKegan

18 BIRTHPLACE OF FATHER (City) (State or country)

19 MAIDEN NAME OF MOTHER Isabella Ingraham

20 BIRTHPLACE OF MOTHER (City) (State or country)

21 Informant (Address) Rosquale Seeler
7 Lamentis A. BorkI HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation) (Date of Issue of Permit)

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

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SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

INSTRUCTIONS
FOR
CERTIFICATEgiving
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PLACE OF DEATH

1

No.

2 FULL NAME.

(a) Residence. No.

(Usual place of abode)

Length of stay: In place of death..... years months 14 days. In place of residence 2 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH Sept 27, 1949
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from 9-14-1949, to 9-27-1949.

I last saw her alive on 9-27-1949, death is said to have occurred on the date stated above, at 12:45 P.M.

DISEASE OR CONDITION

DIRECTLY LEADING

TO DEATH (a) Chronic Myocarditis.

ANTECEDENT CAUSES

Due To (b) arteriosclerosis

Due To (c) Diabetes Mellitus

OTHER SIGNIFICANT CONDITIONS

Broncho Pneumonia

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? no

If so, specify.....

(Signed) A. M. Caplan M. D.
(Address) 136 Princeton St. E.S. Date 9-27-1949

6 PLACE OF BURIAL OR CREMATION

DATE OF BURIAL

7 NAME OF FUNERAL DIRECTOR
ADDRESS

Received and filed SEP 30 1949

(Registrar)

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICSSTANDARD
CERTIFICATE OF DEATH

Registered No. 148

To be filed for burial permit
with Board of Health
or its Agent.{(If death occurred in a hospital or institution,
St. { give its NAME instead of street and number)

PHYSICIAN — IMPORTANT

{(Was deceased a
U. S. War Veteran,
if so specify WAR)

(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Male 9 COLOR OR RACE White 10 SINGLE (write the word)
MARRIED WIDOWED or DIVORCED Married

10a If married, widowed, or divorced

HUSBAND of.....

(Give maiden name of wife in full)

(or) WIFE of Charles E. Cooper
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 67 Years Months Days If under 24 hours
Hours Minutes13 Usual Occupation: Home wife
(Kind of work done during most of working life)

14 Industry or Business:.....

15 Social Security No.

16 BIRTHPLACE (City) Nova Scotia
(State or country)

17 NAME OF FATHER Hugh Maclean

18 BIRTHPLACE OF FATHER (City) Nova Scotia
(State or country)

19 MAIDEN NAME OF MOTHER Ann Smith

20 BIRTHPLACE OF MOTHER (City) Nova Scotia
(State or country)21 Informant Charles E. Cooper
(Address) 22 Bartlett St. WrenthamI 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) Health Officer (Date of Issue of Permit) 9/30/49

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

A physician or registered medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . General Laws, Chap. 38, Sec. 6.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance 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.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by 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

1 PLACE OF DEATH

Suffolk
Winthrop
(City or Town)

No. 209 Somerset Ave

2 FULL NAME

Joseph Jesse Marshall
(If deceased is a married, widowed or divorced woman give also maiden name.)

(a) Residence. No.
(Usual place of abode)

209 Somerset Ave

St.

St. { (If death occurred in a hospital or institution, give its NAME instead of street and number) }

Length of stay: In hospital or institution
(Before death)

(Specify whether)

years

months

days.

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

(Give maiden name of wife in full)

Anna Love

(or) WIFE of

(Husband's name in full)

6 Age of husband or wife if alive

years

7 IF STILLBORN, enter that fact here.

8

AGE 62 Years

Months

Days

If less than 1 day

Hours

Minutes

Usual

Occupation:

Retired Fireman

Industry

or Business:

Boston Fire Dept

11 Social Security No.

015-20-2244

12 BIRTHPLACE (City)

(State or Country)

Boston

Mass

13 NAME OF

FATHER

John J. Marshall

14 BIRTHPLACE OF

FATHER (City)

(State or Country)

Azores

15 MAIDEN NAME

OF MOTHER

Mary Josephs

16 BIRTHPLACE OF

MOTHER (City)

(State or Country)

Provincetown

Mass

17 Informant

(Address)

Anna Marshall (Relation if any)

209 Somerset Ave

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

Health Officer

(Date of Issue of Permit)

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

Registered No.

149

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH

Sept.

(Month)

30 1949

(Day)

(Year)

19

I HEREBY CERTIFY, That I attended deceased from
Sept 25, 19 49, to Sept 30, 19 49

I last saw him alive on Sept 30, 19 49, death is said to
have occurred on the date stated above, at 10 A. m.

Immediate cause of death

Cerebral Hemorrhage

Due to

Arteriosclerosis

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

What test confirmed diagnosis?

20 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

Fried O. Pegan
670 Saratoga St

Date

7/30 19 49

21

Place of Burial, Cremation or Removal.

DATE OF BURIAL

22 NAME OF FUNERAL DIRECTOR

ADDRESS

Charles H. Tregner

East Boston

Received and Filed

OCT 4 1949

19

(Registrar)

Duration
IMPORTANT

5 Day
2 yr

IMPORTANT

Physician

Underline
the cause to
which death
should be
charged statistically.

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required

by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

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No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the 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

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

NONRESIDENT

(1949 Revision of Standard Certificate)
CERTIFICATE OF DEATHForm approved.
Budget Bureau No. 68-R375.

150

BIRTH NO.		STATE OF		MAINE		STATE FILE NO.	
1. PLACE OF DEATH a. COUNTY Penobscot				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Mass b. COUNTY Suffolk			
b. CITY OR TOWN Old Town		c. LENGTH OF STAY (in this place) -		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Winthrop		d. STREET ADDRESS (If rural, give location) -	
d. FULL NAME OF HOSPITAL OR INSTITUTION Home Priv. Hosp.							
3. NAME OF DECEASED (Type or Print)		a. (First) Vera		b. (Middle) Small		c. (Last) Silva	
5. SEX F		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) W		4. DATE OF DEATH (Month) (Day) (Year) June 29 1949	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY		8. DATE OF BIRTH Aug. 14, 1904		9. AGE (In years last birthday) 44 IF UNDER 1 YEAR Months Days IF UNDER 12 HRS. Hours Min.	
13. FATHER'S NAME Harry Wilber Small		14. MOTHER'S MAIDEN NAME Maudie Duplissa		11. BIRTHPLACE (State or foreign country) Old Town, Maine		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO. 005-22-4208		17. INFORMANT Mrs. Maud Campbell			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Essential Hypertension ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cerebral Hemorrhage DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES ☐ NO ☒			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Louise L. Theriault M.D.				23b. ADDRESS Old Town, Maine		23c. DATE SIGNED June 29 1949	
24a. BURIAL, CREMATION-REMOVAL (Specify) Burial		24b. DATE July 1, 1949		24c. NAME OF CEMETERY OR CREMATORY Forest Hill		24d. LOCATION (City, town, or county) (State) Old Town, Penobscot, Me.	
DATE REC'D BY LOCAL REG. June 30 1949		REGISTRAR'S SIGNATURE Dwight L. Priest		25. FUNERAL DIRECTOR Everett T. Nealey		ADDRESS Old Town, Me.	

REC-107



OCT 14 1973

THE JOURNAL OF THE
MEDICAL SOCIETY OF
CALIFORNIA

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

PLACE OF DEATH

Suffolk

(County)

Revere

(City or Town)

No. Resthaven

2 FULL NAME

Permellia C. Hatch

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No.

67 Prospect Ave.

(Usual place of abode)

St.

Winthrop, Mass.

(If nonresident, give city or town and State)

Length of stay: In place of death 2 years 1 months 27 days. In place of residence 5 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH

Sept.

6

1949

(Month)

(Day)

(Year)

4 I HEREBY CERTIFY, That I attended deceased from

Sept. 18

19

47

to

Sept. 6

19

49

I last saw her alive on Sept. 6, 1949, death is said to

have occurred on the date stated above, at 7:30 P. M.

DISEASE OR CONDITION

DIRECTLY LEADING

TO DEATH (a)

Chronic Interstitial

Nephritis

ANTECEDENT CAUSES

Due To

(b)

Uremia

Due To

(c)

Senility

OTHER SIGNIFICANT CONDITIONS

Arteriosclerosis

Major findings:

Of operations

None

Date of operation

None

Was autopsy performed? No

What test confirmed diagnosis? clinical & laboratory

5 Was disease or injury in any way related to occupation of deceased? No

If so, specify.

(Signed)

Jacob J. Abrams

(Address)

562 Shirley St.

Date

9/7

M. D.

19

49

6 Woodlawn Crematory

Place of Burial or Cremation

(City or Town)

Everett

DATE OF BURIAL

Sept. 8

19

49

7 NAME OF FUNERAL DIRECTOR

Howard S. Reynolds

ADDRESS

Winthrop, Mass.

Received and filed

OCT 11 1949

19

(Registrar of City or Town where deceased resided)

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICSCOPY OF
CERTIFICATE OF DEATH

REVERE

(City or town making return)

Registered No.

151

(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)

St.

Winthrop, Mass.

(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX

9 COLOR OR RACE

10 SINGLE (write the word)

Female

White

MARRIED

WIDOWED

or DIVORCED

Single

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

95

Years

Months

Days

If under 24 hours

Hours

Minutes

13 Usual

Occupation

Dressmaker

(Kind of work done during most of working life)

14 Industry

or Business

Self

15 Social Security No.

None

16 BIRTHPLACE (City)

Wells

(State or country)

Maine

17 NAME OF

FATHER

George Hatch

18 BIRTHPLACE OF

FATHER (City)

(State or country)

Unable to obtain

19 MAIDEN NAME

OF MOTHER

Sarah Perce

20 BIRTHPLACE OF

MOTHER (City)

(State or country)

Maine

21 Informant

(Address)

Lincoln Hatch

5 Hillside Ave., Winthrop

A TRUE COPY.

ATTEST:

(Registrar of City or Town where death occurred)

DATE FILED

September 14, 1949

Copies of returns of deaths which occurred in your city or town in which the deceased resided in another city or town at the time of death should be transmitted on Form R-302 to the clerk of the city or town in which the deceased resided as soon as possible after the close of the month in which the death occurred. (See Chap. 46, Sec. 12, G. L.)

50m-(c)-10-48-24658

PLACE OF DEATH

1

Suffolk

(County)

Boston

(City or Town)



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. 7666

152

Veteran's Adm. Hospt West Roxbury Mass. death occurred in a hospital or institution.
No. St. (give its NAME instead of street and number)2 FULL NAME Alfred S Latter C 1 794 649
(If deceased is a married, widowed or divorced woman, give also maiden name.)(Was deceased a
U. S. War Veteran, W W #1
if so specify WAR)(a) Residence. No. 387 Revere St. Winthrop Mass.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death.....years.....1 months.....3 days. In place of residence.....51 years.....months.....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH Sept. 9/49
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
August 6, 19 49 to Sept. 9, 19 49I last saw h. in alive on Sept. 9, 19 49 death is said to
have occurred on the date stated above, at 4:50A m.DISEASE OR CONDITION
DIRECTLY LEADING TO DEATH (a) Bronchogenic carcinoma
right lung with metastasesANTE Due To To brain, adrenals, liver and
CEDENT (b) ribs
CAUSESDue To
(c)INTERVAL BE-
TWEEN ONSET
AND DEATH

4 Mos.

OTHER
SIGNIFICANT
CONDITIONSMajor findings: Thoracotomy 5-9-49
Of operations: Lobotomy 5-31-49Date of operation: Was autopsy performed? Yes
What test confirmed diagnosis? Clinical, laboratory
and autopsy findings5 Was disease or injury in any way related to occupation of deceased?
If so, specify: G P Denny M. P.
(Signed) West Roxbury V.A.H. 9-9-49
(Address)

6 Winthrop Cem-Winthrop Mass.

Place of Burial or Cremation (City or Town)

DATE OF BURIAL Sept. 12/49

7 NAME OF FUNERAL DIRECTOR C J Murphy

ADDRESS Everett Mass.

Received and filed.....19.....

(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX M 9 COLOR OR RACE W 10 SINGLE (write the word)
MARRIED Married
WIDOWED
or DIVORCED10a If married, widowed, or divorced
HUSBAND of Edna Murphy
(Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 51 10 If under 24 hours
AGE Years Months Days Hours Minutes13 Usual Occupation: Clerk
(Kind of work done during most of working life)

14 Industry or Business: Boston & Maine R.R.

15 Social Security No. -----

16 BIRTHPLACE (City) Revere Mass.
(State or country)

17 NAME OF FATHER James A Latter

18 BIRTHPLACE OF Prince Edward Island Can.
FATHER (City)
(State or country)19 MAIDEN NAME Anna Broderick
OF MOTHER20 BIRTHPLACE OF Canada
MOTHER (City)
(State or country)21 Informant: Hospt Records V.A.H.
(Address) West Roxbury Mass.A TRUE COPY
ATTEST: Michael J. Han
(Registrar of City or Town where death occurred)

DATE FILED Sept. 14/49 19

RECEIVED



OCT 18 1921

Entered Service 6-3-18 Discharged 9-30-21 A.S. Radioman U.S.N.

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

PLACE OF DEATH		The Commonwealth of Massachusetts OFFICE OF THE SECRETARY DIVISION OF VITAL STATISTICS		REVERE (City or town making return)
1 Suffolk (County)				153 Registered No.
1 Revere (City or Town)		COPY OF CERTIFICATE OF DEATH		
No. Resthaven		(If death occurred in a hospital or institution, give its NAME instead of street and number)		
2 FULL NAME Mary A. Brooks (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. 69 Almont (Usual place of abode)		St. Winthrop (If nonresident, give city or town and State)		
Length of stay: In place of death years 1 months days. In place of residence 30 years months days.				
MEDICAL CERTIFICATE OF DEATH				
3 DATE OF DEATH Sept. 21 1949 (Month) (Day) (Year)				
4 I HEREBY CERTIFY, That I attended deceased from Aug. 21 1949 to Sept. 21 1949 I last saw her alive on Sept. 20 1949 , death is said to have occurred on the date stated above, at 12:25A.m.				
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) General arterio-sclerosis				INTERVAL BETWEEN ONSET AND DEATH
ANTE CEDENT CAUSES (b) Myocarditis				
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) Charles F. Mahoney M.D. 9/21 1949 (Address) Washington Ave., Boston				
6 Calvary Place of Burial or Cremation (City or Town) Boston				
DATE OF BURIAL Sept. 23 1949				
7 NAME OF FUNERAL DIRECTOR John F. O'Maley ADDRESS Winthrop				
Received and filed OCT 11 1949 (Registrar of City or Town where deceased resided)				
PERSONAL AND STATISTICAL PARTICULARS				
8 SEX Female	9 COLOR OR RACE White	10 SINGLE (write the word) Single 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 86 Years Months Days			If under 24 hours Hours Minutes	
13 Usual Occupation: Cigar Stripper (Kind of work done during most of working life)				
14 Industry or Business: Cigar				
15 Social Security No.				
16 BIRTHPLACE (City) Ireland (State or country)				
PARENTS	17 NAME OF FATHER John Brooks			
	18 BIRTHPLACE OF FATHER (City) Ireland (State or country)			
	19 MAIDEN NAME OF MOTHER Catherine Morgan			
	20 BIRTHPLACE OF MOTHER (City) Ireland (State or country)			
	21 Informant Julia Brooks (Address) 21 Cross St., Winthrop			
A TRUE COPY.				
ATTEST: <i>[Signature]</i> (Registrar of City or Town where death occurred)				
DATE FILED September 27, 1949				

INSTRUCTIONS
FOR
CERTIFICATEgiving
OF DEATHnot enter
than one
for each
(b) and (c)does not mean
of dying, such
failure, asthenia,
trans the disease,
ications which
ath.bid conditions,
ing rise to the
se (a) stating
erlying causeitions contrib-
e death but not
the disease or
causing death.

100M-(D)-10-48-24868

PLACE OF DEATH

1

Suffolk
(County)Winthrop
(City or Town)No. *Winthrop Rest Home*2 FULL NAME. *Thomas Benson*
(If deceased is a married, widowed or divorced woman, give also maiden name.)(a) Residence. No. *81 Washington Ave*
(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 *40* years _____ months _____ days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH *October 1, 1949*
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
*Aug 15, 1949, to Oct 1, 1949*I last saw him alive on *Oct 1, 1949* death is said tohave occurred on the date stated above, at *8:10 P. m.*

DISEASE OR CONDITION

DIRECTLY LEADING

TO DEATH (a) *Chronic Typhlocardia*INTERVAL BE-
TWEEN ONSET
AND DEATH
*5 years*ANTE Due To
CEDENT (b)
CAUSESDue To
(c)OTHER
SIGNIFICANT
CONDITIONS*Chronic Arthritis*Major findings:
Of operations *2000*Date of operation _____ Was autopsy performed? *no*What test confirmed diagnosis? *Clinical Signs*5 Was disease or injury in any way related to occupation of deceased? *no*

If so, specify

(Signed) *Samuel J. O'Brien* M. D.
(Address) *Winthrop, Mass* Date *Oct. 3, 1949*6 *Winthrop* *Winthrop*
Place of Burial or Cremation (City or Town)DATE OF BURIAL *Oct 4 1949* 197 NAME OF FUNERAL DIRECTOR *John H. Maley*
ADDRESS *Winthrop*Received and filed *OCT 4 1949* 19

(Registrar)

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICSTo be filed for burial permit
with Board of Health
or its Agent.STANDARD
CERTIFICATE OF DEATHRegistered No. *151*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

8 SEX 9 COLOR OR RACE 10 SINGLE (write the word)

Male *White* *MARRIED*
WIDOWED
*or DIVORCED*10a If married, widowed, or divorced
HUSBAND of *Sadie A. Clark*
(Give maiden name of wife in full)(or) WIFE of _____
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE *77* Years _____ Months _____ Days
If under 24 hours
Hours _____ Minutes _____13 Usual Occupation *retired*
(Kind of work done during most of working life)14 Industry or Business: *Wholesale Meat*

15 Social Security No. _____

16 BIRTHPLACE (City) *England*
(State or country)17 NAME OF FATHER *John Benson*18 BIRTHPLACE OF FATHER (City) _____
(State or country) *England*19 MAIDEN NAME OF MOTHER *Martha Walker*20 BIRTHPLACE OF MOTHER (City) _____
(State or country) *England*21 Informant *Sadie A. Benson*
(Address) *81 Washington Ave*I HEREBY CERTIFY that a satisfactory, standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:*Walter H. Barker*
(Signature of Agent of Board of Health or other)*Health Officer* *10-4-49*
(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 hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 43, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . General Laws, Chap. 38, Sec. 6.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance 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.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by 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

PLACE OF DEATH

Suffolk

(County)

Boston

(City or Town)

No.

Mass. General Hospt.

2 FULL NAME

John Wells

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No.

24 Temple Ave.

(Usual place of abode)

St.

Winthrop Mass.

(If nonresident, give city or town and State)

Length of stay: In place of death.....years.....2 months.....8 days. In place of residence.....25 years.....months.....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH

Oct. 1/49

(Month)

(Day)

(Year)

4 I HEREBY CERTIFY, That I attended deceased from

Aug. 23

19

49

to

Oct. 1

19

49

I last saw him alive on Oct/1 19 49, death is said to

have occurred on the date stated above, at 9:20P m.

DISEASE OR CONDITION

DIRECTLY LEADING TO DEATH (a) Peritonitis, pelvic

INTERVAL BETWEEN ONSET AND DEATH

24 Hrs

ANTE CEDENT CAUSES

Due To

Perforation of cecum spontaneous

24 Hrs

Due To

Carcinoma of colon

1 Yr.

OTHER SIGNIFICANT CONDITIONS

Major findings: Of operations.

1. Cecostomy 8-26-49

2. Resection of colon

9-21-49

Date of operation.....Was autopsy performed? Yes

What test confirmed diagnosis? autopsy

5 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

J S Lichty

M. D.

(Address)

Mass. General Hospt

Date

10-2

19

49

6 Place of Burial or Cremation (City or Town)

Holyhood-Brookline Mass.

DATE OF BURIAL

Oct. 5/49

19

7 NAME OF FUNERAL DIRECTOR

M W Kirby

Winthrop Mass.

ADDRESS

Received and filed.....NOV 1 1949.....19

(Registrar of City or Town where deceased resided)

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

Boston

(City or town making return)

COPY OF

CERTIFICATE OF DEATH

Registered No.

8297

(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)

Winthrop Mass.

(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX

M

9 COLOR OR RACE

W

10 SINGLE (write the word)

MARRIED
WIDOWED
or DIVORCED

Married

10a If married, widowed, or divorced

HUSBAND of

Eva McCarthy

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12

AGE 79 Years.....Months.....Days

If under 24 hours

Hours.....Minutes

13 Usual Occupation:

Salesman

Plus

(Kind of work done during most of working life)

14 Industry or Business:

Department Store

15 Social Security No.

16 BIRTHPLACE (City) (State or country)

Boston Mass.

17 NAME OF FATHER

Michael Wells

18 BIRTHPLACE OF FATHER (City) (State or country)

Boston Mass.

19 MAIDEN NAME OF MOTHER

Johana A ----

20 BIRTHPLACE OF MOTHER (City) (State or country)

Boston Mass.

21

Informant (Address)

E McCarthy

A TRUE COPY

ATTEST:

(Registrar of City or Town where death occurred)

DATE FILED

Oct. 6/49

19

RECEIVED



NOV-11 1949 AM

PLACE OF DEATH

1

Suffolk
(County)
Winthrop
(City or Town)

No. 15 Prescott St

2 FULL NAME Daniel F. Murphy
(If deceased is a married, widowed or divorced woman, give also maiden name.)(a) Residence. No. 15 Prescott St
(Usual place of abode)

Length of stay: In place of death..... years..... months..... days. In place of residence 24 years..... months..... days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH Oct-2-1949
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from 9-1-49 to 10-1-49
1949 to 1949

I last saw h. alive on 9-30-49, death is said to

have occurred on the date stated above, at 1. A m.

DISEASE OR CONDITION
DIRECTLY LEADING TO DEATH (a) myocarditis

ANTE CEDENT CAUSES Due To (b) rephritis

Due To (c)

OTHER SIGNIFICANT CONDITIONS double cataract

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)

(Address) 4 Winthrop St Date 10-3-1949 M. D.

6 Place of Burial or Cremation Holy Cross Malden (City or Town)

DATE OF BURIAL Oct 5 1949

7 NAME OF FUNERAL DIRECTOR John H. Daly
ADDRESS Winthrop

Received and filed OCT 4 1949 19

(Registrar)

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.

156

{(If death occurred in a hospital or institution,
give its NAME instead of street and number)}

PHYSICIAN — IMPORTANT

{(Was deceased a
U. S. War Veteran,
if so specify WAR)}

(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Male 9 COLOR OR RACE White 10 SINGLE (write the word)

MARRIED
WIDOWED
DIVORCED10a If married, wid
HUSBAND of Hanoria Downing
(Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 79 Years Months Days If under 24 hours
Hours Minutes13 Usual Occupation: Police Officer
(Kind of work done during most of working life)

14 Industry or Business: Police

15 Social Security No.

16 BIRTHPLACE (City) East Boston
(State or country) Mass

17 NAME OF FATHER Dennis Murphy

18 BIRTHPLACE OF FATHER (City) Ireland
(State or country)

19 MAIDEN NAME OF MOTHER Mary A. Daly

20 BIRTHPLACE OF MOTHER (City) Ireland
(State or country)21 Informant Hanoria Murphy
(Address) 15 Prescott StI 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) 10/4/49
(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 persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance 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.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by 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 COURT RD.

2 FULL NAME GUSTAV A. FRANK
(If deceased is a married, widowed or divorced woman, give also maiden name.)(a) Residence. No. 5 COURT RD.
(Usual place of abode)

Length of stay: In place of death 15 years months days. In place of residence 15 years months days.

INSTRUCTIONS
FOR
CERTIFICATEin giving
OF DEATHnot enter
re than one
se for each
, (b) and (c)is does not mean
de of dying, such
failure, asthenia,
means the disease,
lications which
death.rberd conditions,
giving rise to the
ause (a) stating
derlying causeditions contrib-
the death but not
to the disease or
n causing death.

The Commonwealth of Massachusetts

EDWARD J. CRONIN, SECRETARY
DIVISION OF VITAL STATISTICSSTANDARD
CERTIFICATE OF DEATHTo be filed for burial permit
with Board of Health
or its Agent.

Registered No. 157

(If death occurred in a hospital or institution,
St. { give its NAME instead of street and number)

PHYSICIAN — IMPORTANT

(Was deceased a
U. S. War Veteran,
if so specify WAR) WWI

St. (If nonresident, give city or town and State)

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH October 5, 1949
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
19 to 19I last saw him alive on October 4, 1949, death is said to
have occurred on the date stated above, at 12:05 A.M.DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a) Natural causesANTECEDENT
CAUSES

Due To Presumably

Due To Coronary Occlusion

OTHER
SIGNIFICANT
CONDITIONSMajor findings:
Of operations: none

Date of operation: Was autopsy performed? no

What test confirmed diagnosis?

5 Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) Arthur C. M... M. D.
(Address) Wintthrop Board Date Oct 5 19496 WOODLAWN & Heath EVERETT
Place of Burial or Cremation (City or Town)

DATE OF BURIAL OCT. 7, 1949

7 NAME OF FUNERAL DIRECTOR Wendell W. Dykeman

ADDRESS 23 Cary Ave Chelsea

Received and filed OCT 10 1949

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX 9 COLOR OR RACE 10 SINGLE (write the word)
MARRIED
WIDOWED
or DIVORCED MARRIED10a If married, widowed, or divorced
HUSBAND OF MARIAN CARSTENSEN
(Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 52 Years Months Days If under 24 hours
Hours Minutes13 Usual Occupation: LITHOGRAPHER
(Kind of work done during most of working life)

14 Industry or Business: FORBES LITHOGRAPH CO. CHLSEA

15 Social Security No. 21-03-5248

16 BIRTHPLACE (City) CHLSEA
(State or country) MASS

17 NAME OF FATHER JOHN FRANK

18 BIRTHPLACE OF FATHER (City)
(State or country) GERMANY

19 MAIDEN NAME OF MOTHER MARGARET SOLGER

20 BIRTHPLACE OF MOTHER (City)
(State or country) GERMANY21 Informant MARIAN C. FRANK
(Address) 5 COURT RD. WINTHROPI 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 10/5/49
(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 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 persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. — General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.

. . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance 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.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by 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 JUNE 11, 1918

DATE OF DISCHARGE SEPT. 30, 1921

RANK, RATING SEAMAN 2C. (PROVISIONAL)

ORGANIZATION AND OUTFIT U. S. N. R. F.

SERVICE NUMBER 151-44-48

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

PLACE OF DEATH

WORCESTER

(County)

RUTLAND

(City or Town)

No. Rutland State Sanatorium

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS



COPY OF
CERTIFICATE OF DEATH

RUTLAND

(City or town making return)

Registered No.

158

2 FULL NAME Sidney Harold Davis
(If deceased is a married, widowed or divorced woman, give also maiden name.)

St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

(a) Residence. No. 194 Washington Ave.
(Usual place of abode)

St. Winthrop, Mass.
(If nonresident, give city or town and State)

Length of stay: In place of death 0 years 1 months 9 days. In place of residence years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH October 6, 1949
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from August 27, 1949 to October 6, 1949

I last saw him alive on October 6, 1949, death is said to

have occurred on the date stated above, 5:35 a.m.

DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a) Pulmonary tubercu-

losis

INTERVAL BE-
TWEEN ONSET
AND DEATH

6 yrs

ANTE CEDENT CAUSES
(b)

Due To
(c)

OTHER
SIGNIFICANT
CONDITIONS

Major findings:
Of operations

Date of operation. Was autopsy performed?

What test confirmed diagnosis? X-ray, lab. tests

5 Was disease or injury in any way related to occupation of deceased?

If so, specify

George Altenhaus

(Signed)

(Address) Rutland, Mass. Date 10-6, 1949

6 Winthrop Cemetery, Winthrop, Mass.

Place of Burial or Cremation

(City or Town)

DATE OF BURIAL October 8, 1949

7 NAME OF FUNERAL DIRECTOR Howard S. Reynolds

ADDRESS Winthrop, Mass.

Received and filed NOV 7 1949 19

(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Male 9 COLOR OR RACE White 10 SINGLE (write the word) MARRIED Married WIDOWED or DIVORCED

10a If married, widowed, or divorced HUSBAND of Elizabeth Bearse
(Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 70 Years 7 Months 18 Days If under 24 hours Hours Minutes

13 Usual Occupation: Bar tender
(Kind of work done during most of working life)

14 Industry or Business:

15 Social Security No.

16 BIRTHPLACE (City) England
(State or country)

17 NAME OF FATHER Francis Davis

18 BIRTHPLACE OF FATHER (City) England
(State or country)

19 MAIDEN NAME OF MOTHER Elizabeth Godwin

20 BIRTHPLACE OF MOTHER (City) England
(State or country)

21 Informant Isabel Davis
(Address) 194 Washington Ave. Winthrop

A TRUE COPY

ATTEST: Linda A. Hanff
(Registrar of City or Town where death occurred)

DATE FILED October 6, 1949 19

M R-301A

INSTRUCTIONS
FOR
FILLING OUT
THIS CERTIFICATE

1. Giving
OF DEATH

not enter
than one
for each
(b) and (c)

2. does not mean
of dying, such
failure, asthenia,
means the disease,
indications which
death.

3. bid conditions,
giving rise to the
cause (a) stating
underlying cause

4. ditions contrib-
the death but not
to the disease or
causing death.

PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)

No. Winthrop Community Hosp.

(If death occurred in a hospital or institution,
St. { give its NAME instead of street and number)

2 FULL NAME Oscar Herman

(If deceased is a married, widowed or divorced woman, give also maiden name.)

285 Shirley Street

Winthrop, Mass.

(a) Residence. No.

(Usual place of abode)

St. (If nonresident, give city or town and State)

Length of stay: In place of death... years... 1 months... days. In place of residence 35 years... months... days.

Registered No. 159

To be filed for burial permit
with Board of Health
or its Agent.

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICSSTANDARD
CERTIFICATE OF DEATH

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH October 6 1949
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
September 19 1946 to October 2 1949I last saw him alive on October 6 1949 death is said to
have occurred on the date stated above, at 12:30 p.m.DISEASE OR CONDITION
DIRECTLY LEADING TO DEATH (a) Edema of lungs 2 weeks

ANTECEDENT CAUSES Due To Coronary heart disease 2 mo

Due To Generalized arterio-
sclerosis and arterio-
sclerotic heart disease 3 years

OTHER SIGNIFICANT CONDITIONS

Major findings:
Of operations.

Date of operation. Was autopsy performed?

What test confirmed diagnosis? Clinical

5 Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) Paul P. Birnbach M. D.
(Address) 238 Shore Drive Date 10/6/49 19

6 Kenneseth Israel Woburn

Place of Burial or Cremation

DATE OF BURIAL Oct. 7, 1949 19

7 NAME OF FUNERAL DIRECTOR Benjamin Birnbach

ADDRESS 10 Washington St, Dorchester

Received and filed OCT 10 1949 19

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Male 9 COLOR OR RACE White 10 SINGLE (write the word)
MARRIED
WIDOWED
or DIVORCED Married10a If married, widowed or divorced
HUSBAND of Frances Lurensky
(Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 80 Years Months Days If under 24 hours
Hours Minutes13 Usual Occupation: Meat Market Proprietor
(Kind of work done during most of working life)

14 Industry or Business: Retired

15 Social Security No. none

16 BIRTHPLACE (City) Russia
(State or country)

17 NAME OF FATHER Louis Herman

18 BIRTHPLACE OF FATHER (City) Russia
(State or country)19 MAIDEN NAME (can not be
OF MOTHER Bessie learned)20 BIRTHPLACE OF MOTHER (City) Russia
(State or country)21 Informant: Frances Herman
(Address) 285 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 H. Baker
(Signature of Agent of Board of Health or other)

(Official Designation) (Date of Issue of Permit) 10/7 1949

100M-(D)-10-48-24858

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . General Laws, Chap. 38, Sec. 6.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. 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 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.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by 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 STATISTICSTo be filed for burial permit
with Board of Health
or its Agent.STANDARD
CERTIFICATE OF DEATH

Registered No. 150

1 No. *131 Bowdoin* (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME *Anna M. Walker*
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. *131 Bowdoin* St. (If nonresident, give city or town and State)

Length of stay: In place of death *20* years... months... days. In place of residence *20* years... months... days.

PHYSICIAN — IMPORTANT

(Was deceased a
U. S. War Veteran,
if so specify WAR) *No*

INSTRUCTIONS
FOR
CERTIFICATEa giving
OF DEATHnot enter
than one
for each
(b) and (c)

s does not mean
of dying, such
failure, asthenia,
means the disease,
lications which
death.

bid conditions,
iving rise to the
use (a) stating
erlying cause

ditions contrib-
he death but not
to the disease or
causing death.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH *Oct 7 1949*
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from
December 27, 1948 to *October 7, 1949*
I last saw her alive on *October 7, 1949* death is said to
have occurred on the date stated above, at *8:30 P. m.*

DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a) *Generalized Carcin-
omatosis*

INTERVAL BE-
TWEEN ONSET
AND DEATH
4 mos.

ANTE CEDENT (b) *Carcinoma of Sigmoid
Colon*
CAUSES

Due To (c) *—*

OTHER SIGNIFICANT
CONDITIONS *None*

Major findings: *Carcinoma of Sigmoid Colon with
metastasis.*
Date of operation: *Feb. 7, 1949* Was autopsy performed? *No*
What test confirmed diagnosis: *Clinical + laboratory*

5 Was disease or injury in any way related to occupation of deceased? *No*
If so, specify
(Signed) *Maurya Treanor, Jr.* M. D.
(Address) *562 Shirley St. Winthrop, Mass.* Date *Oct. 7, 1949*

6 *Holy Cross* *Malden*
Place of Burial or Cremation (City or Town)

DATE OF BURIAL *Oct 10 1949*

7 NAME OF FUNERAL DIRECTOR *Charles F. Treanor*
ADDRESS *East Boston*

Received and filed *OCT 10 1949* 19

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX *Female* 9 COLOR OR RACE *White* 10 SINGLE (write the word)
MARRIED
WIDOWED
or *DIVORCED* *Married*

10a If married, widowed, or divorced
HUSBAND of (Give maiden name of wife in full)
(or) WIFE of *James H. Walker*
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE *58* Years Months Days If under 24 hours
Hours Minutes

13 Usual Occupation: *Housework*
(Kind of work done during most of working life)

14 Industry or Business: *Own Home*

15 Social Security No. *None*

16 BIRTHPLACE (City) *East Boston Mass*
(State or country)

17 NAME OF FATHER *John Sullivan*

18 BIRTHPLACE OF FATHER (City) *Boston*
(State or country)

19 MAIDEN NAME OF MOTHER *Ellen Blaney*

20 BIRTHPLACE OF MOTHER (City) *Boston*
(State or country)

21 Informant *James H. Walker*
(Address) *131 Bowdoin St Win*

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) *10/9/49*

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

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(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by 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

M R-301A

INSTRUCTIONS
FOR
CERTIFICATEn giving
OF DEATHnot enter
e than one
e for each
(b) and (c)s does not mean
e of dying, such
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eans the disease,
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iving rise to the
use (a) stating
erlying causeditions contrib-
he death but not
o the disease or
causing death.

50M-2-19-25666

PLACE OF DEATH

Suffolk
(County)

Winthrop

(City or Town)

No. Winthrop Community Hospital

2 FULL NAME. Thomas Francis Hanrahan
(If deceased is a married, widowed or divorced woman, give also maiden name.)(a) Residence. No. 20 Read Street
(Usual place of abode)

Length of stay: In place of death..... years..... months. 5..... days. In place of residence 35 years..... months..... days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH OCT 11 1949
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
10/6 49 to 10/11 49
I last saw h. alive on 10/11 49 death is said to
have occurred on the date stated above, at 6.50 P.M.DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a)ANTECEDENT
CAUSESDue To (b) Cerebral Hemorrhage
ArteriosclerosisDue To
(c)OTHER
SIGNIFICANT
CONDITIONSMajor findings:
Of operations.....

Date of operation..... Was autopsy performed? No

What test confirmed diagnosis?

5 Was disease or injury in any way related to occupation of deceased? No

If so, specify.....

(Signed) Fred O. Pagan M. D.
(Address) 670 Winthrop St. Date 10/11 19496 Winthrop Cemetery Winthrop
Place of Burial or Cremation (City or Town)

DATE OF BURIAL October 14, 1949 19

7 NAME OF FUNERAL DIRECTOR Alfred B. Marsh
ADDRESS 174 Winthrop St. Winthrop, Mass.

Received and filed. OCT 14 1949 19

(Registrar)

The Commonwealth of Massachusetts

EDWARD J. CRONIN, SECRETARY
DIVISION OF VITAL STATISTICSSTANDARD
CERTIFICATE OF DEATHTo be filed for burial permit
with Board of Health
or its Agent.

Registered No. 161

{(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

8 SEX male 9 COLOR OR RACE white 10 SINGLE (write the word)
MARRIED
WIDOWED
or DIVORCED married10a If married, widowed, or divorced
HUSBAND of Elizabeth Holmes
(Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 70 Years 8 Months 19 Days If under 24 hours
Hours Minutes13 Usual Occupation: Watchman
(Kind of work done during most of working life)

14 Industry or Business: Maverick Mills

15 Social Security No. 032-03-3853

16 BIRTHPLACE (City) Oola, county of Limerick
(State or country) Ireland-Limerick

17 NAME OF FATHER Patrick Hanrahan

18 BIRTHPLACE OF FATHER (City) Oola, county of limerick
(State or country) Ireland

19 MAIDEN NAME OF MOTHER Bridget Daley

20 BIRTHPLACE OF MOTHER (City) Oola, Limerick county
(State or country) Ireland21 Informant Mrs. T.F. Hanrahan- wife
(Address) 20 Read 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)

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. . . — General Laws, Chap. 38, Sec. 6, as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance 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.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by 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

RM R-302

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. 40, Sec. 12, G. L.)

50m-(e)-10-48-24658

PLACE OF DEATH
1Suffolk
(County)Boston
(City or Town)

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. 8598

No. Veteran's Adm. Hospt West Roxbury.

St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME William H Vien
(If deceased is a married, widowed or divorced woman, give also maiden name.)(Was deceased a
U. S. War Veteran,
if so specify WAR) 1 & 2(a) Residence. No. 46 Sunnyside Ave.
(Usual place of abode)St. Winthrop Mass.
(If nonresident, give city or town and State)

Length of stay: In place of death 1 months 19 days. In place of residence 39 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH Oct. 11/49
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
Aug. 22, 1949, to Oct. 11, 1949I last saw h. alive on, 19, death is said to
have occurred on the date stated above, at 12:25P. m.DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a) Uremia

Multiple myeloma

ANTE Due To (b) Diabetes mellitus
CEDENT CAUSESDue To
(c)OTHER
SIGNIFICANT
CONDITIONSMajor findings:
Of operations.

Date of operation. Was autopsy performed? Yes

What test confirmed diagnosis? Clinical, laboratory and
autopsy findings5 Was disease or injury in any way related to occupation of deceased?
If so, specify G P Denny M. D.
(Signed) West Roxbury Mass. 10-12-1949
(Address)6 Arlington National Cem-Washington
Place of Burial or Cremation (City or Town) D.C.

DATE OF BURIAL Oct. 18/49 19

7 NAME OF FUNERAL DIRECTOR J Vincent Murray

ADDRESS Revere Mass.

Received and filed NOV 1 1949 19

(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX M 9 COLOR OR RACE W 10 SINGLE (write the word)
MARRIED Married
WIDOWED
OR DIVORCED10a If married, widowed, or divorced
HUSBAND of Annie Joyce
(Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 71 Years 4 Months 22 Days If under 24 hours
Hours Minutes13 Usual Occupation Retired Army Man
(Kind of work done during most of working life)14 Industry
or Business:

15 Social Security No. None

16 BIRTHPLACE (City) Quebec Canada
(State or country)

17 NAME OF FATHER George S Vien

18 BIRTHPLACE OF FATHER (City) Quebec Canada
(State or country)

19 MAIDEN NAME OF MOTHER Maryanne Martin

20 BIRTHPLACE OF MOTHER (City) Quebec Canada
(State or country)21 Informant Hospt Records VAH
(Address) West Roxbury Mass.

A TRUE COPY.

ATTEST: (Registrar of City or Town where death occurred)

DATE FILED Oct. 17/49 19

RECEIVED



NOV-1 1949 AM

Entered Service 10-8-09 Discharged 7-31-40 Warrant Officer

U.S.A. Service No. W900853

INSTRUCTIONS
FOR
CERTIFICATEgiving
OF DEATHnot enter
than one
e for each
(b) and (c)does not mean
of dying, such
ailure, asthenia,
eans the disease,
ications which
ath.bid conditions.
ving rise to the
use (a) stating
erlying causeditions contrib-
he death but not
the disease or
causing death.

50M-2-19-25666

PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)

No. 274 Bowdoin Street

(If death occurred in a hospital or institution,
St. { give its NAME instead of street and number)

2 FULL NAME Flora (Rae) Law

(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. 274 Bowdoin Street

(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 38 years..... months..... days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH October 18 1949

(Month)

(Day)

(Year)

4 I HEREBY CERTIFY, That I attended deceased from
Sept. 26, 1949, to October 18, 1949I last saw h^{er} alive on October 18, 1949, death is said to

have occurred on the date stated above, at 6:00 A.m.

INTERVAL BE-
TWEEN ONSET
AND DEATHDISEASE OR CONDITION
DIRECTLY LEADING

TO DEATH (a) Coronary Occlusion 1 hour

ANTE Due To (b) Atherosclerotic heart
CEDENT (b) Disease

CAUSES

Due To (c) Coronary arterio-
(c) sclerosisOTHER
SIGNIFICANT
CONDITIONSMajor findings:
Of operations.....

Date of operation..... Was autopsy performed? Yes

What test confirmed diagnosis? Microscopic

5 Was disease or injury in any way related to occupation of deceased? No

If so, specify.....

(Signed)..... M. D.

(Address)..... Date Oct 18 1949

6 Winthrop Winthrop
Place of Burial or Cremation (City or Town)

DATE OF BURIAL Oct. 20 1949

7 NAME OF FUNERAL DIRECTOR Edward S. Russell

ADDRESS Winthrop Mass.

Received and filed OCT 28 1949 19

(Registrar)

The Commonwealth of Massachusetts

EDWARD J. CRONIN, SECRETARY
DIVISION OF VITAL STATISTICSSTANDARD
CERTIFICATE OF DEATH

Registered No. 163

To be filed for burial permit
with Board of Health
or its Agent.

PERSONAL AND STATISTICAL PARTICULARS

8 SEX 9 COLOR OR RACE 10 SINGLE (write the word)

Female White MARRIED
WIDOWED
or DIVORCED Widowed

10a If married, widowed, or divorced

HUSBAND of (Give maiden name of wife in full)

(or) WIFE of Alexander Law
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 86 Years 6 Months 1 Days If under 24 hours
Hours .. Minutes13 Usual Occupation: Housewife
(Kind of work done during most of working life)

14 Industry or Business: At home

15 Social Security No. None

16 BIRTHPLACE (City)
(State or country) Scotland

17 NAME OF FATHER Francis Rae

18 BIRTHPLACE OF FATHER (City)
(State or country) Scotland

19 MAIDEN NAME OF MOTHER Elizabeth Henderson

20 BIRTHPLACE OF MOTHER (City)
(State or country) Scotland21 Informant Alexander Law
(Address) 94 Fairmount St BrooklineI HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:Walter H. Walker
(Signature of Agent of Board of Health or other)Health Officer 10/19/49
(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 hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. . . General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance 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.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

PLACE OF DEATH

1

Suffolk
(County)
Winthrop
(City or Town)

No.

97 Bay View Ave

2 FULL NAME

MARGARET MARY (DONOVAN) QUINN.

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No.

97 Bay View Ave, Winthrop

(Usual place of abode)

Length of stay: In place of death 1 years months days. In place of residence 1 years months days.

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICSMEDICAL EXAMINER'S
CERTIFICATE OF DEATHTo be filed for burial permit
with Board of Health
or its Agent.

Registered No.

164

(If death occurred in a hospital or institution,
St. { give its NAME instead of street and number)

PHYSICIAN — IMPORTANT

(Was deceased a
U. S. War Veteran.
If so specify WAR.) NO

MASS.

(If nonresident, give city or town and State)

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH October 18 1949
(Month) (Day) (Year)4 I HEREBY CERTIFY that I have investigated the death
of the person above-named and that the CAUSE AND MANNER thereof
are as follows: (If an injury was involved, state fully.)Asphyxia due to carbon
monoxide inhalation;
suicide during temporary
state of insanity.

5 Accident, suicide, or homicide (specify) Suicide

Date and hour of injury 7:30 PM 10/8/49

Where did
Injury occur? Winthrop Mass
(City or town and State)Did injury occur in or about home, on farm, in industrial place, or in public
place? home
(Specify type of place)Manner of
Injury monoxide inhalation
(How did injury occur?)Nature of
Injury C.O. asphyxia

While at work? Was autopsy performed? no

6 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Michael J. Longo M. D.

(A dress) 25 Shattuck St. Date 10/18/49

7 ST. JOSEPH'S W. ROX MASS
Place of Burial, or Cremation. (City or Town)

DATE OF BURIAL OCTOBER 21 1949 19

8 NAME OF
FUNERAL DIRECTOR FRANK H. CARR

ADDRESS 79 ELM ST CHARLESTOWN MASS.

Received and filed OCT 28 1949 19

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

9 SEX 10 COLOR OR RACE 11 SINGLE (write the word)
MARRIED
WIDOWED
or DIVORCED FEMALE WHITE MARRIED

11a If married, widowed, or divorced

HUSBAND of (Give maiden name of wife in full)

(or) WIFE of WILLIAM HENRY QUINN
(Husband's name in full)

12 IF STILLBORN, enter that fact here.

13 AGE 42 Years Months Days If under 24 hours
Hours Minutes14 Usual
Occupation: HOUSE WIFE
(Kind of work done during most of working life)15 Industry
or Business: OWN HOME

16 Social Security No. NONE

17 BIRTHPLACE (City)
(State or country) CHARLESTOWN
MASS18 NAME OF
FATHER DANIEL D. DONOVAN19 BIRTHPLACE OF
FATHER (City) CORK
(State or country) IRELAND20 MAIDEN NAME OF MOTHER O'NEIL
MARGARET MARY QUINN21 BIRTHPLACE OF
MOTHER (City) CORK
(State or country) IRELAND22 Informant MR. QUINN
(Address) 97 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:

(Signature of Agent of Board of Health or other)

(Official Designation) BOSTON HEALTH DEPT. (Date of Issue of Permit)

Grand St. Barn

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . .Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, 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. as amended by Chap. 48, Acts of 1927 and Chap. 414, Acts of 1931.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.....Chap. 114, Sec. 46, G. L. as amended.

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead..... General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

.....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.)"

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. 59 Winthrop St

2 FULL NAME. Mary J. (Ryan) Murphy
(If deceased is a married, widowed or divorced woman, give also maiden name.)(a) Residence. No. 59 Winthrop St
(Usual place of abode)

Length of stay: In place of death . . . years . . . months . . . days. In place of residence 6 . . . years . . . months . . . days.

INSTRUCTIONS
FOR
CERTIFICATEn giving
OF DEATHnot enter
e than one
e for each
(b) and (c)s does not mean
e of dying, such
ailure, asthenia,
eans the disease,
ications which
eath.bid conditions,
iving rise to the
use (a) stating
derlying causeditions contrib-
he death but not
o the disease or
causing death.

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. 165

(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

3 DATE OF DEATH Oct 25 1949
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
from 1946 to Oct 25 1949
I last saw h. alive on Oct 25 1949 death is said tohave occurred on the date stated above, at 1030 Ave
DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a) ARTERIO
sclerosisINTERVAL BE-
TWEEN ONSET
AND DEATH
22 moANTE Due To
CEDENT (b)
CAUSESDue To
(c)OTHER
SIGNIFICANT
CONDITIONS
myocarditisMajor 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)

(Address)

6 Winthrop Winthrop
Place of Burial or Cremation (City or Town)DATE OF BURIAL Oct 27 19497 NAME OF
FUNERAL DIRECTOR

ADDRESS

Received and filed

John F. O'Malley
Winthrop Mass
OCT 28 1949

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX 9 COLOR OR RACE 10 SINGLE (write the word)
MARRIED
WIDOWED
or DIVORCED Female White Widowed

10a If married, widowed, or divorced

HUSBAND of (Give maiden name of wife in full)

(or) WIFE of Francis L. Murphy
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 75 Years Months Days If under 24 hours
Hours Minutes13 Usual Occupation: Housewife
(Kind of work done during most of working life)14 Industry or Business: Own Home

15 Social Security No.

16 BIRTHPLACE (City) Boston Mass
(State or country)17 NAME OF
FATHER Martin Ryan18 BIRTHPLACE OF
FATHER (City) Boston Ireland
(State or country) Mass19 MAIDEN NAME
OF MOTHER Mary A. Diskin20 BIRTHPLACE OF
MOTHER (City) Ireland
(State or country)21 Informant Margaret Ryan
(Address) 59 Winthrop StI 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) 10/26/49

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also insert in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . General Laws, Chap. 38, Sec. 6.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance 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.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by 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)
Dorchester
(City or Town)

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICSSTANDARD
CERTIFICATE OF DEATHTo be filed for burial permit
with Board of Health
or its Agent.

Registered No. 166

No. 241 Washington Ave. St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Michael E. Primes
(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. 241 Washington Ave. St. (If nonresident, give city or town and State)

Length of stay: In place of death... years... months... days. In place of residence 44 years... months... days.

INSTRUCTIONS
FOR
FILLING OUT
THIS CERTIFICATEIn giving
this certificatenot enter
more than one
cause for each
(b) and (c)does not mean
cause of dying, such
as failure, asthenia,
means the disease,
complications which
lead to death.Under conditions,
giving rise to the
disease (a) stating
underlying causeUnder conditions contrib-
uting to the death but not
causing death.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH October 29 1949
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
June 2 1945 to October 29 1949

I last saw him alive on October 29, 1949, death is said to

have occurred on the date stated above, at 6:55 A. m.

DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a) Coronary
occlusion with myo-INTERVAL BE-
TWEEN ONSET
AND DEATH

11 hours

ANTECEDENT CAUSES Due To (b) cardiac infarction

Due To (c) Coronary artery
disease

5 years

OTHER SIGNIFICANT
CONDITIONS Hypertension

? yrs

Major findings:
Of operations none

Date of operation... Was autopsy performed? no

What test confirmed diagnosis: clinical

5 Was disease or injury in any way related to occupation of deceased? no

If so, specify (Signed) Paul P. Primes

(Address) 38 Shore Street, Dorchester, Mass. Date 10/29/49

6 Place of Burial or Cremation (City or Town) Dorchester

DATE OF BURIAL Nov 2 1949

7 NAME OF FUNERAL DIRECTOR Margaret M. Ruby

ADDRESS 240 Washington St. Dorchester

Received and filed... NOV 3 1949

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Male 9 COLOR OR RACE White 10 SINGLE (write the word)
MARRIED WIDOWED or DIVORCED Married10a 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 65 Years Months Days If under 24 hours
Hours Minutes13 Usual Occupation: Real Estate
(Kind of work done during most of working life)14 Industry
or Business:

15 Social Security No.

16 BIRTHPLACE (City)
(State or country) Boston

17 NAME OF FATHER Michael Primes

18 BIRTHPLACE OF FATHER (City)
(State or country) Boston

19 MAIDEN NAME OF MOTHER Sophia Burgess

20 BIRTHPLACE OF MOTHER (City)
(State or country) Boston

PARENTS

21 Informant (Address) Mrs. Mary E. Primes
241 Washington Ave.I HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:Walter F. Bradley
(Signature of Agent of Board of Health or other)

(Official Designation) Health Officer (Date of Issue of Permit) 11/1/49

EXTRACTS
FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen 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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death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . General Laws, Chap. 38, Sec. 6.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. 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.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by 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

M R-301A

INSTRUCTIONS
FOR
CERTIFICATEn giving
E OF DEATHnot enter
e than one
e for each
(b) and (c)s does not mean
e of dying, such
ailure, asthenia,
eans the disease,
lications which
ath.bid conditions,
iving rise to the
use (a) stating
erlying causeditions contrib-
he death but not
o the disease or
causing death.

620 Beach St

100M-(D)-10-48-24658

PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)

No. 46 Washington Ave.

2 FULL NAME

George R Henderson

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No.

46 Washington Ave.

(Usual place of abode)

Length of stay: In place of death: 2 years..... months..... days. In place of residence 35 years..... months..... days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH OCTOBER 30 1999
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
JUNE 5 1948 to OCTOBER 23 1999

I last saw him alive on OCTOBER 23 1999, death is said to

have occurred on the date stated above, at 9:05 A.M.

DISEASE OR CONDITION

DIRECTLY LEADING

TO DEATH (a) BRONCHIAL PNEUMONIA

INTERVAL BE-
TWEEN ONSET
AND DEATH

3 DAYS

ANTE Due To
CEDENT (b)
CAUSES

CHRONIC BRONCHITIS

1 YEAR

Due To GENERALIZED ARTERIOSCLEROSIS
(c) RIGHT HEMIPLEGIA

5 YRS

2 YRS

OTHER
SIGNIFICANT
CONDITIONS

CHRONIC MYOCARDITIS

5 YRS

Major findings:
Of operations.....

Date of operation..... Was autopsy performed? NO

What test confirmed diagnosis? CLINICAL OBSERVATION

5 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

Date

10-31

1949

6 Woodlawn Crematory Everett
Place of Burial or Cremation (City or Town)

DATE OF BURIAL

OCT 31

1999

7 NAME OF
FUNERAL DIRECTOR

ADDRESS

Received and filed..... 19.....

(Registrar)

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. 167

{ (If death occurred in a hospital or institution,
give its NAME instead of street and number)

{ PHYSICIAN — IMPORTANT

{ (Was deceased a
U. S. War Veteran,
if so specify WAR)

{ (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Male 9 COLOR OR RACE White 10 SINGLE (write the word)
MARRIED WIDOWED or DIVORCED10a If married, widowed, or divorced
HUSBAND of Bessie M Mason
(Give maiden name of wife in full)(or) WIFE of
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 74 Years 3 Months 23 Days
If under 24 hours
Hours Minutes13 Usual Occupation: Salesman
(Kind of work done during most of working life)

14 Industry or Business: Asbestos

15 Social Security No. None

16 BIRTHPLACE (City) Boston
(State or country) Mass

17 NAME OF FATHER James Henderson

18 BIRTHPLACE OF FATHER (City) Ireland
(State or country)

19 MAIDEN NAME OF MOTHER Mary J. Woodfull

20 BIRTHPLACE OF MOTHER (City) England
(State or country)21 Informant Dorothy Henderson
(Address) 4809 20th Street N Arlington Va.I HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:Walter L. Walters
(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit) 11/1/49

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . General Laws, Chap. 38, Sec. 6.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance 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.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by 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. 9 Marshall Street

St. { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Sarah (McInnes) McQuarrie

(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT

(Was deceased a
U. S. War Veteran,
if so specify WAR)

(a) Residence. No. 9 Marshall Street

(Usual place of abode)

(If nonresident, give city or town and State)

Length of stay: In place of death. years months days. In place of residence 17 years months days.

INSTRUCTIONS
FOR
CERTIFICATEn giving
OF DEATHnot enter
e than one
e for each
(b) and (c)s does not mean
e of dying, such
ailure, asthenia,
eans the disease,
ications which
ath.bid conditions,
iving rise to the
use (a) stating
erlying causeditions contrib-
he death but not
the disease or
causing death.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH October 30th 1949

(Month)

(Day)

(Year)

I HEREBY CERTIFY, That I attended deceased from
September 1947 to October 30, 1949

I last saw her alive on October 30, 1949, death is said to

have occurred on the date stated above, at 12:30 P. m.

DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a)Carcinoma of
esophagus and stomach 36 moANTECEDENT CAUSES
Due To (b)

Due To (c)

OTHER
SIGNIFICANT
CONDITIONSMajor 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)

(Address)

6 Place of Burial or Cremation

(City or Town)

DATE OF BURIAL

Nov. 3

49

7 NAME OF FUNERAL DIRECTOR

ADDRESS

Received and filed.

19

(Registrar)

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.

168

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Female 9 COLOR OR RACE White 10 SINGLE (write the word)
MARRIED
WIDOWED
or DIVORCED Widow

10a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of John McQuarrie

(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 80 Years Months Days If under 24 hours
Hours Minutes13 Usual Occupation: Housewife
(Kind of work done during most of working life)

14 Industry or Business: At home

15 Social Security No. None

16 BIRTHPLACE (City) Nova Scotia
(State or country)

17 NAME OF FATHER Norman McInnes

18 BIRTHPLACE OF FATHER (City) Nova Scotia
(State or country)

19 MAIDEN NAME OF MOTHER Bella McAuley

20 BIRTHPLACE OF MOTHER (City) Nova Scotia
(State or country)21 Informant Mary Smith
(Address) 9 Marshall St WinthropI 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

(Date of Issue of Permit) 11/1/49

100M (D) 10-48-24686

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 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.

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death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or 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

M R-301A

INSTRUCTIONS
FOR
CERTIFICATEgiving
OF DEATHnot enter
more than one
cause for each
(b) and (c)does not mean
of dying, such
failure, asthenia,
means the disease,
indications which
death.bid conditions.
giving rise to the
cause (a) stating
underlying causeditions contrib-
the death but not
the disease or
causing death.

100M(D)-10-46-24655

PLACE OF DEATH

1

2 FULL NAME

(a) Residence. No.

(Usual place of abode)

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 Oct 31 1949
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from May 1949 to Oct 31 1949
I last saw her alive on Oct 30 1949 death is said to

have occurred on the date stated above, at 8:30 A.M.

DISEASE OR CONDITION

DIRECTLY LEADING

TO DEATH (a)

Carcinoma of Esophagus and Cardia 20 hrs

ANTECEDENT (b) Due To CAUSES

Due To (c)

OTHER SIGNIFICANT CONDITIONS

Major findings: same as above
Of operations July 1948

Date of operation July 1948 Was autopsy performed? No

What test confirmed diagnosis?

5 Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed)

(Address) 12a Beuning St 8B Date 10/31 1949 M. D.

6 Place of Burial or Cremation Holy Cross Mortuary (City or Town)

DATE OF BURIAL November 2 1949

7 NAME OF FUNERAL DIRECTOR Daniel J. Quinn

ADDRESS Conledge 37 Nov 3 1949

Received and filed. NOV 3 1949

(Registrar)

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICSSTANDARD
CERTIFICATE OF DEATHTo be filed for burial permit
with Board of Health
or its Agent

Registered No. 169

No. 29 Washington Avenue St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

(If deceased is a married, widowed or divorced woman, give also maiden name.)

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

8 SEX F. 9 COLOR OR RACE W. 10 SINGLE MARRIED (write the word) WIDOWED widowed or DIVORCED

10a If married, widowed, or divorced HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of Emmanuelle J. Brooks (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 78 Years Months Days If under 24 hours Hours Minutes

13 Usual Occupation: Housewife (Kind of work done during most of working life)

14 Industry or Business: Not Home

15 Social Security No.

16 BIRTHPLACE (City) (State or country) Portugal

17 NAME OF FATHER Joseph Neves

18 BIRTHPLACE OF FATHER (City) (State or country) Portugal

19 MAIDEN NAME OF MOTHER Isabelle

20 BIRTHPLACE OF MOTHER (City) (State or country) Portugal

21 Informant (Address) William Brooks 29 Washington Ave Wintthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Walter F. Baker (Signature of Agent of Board of Health or other)

(Official Designation) Health Officer (Date of Issue of Permit) 11/1/49

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

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

PLACE OF DEATH

Suffolk

(County)

Revere

(City or Town)



The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

REVERE

(City or town making return)

170

COPY OF

CERTIFICATE OF DEATH

Registered No.

No. Grover Manor Hospital

St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Roger Mansfield
(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. 26 Charles
(Usual place of abode)St. Winthrop
(If nonresident, give city or town and State)

Length of stay: In place of death..... years..... months 3..... days. In place of residence 3..... years..... months..... days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH Oct. 10, 1949
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
July 1949, to Oct. 10, 1949

I last saw him alive on Oct. 10, 1949, death is said to

have occurred on the date stated above, at 9:50 P.m.

DISEASE OR CONDITION

DIRECTLY LEADING

TO DEATH (a) Arteriosclerotic
Heart DiseaseINTERVAL BE-
TWEEN ONSET
AND DEATH

10 yrs

ANTE DUE TO Cardiac
CEDENT (b)

CAUSES Decompensation

3 mos.

Due To
(c)OTHER
SIGNIFICANT
CONDITIONS noneMajor findings:
Of operations.

Date of operation..... Was autopsy performed? No

What test confirmed diagnosis? Clinical

5 Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) 26 Charles Liberman
(Address) 26 Wave Way, Ave. Date 10/10/496 New Calvary Winthrop Boston
Place of Burial or Cremation (City or Town)

DATE OF BURIAL Oct. 14, 1949

7 NAME OF FUNERAL DIRECTOR T. J. Crosby
ADDRESS 867 Beacon St., Boston

Received and filed NOV 16 1949

(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Male 9 COLOR OR RACE White 10 SINGLE (write the word)
MARRIED
WIDOWED
or DIVORCED Widowed10a If married, widowed, or divorced
HUSBAND of Mary Brine
(Give maiden name of wife in full)(or) WIFE of.....
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 93 Years X Months X Days If under 24 hours
Hours Minutes13 Usual Occupation Ret. Supt.
(Kind of work done during most of working life)

14 Industry or Business Sugar Refinery

15 Social Security No. Unknown

16 BIRTHPLACE (City) Ireland
(State or country)

17 NAME OF FATHER Garrett Mansfield

18 BIRTHPLACE OF FATHER (City) Ireland
(State or country)

19 MAIDEN NAME OF MOTHER Johanna Burke

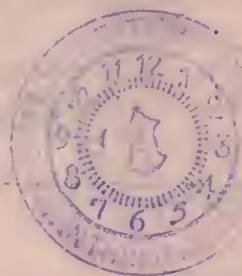
20 BIRTHPLACE OF MOTHER (City) Ireland
(State or country)21 Informant Mrs. Mary Tully
(Address) 26 Charles St., Winthrop

A TRUE COPY.

ATTEST: (Registrar of City or Town where death occurred)

DATE FILED October 14, 1949

RECEIVED



NOV 19 1943 AM

Copies of returns of deaths which occurred in your city or town in case the deceased resided in another city or town at the time of death should be transmitted on Form R-302 to the clerk of the city or town in which the deceased resided as soon as possible after the close of the month in which the death occurred. (See Chap. 46, Sec. 12, G. L.)

50m-(c)-10-48-24658

PLACE OF DEATH

1

Middlesex
(County)

Everett
(City or Town)



The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

EVERETT

(City or town making return)

COPY OF

CERTIFICATE OF DEATH

Registered No. 171

No. Whidden Hospital

St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Mae L. McFarland (Wood)

(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.

97 Beach Road

St.

Winthrop

(Usual place of abode)

(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

October 10, 1949
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from 10-10 1949 to 10-10 1949

I last saw her alive on 10-10 1949, death is said to have occurred on the date stated above, at 12.40p m.

DISEASE OR CONDITION

DIRECTLY LEADING TO DEATH (a) Acute Coronary Thrombosis

INTERVAL BETWEEN ONSET AND DEATH

1 dy

ANTECEDENT CAUSES

Due To (c)

OTHER SIGNIFICANT CONDITIONS

Major findings: Of operations.....

Date of operation.....

Was autopsy performed? no

What test confirmed diagnosis? Electrocardiogram

5 Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) H. K. Bloom

(Address) Everett

Date 10-11 1949

6 Place of Burial or Cremation

Winthrop (City or Town)

DATE OF BURIAL

10-13 1949

7 NAME OF FUNERAL DIRECTOR

Alfred B. Marsh Winthrop

ADDRESS

Received and filed

NOV 18 1949

(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX

f

9 COLOR OR RACE

wht.

10 SINGLE

MARRIED WIDOWED OR DIVORCED

(Write the word)

10a If married, widowed, or divorced HUSBAND of

(or) WIFE of

Vincent McFarland (Give maiden name of wife in full)

(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE

62 4 25

If under 24 hours

Years Months Days

Hours Minutes

13 Usual Occupation:

Practical nursing

(Kind of work done during most of working life)

14 Industry or Business:

Convalescent Homes

15 Social Security No.

024-03-1447

16 BIRTHPLACE (City) (State or country)

E. Boston Mass.

17 NAME OF FATHER

Robert Wood

18 BIRTHPLACE OF FATHER (City) (State or country)

England

19 MAIDEN NAME OF MOTHER

Annie Williams

20 BIRTHPLACE OF MOTHER (City) (State or country)

Ireland

21 Informant (Address) Lawrence McFarland (son) Winthrop

A TRUE COPY.

ATTEST:

(Registrar of City or Town where death occurred)

DATE FILED

10-13 1949

RECEIVED



NOV 18 11 43 AM

Copies of returns of deaths which occurred in your city or town in case the deceased resided in another city or town at the time of death should be transmitted on Form R-302 to the clerk of the city or town in which the deceased resided as soon as possible after the close of the month in which the death occurred. (See Chap. 46, Sec. 12, G. L.)

50m-(c)-10-48-24658

PLACE OF DEATH

SUFFOLK
(County)

(City or Town)



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. 8650 172

No. Mass General Hospital

St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Elizabeth Paterson

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(Was deceased a U. S. War Veteran, if so specify WAR) no

(a) Residence. No. 125 Cliff Ave
(Usual place of abode)

St. Winthrop
(If nonresident, give city or town and State)

Length of stay: In place of death years months 1 days. In place of residence 7 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH Oct 14 1949
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from Oct 13, 19 49, to Oct 14, 19 49

I last saw her alive on Oct 14, 19 49, death is said to have occurred on the date stated above, at 1:21 A. m.

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Coronary thrombosis

INTERVAL BETWEEN ONSET AND DEATH

24hrs

ANTE CEDENT CAUSES Due To (b) Arteriosclerosis

unk yrs

Due To (c)

OTHER SIGNIFICANT CONDITIONS Rheumatoid arthritis

old

Major findings: none
Of operations.

Date of operation Was autopsy performed? yes

What test confirmed diagnosis? Autopsy

5 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) C. L. Clay M. D.
(Address) Asst Dir MGH Date 10/14 19 49

6 Hudsonview Cem Mechanicville N.Y.
Place of Burial or Cremation (City or Town)

DATE OF BURIAL Oct 19 1949 19

7 NAME OF FUNERAL DIRECTOR R Bell

ADDRESS Brookline

Received and filed. DEC 7 1949 19

(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX female 9 COLOR OR RACE white 10 SINGLE (write the word) MARRIED WIDOWED widowed or DIVORCED

10a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full)

(or) WIFE of Allen McDonald Paterson (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 82 Years Months Days If under 24 hours Hours Minutes

13 Usual Occupation: Housewife (Kind of work done during most of working life)

14 Industry or Business: At home

15 Social Security No. none

16 BIRTHPLACE (City) Mechanicville (State or country) N.Y.

17 NAME OF FATHER George Baxter

18 BIRTHPLACE OF FATHER (City) Sootland (State or country)

19 MAIDEN NAME OF MOTHER Jean Millie

20 BIRTHPLACE OF MOTHER (City) Scotland (State or country)

21 Informant Mrs Ruth E Mahone (dau) (Address)

A TRUE COPY.

ATTEST: (Registrar of City or Town where death occurred)

DATE FILED Oct 17 1949 19

RECEIVED



DEC-01 1963

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

RM R-302

1 PLACE OF DEATH

SUFFOLK
BOSTON

(City or Town)



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. 3700-173

No. Mass Gen Hosp

St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Margaret Tutein

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(Was deceased a
U. S. War Veteran,
if so specify WAR)

(a) Residence. No. 105 Woodside Ave
(Usual place of abode)

St. Winthrop
(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 Oct 15 1949
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from
Sep 29 1949, to Oct 15, 1949

I last saw her alive on Oct 15, 1949 death is said to
have occurred on the date stated above, at 8:02 P.m.

DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a) Coronary thrombosis

INTERVAL BETWEEN ONSET
AND DEATH

3min

ANTE CEDENT CAUSES
Due To (b)

Due To (c)

OTHER SIGNIFICANT CONDITIONS Carcinoma of sigmoid
Intestinal obstruction

2mos

Major findings: Distended bowel
Of operations

Date of operation 10/6/49 Was autopsy performed? yes

What test confirmed diagnosis? autopsy

5 Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) W. R. Richardson M. D.
(Address) MCH Date 10/16 1949

6 Oak Grove Medford
Place of Burial or Cremation (City or Town)

DATE OF BURIAL Oct 19 1949

7 NAME OF FUNERAL DIRECTOR R J De Neill
ADDRESS Revere

Received and filed 19

(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX female 9 COLOR OR RACE white 10 SINGLE (write the word)
MARRIED WIDOWED widow
or DIVORCED

10a If married, widowed, or divorced
HUSBAND of (Give maiden name of wife in full)

(or) WIFE of Winfred H Tutein
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 72 Years Months Days If under 24 hours
Hours Minutes

13 Usual Occupation: At home
(Kind of work done during most of working life)

14 Industry or Business: Home

15 Social Security No.

16 BIRTHPLACE (City) St John
(State or country) N B

17 NAME OF FATHER Elias Ross

18 BIRTHPLACE OF FATHER (City) St John
(State or country) N B

19 MAIDEN NAME OF MOTHER C N B L

20 BIRTHPLACE OF MOTHER (City) C N B L
(State or country)

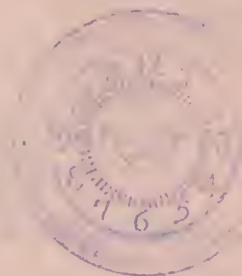
21 Informant Dorothy Eames
(Address)

A TRUE COPY

ATTEST: (Registrar of City or Town where death occurred)

DATE FILED Oct 19 1949

RECEIVED



DEC-6 11:43 AM

Copies of returns of deaths which occurred in your city or town in case the deceased resided in another city or town at the time of death should be transmitted on Form R-302 to the clerk of the city or town in which the deceased resided as soon as possible after the close of the month in which the death occurred. (See Chap. 46, Sec. 12, G. L.)

50m-(e)-10-48-24658

PLACE OF DEATH

1

(County) **SUFFOLK**
(City or Town) **Boston**



The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

BOSTON

(City or town making return)

8847 174

Registered No.

COPY OF
CERTIFICATE OF DEATHNo. **Mass. General Hospital**

St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME **Eva Richardson**
(If deceased is a married, widowed or divorced woman, give also maiden name.)(Was deceased a
U. S. War Veteran,
if so specify WAR)(a) Residence. No. **80 Read St**
(Usual place of abode)St. **Winthrop Mass.**
(If nonresident, give city or town and State)Length of stay: In place of death.....years.....months **2**.....days. In place of residence.....years **4**.....months.....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH **Oct. 21/49**
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
Oct. 19, 19**49**, to **Oct. 21**, 19**49**I last saw h. **er** alive on **Oct. 21**, 19**49**, death is said to
have occurred on the date stated above, at **6 A** m.DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a)**Cerebral
Haemorrhage**INTERVAL BE-
TWEEN ONSET
AND DEATH**2 Days**ANTE Due To
CEDENT (b)
CAUSES**Arterio Sclerosis 4 Yrs
and Plus**Due To
(c)**Hypertension 4 Yrs
Plus**OTHER
SIGNIFICANT
CONDITIONSMajor findings:
Of operations.....Date of operation..... Was autopsy performed? **Yes**What test confirmed diagnosis? **Autopsy**

5 Was disease or injury in any way related to occupation of deceased?

If so, specify.....

(Signed) **C L Clay**
(Address) **Mass. General Hospt 10-21 M. 49**
Pine Grove Cem-South Paris Maine

6 Place of Burial or Cremation (City or Town)

DATE OF BURIAL **Oct. 24/49** 197 NAME OF FUNERAL DIRECTOR **C J Murphy**
ADDRESS **Everett Mass.**Received and filed. **DEC 7 1949** 19

(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX **F** 9 COLOR OR RACE **W** 10 SINGLE (write the word)
MARRIED Single
WIDOWED
or DIVORCED10a 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 **44** Years **6** Months **29** Days
AGE If under 24 hours
Hours.....Minutes13 Usual Occupation: **Saleslady**
(Kind of work done during most of working life)14 Industry or Business: **Retail Sales**15 Social Security No. **Unknown**16 BIRTHPLACE (City)
(State or country) **Bethel Maine**17 NAME OF FATHER **Arthur Richardson**
Sawyersville18 BIRTHPLACE OF FATHER (City)
(State or country) **Quebec Canada**19 MAIDEN NAME OF MOTHER **Eloise Goupie**
Sawyersville20 BIRTHPLACE OF MOTHER (City)
(State or country) **Quebec Canada.**21 Informant **E Rackliffe**
(Address)

A TRUE COPY

ATTEST: **Registrar of City or Town where death occurred**DATE FILED **Oct. 24/49** 19

RECEIVED



DEC-62

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

PLACE OF DEATH

Suffolk

(County)

Revere

(City or Town)



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. 125

No. Grover Manor Hospital

St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Georgia Juan (Wentworth)
(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. 91 Freemont
(Usual place of abode)

St. Winthrop, Mass.

(If nonresident, give city or town and State)

Length of stay: In place of death 4 years 4 months 4 days. In place of residence 20 years 4 months 4 days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH October 27 1949
(Month) (Day) (Year)

4 I HEREBY CERTIFY. That I attended deceased from
Oct. 24 1949 to Oct. 27 1949

I last saw her alive on Oct. 26 1949 death is said to
have occurred on the date stated above, at 5:45 A. m.

DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a) Myocarditis

INTERVAL BE-
TWEEN ONSET
AND DEATH
4 days

ANTE CEDENT CAUSES Due To (b) Chronic Nephritis

2 Yrs

Due To
(c)

OTHER
SIGNIFICANT
CONDITIONS No

Major findings:
Of operations No

Date of operation No

Was autopsy performed? No

What test confirmed diagnosis? Clinical Signs

5 Was disease or injury in any way related to occupation of deceased? No

If so, specify James F Burns

(Signed) Everett

Date 10/27 1949

6 Winthrop Winthrop
Place of Burial or Cremation (City or Town)

DATE OF BURIAL Oct. 29 1949

7 NAME OF FUNERAL DIRECTOR Howard S Reynolds
Winthrop, Mass.

ADDRESS

Received and filed NOV 1 1949

(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Female 9 COLOR OR RACE White 10 SINGLE (write the word)
MARRIED
WIDOWED
or DIVORCED Widowed

10a If married, widowed, or divorced

HUSBAND of (Give maiden name of wife in full)

(or) WIFE of Walter W Juan

(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 71 Years 9 Months 13 Days If under 24 hours
Hours Minutes

13 Usual Occupation: Housewife
(Kind of work done during most of working life)

14 Industry or Business: At home

15 Social Security No. None

16 BIRTHPLACE (City) Belfast
(State or country) Maine

17 NAME OF FATHER George Wentworth

18 BIRTHPLACE OF FATHER (City) Maine
(State or country)

19 MAIDEN NAME OF MOTHER Lydia Johnson

20 BIRTHPLACE OF MOTHER (City) Maine
(State or country)

21 Informant: Frederick Wentworth
(Address) 91 Freemont St., Winthrop

A TRUE COPY.

ATTEST: (Registrar of City or Town where death occurred)

DATE FILED October 31 1949

RECEIVED



NOV 19 1970 AM

Copies of returns of deaths which occurred in your city or town in case the deceased resided in another city or town at the time of death should be transmitted on Form R-302 to the clerk of the city or town in which the deceased resided as soon as possible after the close of the month in which the death occurred. (See Chap. 46, Sec. 12, G. L.)

50m-(e)-10-48-24658

PLACE OF DEATH

Essex

(County)

Danvers

(City or Town)



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.

176

No. Danvers State Hospital, Hathorne, Mass. (If death occurred in a hospital or institution, state its NAME instead of street and number)

2 FULL NAME Clarissa L. Story

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(Was deceased a
U. S. War Veteran,
if so specify WAR)

(a) Residence. No. 80 Shore Drive, Winthrop, Mass. St.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of stay: In place of death 20 years 4 months 7 days. In place of residence years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH October 28 1949
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
Aug. 1 1949, to Oct. 28 1949

I last saw her alive on Oct. 28 1949 death is said to

have occurred on the date stated above, at 5:45 a.m.

INTERVAL BE-
TWEEN ONSET
AND DEATHDISEASE OR CONDITION
DIRECTLY LEADING Cerebral hemorrhage
TO DEATH (a) 5 daysANTE Due To (b) Hypertensive Pneumonia
CEDENT CAUSESDue To
(c)OTHER
SIGNIFICANT
CONDITIONSMajor findings:
Of operations.

Date of operation. Was autopsy performed? No

What test confirmed diagnosis? Clinical

5 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Paul B. Jossman M. D.
(Address) Hathorne, Mass. Date 11/9 19496 Harmony Grove Cem., Salem, Mass.
Place of Burial or Cremation (City or Town)

DATE OF BURIAL October 31 1949

7 NAME OF FUNERAL DIRECTOR Geo. W. Full & Sons

ADDRESS Salem, Mass.

Received and filed NOV 21 1949

(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Female 9 COLOR OR RACE White 10 SINGLE (write the word)
MARRIED
WIDOWED
or DIVORCED Single

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.

AGE 82 Years Months Days If under 24 hours
Hours Minutes13 Usual Occupation: Retired school teacher
(Kind of work done during most of working life)14 Industry
or Business:

15 Social Security No. None

16 BIRTHPLACE (City) Essex
(State or country) Mass.

17 NAME OF FATHER Jonathan L. Story

18 BIRTHPLACE OF FATHER (City) Essex
(State or country) Mass.

19 MAIDEN NAME OF MOTHER Mary P. Prince

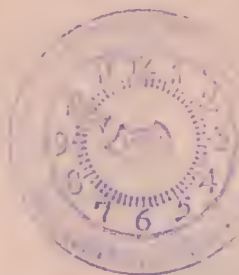
20 BIRTHPLACE OF MOTHER (City) Essex
(State or country) Mass.21 Informant Mary E. Sheehan
(Address) Hathorne, Mass.

A TRUE COPY.

ATTEST: (Registrar of City or Town where death occurred)

DATE FILED November 12 1949

RECEIVED



NOV 21 1940 AM

M R-301)

INSTRUCTIONS
FOR
CERTIFICATEgiving
OF DEATHnot enter
than one
for each
(b) and (c)does not mean
of dying, such
as, apoplexy,
asthenia,
paralysis, etc.,
which
cause death.and conditions,
leading rise to the
cause (a) stating
the primary causeconditions contrib-
uting to the death but not
the disease or
causing death.

PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)

No. 46 Washington Avenue

2 FULL NAME Minette E. Hewitt (Hatch)

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 473 Vane St.

(Usual place of abode)

St. Revere

(If nonresident, give city or town and State)

Length of stay: In place of death.....years.....months.....10 days. In place of residence.....25 years.....months.....days.

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICSSTANDARD
CERTIFICATE OF DEATH

(City or town making return)

Registered No. 177

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH Nov 1 1949
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
Jan 1, 1949, to Nov 1, 1949I last saw her alive on Oct 30, 1949, death is said to
have occurred on the date stated above, at 5:30 a.m.DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a) Cerebral ThrombosisINTERVAL BE-
TWEEN ONSET
AND DEATH

1 week

ANTECEDENT CAUSES Due To Cerebral Arterio-sclerosis

Due To
(c)OTHER
SIGNIFICANT
CONDITIONSMajor findings:
Of operations.....none

Date of operation.....Was autopsy performed?

What test confirmed diagnosis?.....none

5 Was disease or injury in any way related to occupation of deceased?.....no

If so, specify.....

(Signed) Albert F. Douglass M. D.
(Address) Chelsea Date 11/3 1949Mayflower Hill Taunton
Place of Burial or Cremation (City or Town)

DATE OF BURIAL November 4, 1949

7 NAME OF FUNERAL DIRECTOR Albert F. Douglass

ADDRESS Lexington 73, Mass.

Received and filed NOV 8 1949 19

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX female 9 COLOR OR RACE white 10 SINGLE (write the word)
MARRIED MARRIED
WIDOWED WIDOWED
or DIVORCED or DIVORCED

10a If married, widowed, or divorced

HUSBAND of.....

(Give maiden name of wife in full)

(or) WIFE of John Hewitt

(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 91 Years 1 Months 16 Days If under 24 hours
Hours.....Minutes13 Usual Occupation Housewife
(Kind of work done during most of working life)

14 Industry or Business At Home

15 Social Security No. none

16 BIRTHPLACE (City) Sandwich
(State or country) Mass.

17 NAME OF FATHER Hatch

18 BIRTHPLACE OF FATHER (City) Falmouth
(State or country) Mass.

19 MAIDEN NAME OF MOTHER unknown

20 BIRTHPLACE OF MOTHER (City) unknown
(State or country)21 Informant Miss Helen Hewitt
(Address) 14 Russell St. No. QuincyI HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:Walter H. Baker
(Signature of Agent of Board of Health or other)

(Official Designation) Health Officer (Date of Issue of Permit) 11/4/49

100M(C) 10-48-24958

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . General Laws, Chap. 38, Sec. 6.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance 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.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by 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

RM R-302

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

PLACE OF DEATH

SUFFOLK
BOSTON

(County)



The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

BOSTON

(City or town making return)

COPY OF
CERTIFICATE OF DEATH

Registered No. 9248 178

No. **Mass Women's Hosp** St. (If death occurred in a hospital or institution, give its NAME instead of street and number)
2 FULL NAME **Sarah Currier** (If deceased is a married, widowed or divorced woman, give also maiden name.)
(a) Residence. No. **57 Loring Rd** St. **Winthrop** (If nonresident, give city or town and State)
Length of stay: In place of death.....years.....months **6** days. In place of residence **47** years.....months.....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH **Nov 2 1949**
(Month) (Day) (Year)
4 I HEREBY CERTIFY, That I attended deceased from **Oct 28 19 49** to **Nov 2 19 49**
I last saw h **er** alive on **Nov 2 19 49** death is said to have occurred on the date stated above, at **11:10 P m.**
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) **Cirrhosis of liver**
Carcinoma of breast
INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES Due To (b)
CAUSES
Due To (c)
OTHER SIGNIFICANT CONDITIONS

Major findings: **Carcinoma of breast, grade III**
Of operations: **10/28/49**
Date of operation: **10/28/49** Was autopsy performed? **yes**
What test confirmed diagnosis? **Path - autopsy**

5 Was disease or injury in any way related to occupation of deceased? **no**
If so, specify.....
(Signed) **B D Margesson**
(Address) **Brookline** Date **11/2 19 49**

6 **Woodlawn** **Everett**
Place of Burial or Cremation (City or Town)
DATE OF BURIAL **Nov 5 1949**

7 NAME OF FUNERAL DIRECTOR **H S Reynolds**
ADDRESS **Winthrop**

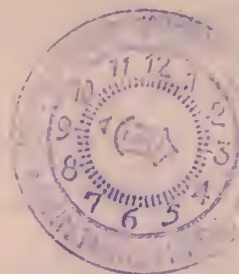
Received and filed **NOV 16 1949**
(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX **female** 9 COLOR OR RACE **white** 10 SINGLE (write the word) **MARRIED**
WIDOWED **married**
10a If married, widowed, or divorced HUSBAND of..... (Give maiden name of wife in full)
(or) WIFE of **Edward Currier** (Husband's name in full)
11 IF STILLBORN, enter that fact here.
12 AGE **76** Years **2** Months **28** Days If under 24 hours
Hours.....Minutes
13 Usual Occupation: **Housewife** (Kind of work done during most of working life)
14 Industry or Business: **At home**
15 Social Security No. **none**
16 BIRTHPLACE (City) **Chelsea**
(State or country) **Mass**
17 NAME OF FATHER **George Gardner**
18 BIRTHPLACE OF FATHER (City) **Nantucket**
(State or country) **Mass**
19 MAIDEN NAME OF MOTHER **Mary Piggott**
20 BIRTHPLACE OF MOTHER (City) **Chelsea**
(State or country) **Mass**
21 Informant (Address) **Hosp records**

A TRUE COPY
ATTEST: **Michael J. Manning**
(Registrar of City or Town where death occurred)
DATE FILED **Nov 7 1949**

RECEIVED



NOV 16 10 40 AM

Copies of returns of deaths which occurred in your city or town in case the deceased resided in another city or town at the time of death should be transmitted on Form R-302 to the clerk of the city or town in which the deceased resided as soon as possible after the close of the month in which the death occurred. (See Chap. 46, Sec. 12, G. L.)

50m-(c)-10-48-24658

PLACE OF DEATH		The Commonwealth of Massachusetts		OFFICE OF THE SECRETARY DIVISION OF VITAL STATISTICS		Medford	
1		Middlesex (County)		COPY OF CERTIFICATE OF DEATH		Medford (City or town making return)	
No.		78 Magoun Ave.		St.		Registered No. 129	
2 FULL NAME		Julia B. Hatch		(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.		25 Faun Bar Ave.		St.		Winthrop	
(Usual place of abode)						(If nonresident, give city or town and State)	
Length of stay:		In place of death 1 years.....months.....days.		In place of residence 6 years.....months.....days.			
MEDICAL CERTIFICATE OF DEATH				PERSONAL AND STATISTICAL PARTICULARS			
3 DATE OF DEATH				8 SEX			
November 3 1949 (Month) (Day) (Year)				female			
4 I HEREBY CERTIFY, That I attended deceased from				9 COLOR OR RACE			
October 19 46 to November 3 19 49				white			
I last saw her alive on Nov 3 19 49, death is said to				10 SINGLE (write the word)			
have occurred on the date stated above, at 3 A. M.				MARRIED			
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a)				WIDOWED			
Coronary Thrombosis 24hrs				or DIVORCED			
INTERVAL BETWEEN ONSET AND DEATH				11 IF STILLBORN, enter that fact here.			
DUE TO Generalized and				12 AGE 82 Years 11 Months 14 Days			
CAUSE Coronary arteriosclerosis 10yrs				If under 24 hours Hours.....Minutes			
DUE TO (c)				13 Usual Occupation: Secretary (Retired)			
				(Kind of work done during most of working life)			
OTHER SIGNIFICANT CONDITIONS				14 Industry or Business: Private			
Major findings: Of operations: none				15 Social Security No. none			
Date of operation: Was autopsy performed? none				16 BIRTHPLACE (City) Marblehead			
What test confirmed diagnosis? clinical				(State or country) Mass.			
5 Was disease or injury in any way related to occupation of deceased? none				17 NAME OF FATHER George Hatch			
If so, specify Paul P. Weinsart				18 BIRTHPLACE OF FATHER (City) Wells			
(Signed) 258 State Dr. Date 11/3 19 49				(State or country) Maine			
(Address) Winthrop				19 MAIDEN NAME OF MOTHER M. Ellen Hatch			
6 Waterside Marblehead				20 BIRTHPLACE OF MOTHER (City) Wells			
Place of Burial or Cremation (City or Town)				(State or country) Maine			
DATE OF BURIAL Nov 5, 1949				21 Informant Laurence Ethier			
7 NAME OF FUNERAL DIRECTOR Harvard S. Reynolds				(Address) 25 Faun Bar Ave. Winthrop			
ADDRESS Winthrop, Mass.				A TRUE COPY			
Received and filed Nov 8 1949				ATTEST: (Registrar of City or Town where death occurred)			
(Registrar of City or Town where deceased resided)				DATE FILED Nov 4, 1949			



PLACE OF DEATH

Winthrop

(County)

Suffolk

(City or Town)

No. 198 Cottage Park Road

2 FULL NAME. Herbert Clayton Dow

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 198 Cottage Park Road

(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 35 years months days.

INSTRUCTIONS
FOR
CERTIFICATEgiving
OF DEATHnot enter
than one
for each
(b) and (c)does not mean
of dying, such
stature, asthenia,
trans the disease,
indications which
ath.oid conditions,
ing rise to the
se (a) stating
erlying causeitions contrib-
e death but not
the disease or
causing death.

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. 130

{(If death occurred in a hospital or institution,
St. { give its NAME instead of street and number)

PHYSICIAN — IMPORTANT

{(Was deceased a
U. S. War Veteran,
if so specify WAR)INSTRUCTIONS
FOR
CERTIFICATEgiving
OF DEATHnot enter
than one
for each
(b) and (c)does not mean
of dying, such
stature, asthenia,
trans the disease,
indications which
ath.oid conditions,
ing rise to the
se (a) stating
erlying causeitions contrib-
e death but not
the disease or
causing death.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH Nov. 5 1949
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
Jan. 17 1947 to Nov. 5 1949

I last saw him alive on Nov. 4 1949, death is said to

have occurred on the date stated above, at 1 P.M.

DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a) Chronic myocarditisINTERVAL BE-
TWEEN ONSET
AND DEATH

3 yrs

ANTECEDENT CAUSES
Due To (b) Chronic hepatitis

3 yrs

Due To
(c)OTHER
SIGNIFICANT
CONDITIONSMajor findings:
Of operations:

Date of operation: Was autopsy performed? no

What test confirmed diagnosis?

5 Was disease or injury in any way related to occupation of deceased? no

If so, specify:

(Signed) Louis F. S. M. D.

(Address) 175 Pleasant St. Date Nov. 6 1949

6 Winthrop Winthrop
Place of Burial or Cremation (City or Town)

DATE OF BURIAL Nov. 7 1949

7 NAME OF FUNERAL DIRECTOR Edward S. Reynolds

ADDRESS Winthrop, Mass.

Received and filed Nov 8 1949 19

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Male 9 COLOR OR RACE White 10 SINGLE (write the word)
MARRIED
WIDOWED
or DIVORCED Married10a If married, widowed, or divorced
HUSBAND of Rosamond Benner
(Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 68 Years 8 Months 7 Days If under 24 hours
Hours Minutes13 Usual Occupation: Haberdasher
(Kind of work done during most of working life)

14 Industry or Business: Store

15 Social Security No. 010-03-1878

16 BIRTHPLACE (City) Albany
(State or country) Vermont

17 NAME OF FATHER Alfred Dow

18 BIRTHPLACE OF FATHER (City)
(State or country) Vermont

19 MAIDEN NAME OF MOTHER May Coonerty

20 BIRTHPLACE OF MOTHER (City)
(State or country) Vermont21 Informant Rosamond E Dow
(Address) 198 Cottage Park Rd. WinthropI HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:Walter H. Baker
(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit) 11/7/49

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . General Laws, Chap. 38, Sec. 6.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance 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.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by 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-(e)-10-48-24658

PLACE OF DEATH

1

SUFFOLK

BOSTON
(County)

(City or Town)



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. 9465 131

No. Palmer Mem Hosp (N E D H) St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Mary Terry
(If deceased is a married, widowed or divorced woman, give also maiden name.) (Was deceased a U. S. War Veteran, if so specify WAR) no(a) Residence. No. 138 Bowdoin St. Winthrop
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death years months 2 days. In place of residence 35 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH Nov 9 1949
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from Nov 8, 19 49, to Nov 9, 19 49
I last saw h or alive on Nov 9, 1949, death is said to have occurred on the date stated above, at 7:35 P. m.

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Acute coronary thrombosis 2das

ANTECEDENT CAUSES Due To (b) Arteriosclerotic heart disease

Due To (c)

OTHER SIGNIFICANT CONDITIONS Diabetes mellitus

Major findings:
Of operations.

Date of operation. Was autopsy performed? no

What test confirmed diagnosis?

5 Was disease or injury in any way related to occupation of deceased? no

If so, specify.

(Signed) C C Bailey M. D.
(Address) Brookline Date 11/9 19496 Winthrop Cem Winthrop
Place of Burial or Cremation (City or Town)

DATE OF BURIAL Nov 12 1949

7 NAME OF FUNERAL DIRECTOR T F Foley
ADDRESS Dorchester

Received and filed NOV 25 1949

(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX female 9 COLOR OR RACE white 10 SINGLE (write the word) MARRIED WIDOWED or DIVORCED widowed

10a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full)

(or) WIFE of Walter J Terry
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 66 Years Months Days If under 24 hours Hours Minutes

13 Usual Occupation: Housewife
(Kind of work done during most of working life)

14 Industry or Business: At home

15 Social Security No. none

16 BIRTHPLACE (City) Ireland
(State or country)

17 NAME OF FATHER John Gavin

18 BIRTHPLACE OF FATHER (City) Ireland
(State or country)

19 MAIDEN NAME OF MOTHER Mary Joyce

20 BIRTHPLACE OF MOTHER (City) Ireland
(State or country)21 Informant Walter J Terry (son)
(Address)

A TRUE COPY.

ATTEST: (Registrar of City or Town where death occurred)

DATE FILED Nov 14 1949



PLACE OF DEATH

Suffolk
(County)Winthrop
(City or Town)

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICSSTANDARD
CERTIFICATE OF DEATHTo be filed for burial permit
with Board of Health
or its Agent.

Registered No. 182

No. 15 Wilshire Street Winthrop St. (If death occurred in a hospital or institution,
give its NAME instead of street and number)2 FULL NAME Edward R. Gray
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT

(Was deceased a
U. S. War Veteran, Spanish
if so specify WAR) American(a) Residence. No. 15 Wilshire Street St.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death 22 years months days. In place of residence 22 years months days.

INSTRUCTIONS
FOR
CERTIFICATEgiving
OF DEATHnot enter
than one
for each
(b) and (c)does not mean
of dying, such
ilure, asthenia,
ans the disease,
ications which
ath.id conditions,
ing rise to the
se (a) stating
lying causeitions contrib-
e death but not
the disease or
causing death.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH 11 10 49
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
Nov. 19 38, to 11-10 19 49I last saw h. alive on 11-10 19 49, death is said to
have occurred on the date stated above, at 9:30 P. m.

DISEASE OR CONDITION

DIRECTLY LEADING
TO DEATH (a) Coronary ThrombosisINTERVAL BE-
TWEEN ONSET
AND DEATH

2 hrs.

ANTE CEDENT
CAUSES

Due To

(b) Hypertensive heart

(c) disease

Due To

(c)

OTHER
SIGNIFICANT
CONDITIONSMajor 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) Michael W. Rich

(Address) 645 Boulevard

Date 11-12 1949

6 Holy Cross Malden

Place of Burial or Cremation (City or Town)

DATE OF BURIAL November 14 1949

7 NAME OF FUNERAL DIRECTOR Richard C. Kirby
East Boston Mass

ADDRESS

Received and filed NOV 14 1949 19

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX 9 COLOR OR RACE 10 SINGLE (write the word)

male white MARRIED
WIDOWED
or DIVORCED married10a If married, widowed, or divorced
HUSBAND of Mary E. Grady
(Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 79 Years 11 Months 15 Days If under 24 hours
Hours Minutes13 Usual Occupation: Master Mariner (Retired)
(Kind of work done during most of working life)

14 Industry or Business: Ferry Dept City of Boston

15 Social Security No. none

16 BIRTHPLACE (City) East Boston
(State or country) Massachusetts

17 NAME OF FATHER John Gray

18 BIRTHPLACE OF FATHER (City) Wales
(State or country) England

19 MAIDEN NAME OF MOTHER Ellen Cannon

20 BIRTHPLACE OF MOTHER (City) Ireland
(State or country)21 Informant Mrs. Mary E. Gray wife
(Address) 15 Wilshire St WinthropI HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:Walter L. Baker
(Signature of Agent of Board of Health or other)

(Official Designation) (Date of Issue of Permit) 11/12/49

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . General Laws, Chap. 38, Sec. 6.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance 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.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by 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	May 10, 1898 - Private
DATE OF DISCHARGE	November 26, 1898 - Corporal
RANK, RATING	
ORGANIZATION AND OUTFIT	9th Mass. Inf. Regiment, Framingham
SERVICE NUMBER	

M R-301A

INSTRUCTIONS
FOR
VITAL CERTIFICATEA giving
OF DEATHnot enter
e than one
e for each
(b) and (c)s does not mean
e of dying, such
ailure, asthenia,
eans the disease,
lications which
eath.bid conditions.
iving rise to the
use (a) stating
erlying causeditions contrib-
he death but not
o the disease or
causing death.

50M-2-19-25668

PLACE OF DEATH

1

2 FULL NAME

(a) Residence. No. (Usual place of abode)

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 November 17 1949
(Month) (Day) (Year)4 I HEREBY CERTIFY That I attended deceased from
Dec 1, 1948 to Nov 17, 1949

I last saw her alive on 11/17, 1949, death is said to

DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a)ANTE
CEDENT
CAUSESDue To
(b)Due To
(c)OTHER
SIGNIFICANT
CONDITIONSMajor 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? No

If so, specify.....

(Signed).....

(Address) 670 Beacon St. date 11/17 1949

6 Winthrop (City or Town)

DATE OF BURIAL Nov 21 1949

7 NAME OF FUNERAL DIRECTOR Charles H. Treanor

ADDRESS East Boston

Received and filed..... NOV 18 1949

(Registrar)



The Commonwealth of Massachusetts

EDWARD J. CRONIN, SECRETARY
DIVISION OF VITAL STATISTICSSTANDARD
CERTIFICATE OF DEATHTo be filed for burial permit
with Board of Health
or its Agent.

Registered No. 183

(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

8 SEX Female 9 COLOR OR RACE White 10 SINGLE (write the word)
MARRIED Married
WIDOWED or DIVORCED10a If married, widowed, or divorced
HUSBAND of William A. Barretto
(Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 60 Years Months Days If under 24 hours
Hours Minutes13 Usual Occupation: Housework
(Kind of work done during most of working life)

14 Industry or Business: Own Home

15 Social Security No. None

16 BIRTHPLACE (City) East Boston Mass
(State or country)

17 NAME OF FATHER Charles Fairchild

18 BIRTHPLACE OF FATHER (City) Long Beach
(State or country)

19 MAIDEN NAME OF MOTHER Bessie Munroe

20 BIRTHPLACE OF MOTHER (City) Nova Scotia
(State or country)21 Informant: William A. Barretto
(Address) 95 Main St. Wm.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) 11/18/49

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 persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. — General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.

Chap. 114, Sec.46, G. 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.

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SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

PLACE OF DEATH

Suffolk
(County)
Winthrop
(City or Town)

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICSMEDICAL EXAMINER'S
CERTIFICATE OF DEATHTo be filed for burial permit
with Board of Health
or its Agent.

Registered No. 181

No. 77 Triton Ave. (If death occurred in a hospital or institution, St. { give its NAME instead of street and number)

2 FULL NAME. Fred J. Hoey (If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 77 Triton Ave. Winthrop, Mass. (If nonresident, give city or town and State)

Length of stay: In place of death years months days. In place of residence 30 years months days.

PHYSICIAN — IMPORTANT

(Was deceased a
U. S. War Veteran,
if so specify WAR)

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH November 17, 1949
(Month) (Day) (Year)

4 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.)

Apoplexy due to the inhalation of carbon monoxide
77 Suicide during a temporary state of insanity

5 Accident, suicide, or homicide (specify) Suicide

Date and hour of injury Nov 17 1949

Where did injury occur? Winthrop Mass
(City or town and State)Did injury occur in or about home, on farm, in industrial place, or in public place? Home
(Specify type of place)Manner of injury Inhalation of gas
(How did injury occur)

Nature of injury Carbon monoxide poisoning

While at work? no Was autopsy performed? yes

6 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Michael J. Luongo M. D.

(A dress) 25 Shattuck St. Date 11/17/49

7 Winthrop Winthrop
Place of Burial, or Cremation. (City or Town)

DATE OF BURIAL Nov. 21 1949

8 NAME OF FUNERAL DIRECTOR Edward S. Perkins

ADDRESS Winthrop Mass.

Received and filed Nov 25 19

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

9 SEX Male 10 COLOR OR RACE White 11 SINGLE (write the word) MARRIED WIDOWED or DIVORCED Single

11a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

12 IF STILLBORN, enter that fact here.

13 AGE 65 Years Months Days If under 24 hours Hours Minutes

14 Usual Occupation: Newspaper (Kind of work done during most of working life)

15 Industry or Business: Sports writer

16 Social Security No. 021-03-1816

17 BIRTHPLACE (City) Boston (State or country) Mass

18 NAME OF FATHER Lawrence Hoey

19 BIRTHPLACE OF FATHER (City) Boston (State or country) Mass

20 MAIDEN NAME OF MOTHER Florence Place

21 BIRTHPLACE OF MOTHER (City) Boston (State or country) Mass

22 Informant Lloyd Hoey (Address) 264 Upham St. Melrose, Mass

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Walter L. Gabeles (Signature of Agent of Board of Health or other)

Health Officer (Official Designation) 11/19/49 (Date of Issue of Permit)

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhumate a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L. as amended by Chap. 48, Acts of 1927 and Chap. 414, Acts of 1931.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.....Chap. 114, Sec. 46, G. L., as amended.

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead..... General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

.....The medical examiner certifies the cause and manner of death to the best of his knowledge and belief.

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

STATEMENT OF CAUSE OF DEATH

Medical Examiners in certifying to a death will state the cause and manner thereof, and will specify: (1) Under cause the nature of an injury and of its consequences; and (2) under manner the mode of its production together with the circumstances when these are known. For example: "Compound fracture of the femur with ensuing septicemia (gas bacillus) caused by a steam railway accident." "Pistol shot wound of the chest with associated hemorrhage, homicidal." "Asphyxiation by suspension, suicidal." "Syncope while under the influence of ether administered as a surgical anaesthetic." "Fracture of the skull with associated internal injury sustained under circumstances unknown."

If disease or injury was related to occupation, specify. If investigation shows the death to have been due to disease, specify: (1) Under cause its known or presumable nature; and (2) under manner, indicate the circumstances leading to medico-legal inquiry. For example: "Hemorrhage spontaneous of the brain (basal ganglia) (found dead in bed)." "Heart disease, presumably coronary sclerosis. (Sudden death.)"

SPACE FOR ADDITIONAL INFORMATION.....

DATE OF ENTERING MILITARY SERVICE.....

DATE OF DISCHARGE.....

RANK, RATING.....

ORGANIZATION AND OUTFIT.....

SERVICE NUMBER.....

INSTRUCTIONS
FOR
CERTIFICATEnot enter
more than one
cause for each
(b) and (c)is does not mean
of dying, such
failure, asthenia,
means the disease,
indications which
death.bid conditions,
iving rise to the
use (a) stating
derlying causeditions contrib-
the death but not
o the disease or
causing death.

PLACE OF DEATH

Suffolk
(County)
Winthrop
(City or Town)

No. Winthrop Community Hospital

2 FULL NAME Maria Marotta
(If deceased is a married, widowed or divorced woman, give also maiden name.)(a) Residence. No. 95 Ocean View
(Usual place of abode)

Length of stay: In place of death 50 min. years..... months..... days. In place of residence 40 years..... months..... days.

The Commonwealth of Massachusetts

EDWARD J. CRONIN, SECRETARY
DIVISION OF VITAL STATISTICSSTANDARD
CERTIFICATE OF DEATHTo be filed for burial permit
with Board of Health
or its Agent.

Registered No. 185

(If death occurred in a hospital or institution,
give its NAME instead of street and number)

PHYSICIAN — IMPORTANT

(Was deceased a
U. S. War Veteran,
if so specify WAR)St. Winthrop Mass
(If nonresident, give city or town and State)

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH NOV. 17 1949
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
JUNE 1948, to NOV. 17 1949I last saw her alive on NOV. 17 1949 death is said to
have occurred on the date stated above, at 8.15 A.M.DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a) CORONARY OCCLUSION 2 HRSANTECEDENT (b) DUE TO
CAUSES HYPERTENSIVE HEART
DISEASE 4 1/2 YRS.Due To
(c) HYPERTENSION 6 YRS.OTHER
SIGNIFICANT
CONDITIONSMajor findings:
Of operations.

Date of operation. Was autopsy performed?

What test confirmed diagnosis? CLINICAL

5 Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Charles Salerni M. D.
(Address) 342 Hancock St. Date 11/17/1949
BOSTON

6 Place of Burial or Cremation Holy Cross (City or Town)

DATE OF BURIAL November 21 1949

7 NAME OF FUNERAL DIRECTOR James J. Connelly

ADDRESS 215 Ipswich St. Boston Mass

Received and filed NOV 18 1949

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Female 9 COLOR OR RACE W. White 10 SINGLE (write the word)
MARRIED
WIDOWED
or DIVORCED Married

10a If married, widowed, or divorced

HUSBAND of (Give maiden name of wife in full)

(or) WIFE of Lorenzo Marotta
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 67 Years Months Days If under 24 hours
Hours Minutes13 Usual Occupation: Housewife
(Kind of work done during most of working life)14 Industry
or Business:

15 Social Security No.

16 BIRTHPLACE (City) Italy
(State or country)

17 NAME OF FATHER Antonio Vitiello

18 BIRTHPLACE OF FATHER (City) Italy
(State or country)

19 MAIDEN NAME OF MOTHER Giuseppa Bagniccolo

20 BIRTHPLACE OF MOTHER (City) Italy
(State or country)21 Informant: Louis Marotta
(Address) 95 Ocean View 3 WinthropI 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 11/18/48
(Official Designation) (Date of Issue of Permit)

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall 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 persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. — General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4. Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation. the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

PLACE OF DEATH

1

Suffolk

(County)

Winthrop

(City or Town)

No. Winthrop Community Hospital

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Maria Penta

(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.

645 Bennington St.

St. East Boston

(Usual place of abode)

(If nonresident, give city or town and State)

Length of stay: In place of death..... years..... months 3 days. In place of residence..... years..... months..... days.

INSTRUCTIONS
FOR
CERTIFICATEa giving
OF DEATHnot enter
than one
for each
(b) and (c)s does not mean
of dying, such
ailure, asthenia,
eans the disease,
ications which
ath.bid conditions,
iving rise to the
se (a) stating
erlying causeditions contrib-
he death but not
the disease or
causing death.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF
DEATH

Nov.

18

1949

(Month)

(Day)

(Year)

4 I HEREBY CERTIFY, That I attended deceased from

Nov 4, 1949 to Nov 18, 1949

I last saw her alive on Nov 18, 1949 death is said to

have occurred on the date stated above, at 10:40 P.M.

DISEASE OR CONDITION

DIRECTLY LEADING

TO DEATH (a)

Pneumonia

INTERVAL BE-
TWEEN ONSET
AND DEATH

1 mo.

ANTE
CEDENT
CAUSES

Due To

(b)

Arteriosclerotic heart
disease

Due To

(c)

OTHER
SIGNIFICANT
CONDITIONS

Major findings:

Of operations.....

Date of operation.....

Was autopsy performed? No

What test confirmed diagnosis? No

5 Was disease or injury in any way related to occupation of deceased? No

If so, specify.....

(Signed) S. D. Penta

(Address) 170 Bennington St. Boston

Date 11/19

M. D. 1949

6

Holy Cross

Place of Burial or Cremation

Malden

(City or Town)

DATE OF BURIAL

Nov. 22

- 49

19

7 NAME OF
FUNERAL DIRECTOR

ADDRESS

9 Chelsea St. East Boston

Received and filed

NOV 25 1949

19

(Registrar)

The Commonwealth of Massachusetts

EDWARD J. CRONIN, SECRETARY
DIVISION OF VITAL STATISTICSSTANDARD
CERTIFICATE OF DEATH

Registered No.

136

To be filed for burial permit
with Board of Health
or its Agent.

PERSONAL AND STATISTICAL PARTICULARS

8 SEX

Female

9 COLOR OR RACE

White

10 SINGLE (write the word)

MARRIED

WIDOWED

or DIVORCED Widowed

10a If married, widowed, or divorced

HUSBAND of.....

(Give maiden name of wife in full)

(or) WIFE of.....

Michael Penta

(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12

AGE 75

Years

Months

Days

If under 24 hours

Hours .. Minutes

13 Usual

Occupation:

House wife

(Kind of work done during most of working life)

14 Industry

or Business:

At Home

15 Social Security No.

none

16 BIRTHPLACE (City)

(State or country)

Italy

17 NAME OF

FATHER

Angelo Casoli

18 BIRTHPLACE OF

FATHER (City)

Italy

(State or country)

19 MAIDEN NAME

OF MOTHER

Angelina (Unknown)

20 BIRTHPLACE OF

MOTHER (City)

Italy

(State or country)

21

Informant

Pasquale Penta (son)

(Address)

44 Playstead Rd. Newton

I HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:

Walter E. Baker

(Signature of Agent of Board of Health or other)

(Official Designation)

(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.

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death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or 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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. . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition),

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SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

N. B. — WRITE PLAINLY, WITH UNFADING BLACK INK — THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. MEDICAL EXAMINERS should state CAUSE AND MANNER OF DEATH in plain terms, so that it may be properly classified under the International Classification of Causes of Death. See reverse side for extracts from the laws relative to the return of certificates of death.

If deceased was a U. S. War Veteran, G.L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

50m-(g)-10-48-24658

R-303 A

PLACE OF DEATH

Suffolk
(County)
Winthrop
(City or Town)



The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

Registered No. 187

- No. 42 Sargent St. St. (If death occurred in a hospital or institution, give its NAME instead of street and number)
- 2 FULL NAME Elizabeth M. McCartney (If deceased is a married, widowed or divorced woman, give also maiden name.)
- (a) Residence. No. 42 Sargent St., Winthrop, Mass. (If nonresident, give city or town and State)
- Length of stay: In place of death years months days. In place of residence 30 years months days.

PHYSICIAN — IMPORTANT

(Was deceased a
U. S. War Veteran,
if so specify WAR)

MEDICAL CERTIFICATE OF DEATH

- 3 DATE OF DEATH November 19 1949
(Month) (Day) (Year)
- 4 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.)
Antisclerotic heart disease
Generalized arteriosclerosis

- 5 Accident, suicide, or homicide (specify) _____
Date and hour of injury _____ 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 _____
(How did injury occur?)
Nature of injury _____
While at work? _____ Was autopsy performed? NO

- 6 Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____
(Signed) Michael J. Luongo, M. D.
(A dress) 25 Shattuck St. Date 11/19/1949

- 7 Woodlawn Everett
Place of Burial, or Cremation. (City or Town)

DATE OF BURIAL Nov. 22 1949

- 8 NAME OF FUNERAL DIRECTOR Edward S. Raymont
ADDRESS Winthrop, Mass.

Received and filed NOV 25 1949 19

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

- 9 SEX Female 10 COLOR OR RACE White 11 SINGLE (write the word) MARRIED WIDOWED or DIVORCED Widowed
- 11a If married, widowed, or divorced HUSBAND of _____
(Give maiden name of wife in full)
(or) WIFE of Charles I. McCartney
(Husband's name in full)
- 12 IF STILLBORN, enter that fact here.
- 13 AGE 75 Years Months Days If under 24 hours Hours Minutes
- 14 Usual Occupation: Housewife
(Kind of work done during most of working life)
- 15 Industry or Business: Own Home
- 16 Social Security No. None
- 17 BIRTHPLACE (City) Boston, Mass.
(State or country)
- 18 NAME OF FATHER John Tracy
- 19 BIRTHPLACE OF FATHER (City) New Hampshire
(State or country)
- 20 MAIDEN NAME OF MOTHER Catherine *****
- 21 BIRTHPLACE OF MOTHER (City) Maine
(State or country)
- 22 Informant Elizabeth E. McCartney
(Address) 12 E Mowry St. Chester Pa.

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Walter E. Bakers
(Signature of Agent of Board of Health or other)
Health Officer (Official Designation) 11/23/49 (Date of Issue of Permit)

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

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death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L. as amended by Chap. 48, Acts of 1927 and Chap. 414, Acts of 1931.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.....Chap. 114, Sec. 46, G. L., as amended.

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead..... General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

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.

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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)."

SPACE FOR ADDITIONAL INFORMATION.....

DATE OF ENTERING MILITARY SERVICE.....

DATE OF DISCHARGE.....

RANK, RATING.....

ORGANIZATION AND OUTFIT.....

SERVICE NUMBER.....

M R-301A

INSTRUCTIONS
FOR
FILLING OUT
THIS CERTIFICATEDo not enter
more than one
cause for each
(b) and (c)This does not mean
cause of dying, such
as failure, asthenia,
etc., means the disease,
or conditions which
caused death.Underbid conditions,
contributing rise to the
cause (a) stating
underlying causeUnderbid conditions contrib-
uting to the death but not
causing death.

50M-2-19-25666

PLACE OF DEATH

Suffolk
(County)
Winthrop
(City or Town)

No. 36 Thornton Park

2 FULL NAME Walter Alexander Kelso
(If deceased is a married, widowed or divorced woman, give also maiden name.)(a) Residence. No. 36 Thornton Park
(Usual place of abode)

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 Nov. 27 1949
(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 7:50 A.M.

DISEASE OR CONDITION

DIRECTLY LEADING

TO DEATH (a)

ANTECEDENT
CAUSES (b)

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).....

(Address).....

6 Place of Burial or Cremation

DATE OF BURIAL November 29, 1949

7 NAME OF

FUNERAL DIRECTOR Alfred B. Marsh

ADDRESS 174 Winthrop St., Winthrop

Received and filed.....

DEC 1 1949

(Registrar)

The Commonwealth of Massachusetts

EDWARD J. CRONIN, SECRETARY
DIVISION OF VITAL STATISTICSSTANDARD
CERTIFICATE OF DEATH

Registered No. 188

(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

8 SEX male 9 COLOR OR RACE white 10 SINGLE (write the word)
MARRIED
WIDOWED
or DIVORCED single

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 53 Years 1 Months 14 Days If under 24 hours
Hours Minutes13 Usual Occupation President of J.L.Kelso Co.....
(Kind of work done during most of working life)

14 Industry or Business: warehousemen

15 Social Security No. 028-05-7473

16 BIRTHPLACE (City) Winthrop
(State or country) Mass

17 NAME OF FATHER James Lawson Kelso

18 BIRTHPLACE OF FATHER (City) Passakeag
(State or country) New Brunswick

19 MAIDEN NAME OF MOTHER Minnie A. Larkin

20 BIRTHPLACE OF MOTHER (City) East Boston, Mass.
(State or country)21 Informant A. Walter Larkin
(Address) 34 Thornton Park, WinthropI HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:Walter L. Larkin
(Signature of Agent of Board of Health or other)Health Officer 11/29/49
(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 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 persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. . . . General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4. Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.

. . . . Chap. 114, Sec.46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to-whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

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Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by 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

M R-301A

INSTRUCTIONS
FOR
CERTIFICATEgiving
OF DEATHnot enter
than one
for each
(b) and (c)does not mean
of dying, such
failure, asthenia,
trans the disease,
indications which
ath.bid conditions,
ving rise to the
se (a) stating
erlying causeditions contrib-
the death but not
the disease or
causing death.

SOM 2-19-25666

PLACE OF DEATH

Suffolk
(County)Winthrop
(City or Town)No. Winthrop Community Hospital (If death occurred in a hospital or institution,
St. (give its NAME instead of street and number)2 FULL NAME Female Walsh
(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. 352 Pleasant Street St. (If nonresident, give city or town and State)
(Usual place of abode)

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 November 29, 1949
(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 4:25 P.M. INTERVAL BE-DISEASE OR CONDITION
DIRECTLY LEADING TO DEATH (a) Meningomyelocele
TWEEN ONSET
AND DEATHANTE Due To
CEDENT (b)
CAUSESDue To
(c)OTHER
SIGNIFICANT
CONDITIONSMajor 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? No
If so, specify.....(Signed) Quarica Trumstein M. D.
(Address) 562 Shirley St. Winthrop Date Nov 29 19 496 Winthrop Cemetery, Winthrop
Place of Burial or Cremation (City or Town)DATE OF BURIAL December 1st 19 497 NAME OF FUNERAL DIRECTOR Richard C. Kirby
ADDRESS Boston, Mass.

Received and filed..... 19.....

DEC 1 1949

(Registrar)

The Commonwealth of Massachusetts

EDWARD J. CRONIN, SECRETARY
DIVISION OF VITAL STATISTICSSTANDARD
CERTIFICATE OF DEATHRegistered No. 189To be filed for burial permit
with Board of Health
or its Agent.

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Female 9 COLOR OR RACE White 10 SINGLE (write the word)
MARRIED
WIDOWED Single
or DIVORCED10a 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. Still-born12 AGE..... Years..... Months..... Days If under 24 hours
Hours Minutes13 Usual Occupation: None
(Kind of work done during most of working life)14 Industry or Business: None15 Social Security No. None16 BIRTHPLACE (City) Winthrop Mass
(State or country)17 NAME OF FATHER Robert J. Walsh18 BIRTHPLACE OF FATHER (City) Boston
(State or country) Mass19 MAIDEN NAME OF MOTHER Patricia V. Sullivan20 BIRTHPLACE OF MOTHER (City) Springfield Mass
(State or country)21 Informant Robert J. Walsh-father
(Address) 352 Pleasant St., WinthropI HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:Walter R. Gandy
(Signature of Agent of Board of Health or other)Health Officer 1/30/49
(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.

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death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or 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

INSTRUCTIONS
FOR
CERTIFICATEa giving
OF DEATHnot enter
than one
e for each
(b) and (c)s does not mean
of dying, such
ailure, asthenia,
eans the disease,
ications which
ath.bid conditions,
iving rise to the
use (a) stating
erlying causeditions contrib-
he death but not
the disease or
causing death.

PLACE OF DEATH

Suffolk
(County)Winthrop
(City or Town)

No. 36 Thornton Park

2 FULL NAME. Minnie A. Kelso.
(If deceased is a married, widowed or divorced woman, give also maiden name.)(a) Residence. No. 36 Thornton Park
(Usual place of abode)

Length of stay: In place of death years months days. In place of residence 54 years months days.

The Commonwealth of Massachusetts

EDWARD J. CRONIN, SECRETARY
DIVISION OF VITAL STATISTICSSTANDARD
CERTIFICATE OF DEATH

Registered No. 130

To be filed for burial permit
with Board of Health
or its Agent.(If death occurred in a hospital or institution,
give its NAME instead of street and number)

PHYSICIAN — IMPORTANT

(Was deceased a
U. S. War Veteran, NO
if so specify WAR)

(If nonresident, give city or town and State)

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH Nov. 30, 1949.
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
August 7, 1940, to Nov. 30, 1949.I last saw her alive on Nov. 29, 1949, death is said to
have occurred on the date stated above, at 5:40 a.m.DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a) Hypostatic pneumoniaINTERVAL BE-
TWEEN ONSET
AND DEATHANTE Due To Pernicious Anemia
CEDENT (b) CAUSESDue To Generalized arterio-
(c) sclerosisOTHER
SIGNIFICANT
CONDITIONSMajor findings:
Of operations.

Date of operation. Was autopsy performed?

What test confirmed diagnosis? Clinical

5 Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) Sydnie W. Dickinson M. D.
(Address) Winthrop, Mass. Date Dec. 1, 1949.6 Winthrop Cemetery, Winthrop, Mass.
Place of Burial or Cremation (City or Town)

DATE OF BURIAL December 2, 1949

7 NAME OF FUNERAL DIRECTOR Alfred B. Marsh

ADDRESS 174 Winthrop St., Winthrop, Mass.

Received and filed DEC 9 1949

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX female 9 COLOR OR RACE white 10 SINGLE (write the word)
MARRIED
WIDOWED
or DIVORCED widowed

10a If married, widowed, or divorced

HUSBAND of (Give maiden name of wife in full)

(or) WIFE of James Lawson Kelso
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 81 Years 2 Months 16 Days
If under 24 hours
Hours Minutes13 Usual Occupation: housewife
(Kind of work done during most of working life)

14 Industry or Business: own home

15 Social Security No. none

16 BIRTHPLACE (City) E. Boston
(State or country) Mass.

17 NAME OF FATHER James Larkin

18 BIRTHPLACE OF FATHER (City) Bellamany
(State or country) Ireland

19 MAIDEN NAME OF MOTHER Rachel Warnock

20 BIRTHPLACE OF MOTHER (City) Boston
(State or country) Mass.21 Informant A. Walter Larkin
(Address) 34 Thornton ParkI 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) 12/3/49

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

RM R-305

Copies of returns of deaths which occurred in your city or town in case the deceased resided in another city or town at the time of death should be transmitted on Form R-305 to the clerk of the city or town in which the deceased resided as soon as possible after the close of the month in which the death occurred. (See Chap. 46, Sec. 12, G. L.)

25m-(h)-10-48-24658

PLACE OF DEATH

Essex

(County)

Danvers

(City or Town)

No. Danvers State Hospital, Hathorne, Mass.

2 FULL NAME Merwin B. Winegar
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 92 Woodside Ave., Winthrop, Mass.
(Usual place of abode) St.

(If nonresident, give city or town and State)

Length of stay: In place of death years months 6 days. In place of residence years months days.

The Commonwealth of Massachusetts



OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
COPY OF
MEDICAL EXAMINER'S
CERTIFICATE OF DEATH

Danvers

(City or town making return)

Registered No. 191

If death occurred in a hospital or institution, St. { give its NAME instead of street and number)

(Was deceased a
U. S. War Veteran,
if so specify WAR)

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH November 6 1949
(Month) (Day) (Year)

4 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
Found dead in bed
Sudden death

5 Accident, suicide, or homicide (specify)

Date and hour of injury 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
(How did injury occur?)

Nature of
Injury

While at work? Was autopsy performed? No

6 Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Ralph E. Foss M. D.
(Address) Peabody, Mass. Date 11/6 1949

7 Winthrop Cemetery Winthrop
Place of Burial, or Cremation (City or Town)

DATE OF BURIAL November 8 1949

8 NAME OF FUNERAL DIRECTOR Alfred B. Marsh
ADDRESS Winthrop, Mass.

Received and filed 19

DEC 10 1949

(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

9 SEX Male 10 COLOR OR RACE White 11 SINGLE (write the word) MARRIED Widowed WIDOWED or DIVORCED

11a If married, widowed, or divorced HUSBAND of Ella S. Flinton
(Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

12 IF STILLBORN, enter that fact here.

13 93 2 20 If under 24 hours
AGE Years Months Days Hours Minutes

14 Usual Occupation Retired Stationer
(Kind of work done during most of working life)

15 Industry or Business:

16 Social Security No. None
17 BIRTHPLACE (City) New York City
(State or country) N.Y.

18 NAME OF FATHER Jacob H. Winegar

19 BIRTHPLACE OF FATHER (City) New York City
(State or country) N.Y.

20 MAIDEN NAME OF MOTHER Henrietta (m.n. cannot be learned)

21 BIRTHPLACE OF MOTHER (City) New York City
(State or country) N.Y.

22 Informant Mary E. Sheehan
(Address) Hathorne, Mass.

A TRUE COPY.

ATTEST: (Registrar of City or Town where death occurred)

DATE FILED Nov. 12 1949

MIDDLESEX

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
COPY OF
MEDICAL EXAMINER'S
CERTIFICATE OF DEATH

NEWTON

(City or town making return)

Registered No. 612 192

PLACE OF DEATH

(County)

NEWTON

(City or Town)

No. Newton Hospital

(If death occurred in a hospital or institution,
St. { give its NAME instead of street and number)

2 FULL NAME Albert M. Grant

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(Was deceased a U. S. War Veteran, if so specify WAR) W I

(a) Residence. No. 9 Whittlesey Road

(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 Nov 24, 1949

(Month) (Day) (Year)

4 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.)

Lobar Pneumonia

Oedema of Brain

General Arteriosclerosis

Acute Cardiac Failure

5 Accident, suicide, or homicide (specify)

Date and hour of injury.....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

(How did injury occur?)

Nature of

Injury

While at work? No Was autopsy performed? Yes

6 Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) T Morton Gallagher

11/25/49 M. D.

(Address) Newton

Date.....19.....

Winthrop Winthrop, Mass.

Place of Burial, or Cremation.

(City or Town)

DATE OF BURIAL Nov 28, 1949

8 NAME OF FUNERAL DIRECTOR Frank H Lally

ADDRESS Brookline, Mass.

Received and filed.....19.....

NOV 27 1949

(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

9 SEX

Male

10 COLOR OR RACE

White

11 SINGLE (write the word)

MARRIED

WIDOWED

or DIVORCED

Married

11a If married, widowed or divorced

HUSBAND of

Mary Fitzgerald

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

12 IF STILLBORN, enter that fact here.

130

9

9

AGE

Years

Months

Days

If under 24 hours

Hours

Minutes

14 Usual

Occupation:

Clerk

(Kind of work done during most of working life)

15 Industry

Traffic Division

or Business:

025-09-5466

16 Social Security No.

Winthrop

17 BIRTHPLACE (City)

Mass.

(State or country)

18 NAME OF

Charles A Grant

FATHER

19 BIRTHPLACE OF

Kennebunkport

FATHER (City)

(State or country)

Maine

20 MAIDEN NAME

Catherine Maling

OF MOTHER

21 BIRTHPLACE OF

Kennebunkport

MOTHER (City)

(State or country)

Maine

22

Informant

Mrs. Mary F Grant

(Address)

9 Whittlesey Rd., Newton

A TRUE COPY.

ATTEST:

(Registrar of City or Town where death occurred)

DATE FILED

November 29, 1949

19.....

Copies of returns of deaths which occurred in your city or town in case the deceased resided in another city or town at the time of death should be transmitted on Form R-305 to the clerk of the city or town in which the deceased resided as soon as possible after the close of the month in which the death occurred. (See Chap. 46, Sec. 12, G. L.)

25m-(h)-10-48-24658



DEC 23 1949

July 24, 1917

July 23, 1921

Chief Yeoman
Hdqtrs

161-62-25

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. 193

No. 98 Shore Drive (If death occurred in a hospital or institution, St. give its NAME instead of street and number)
2 FULL NAME Rebecca Salame (If deceased is a married, widowed or divorced woman, give also maiden name.)
(a) Residence. No. 98 Shore Drive St. Winthrop (If nonresident, give city or town and State)
Length of stay: In place of death 10 years months days. In place of residence 16 years months days.

PHYSICIAN — IMPORTANT

(Was deceased a U. S. War Veteran, if so specify WAR) No

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH December 1 1949 (Month) (Day) (Year)
4 I HEREBY CERTIFY, That I attended deceased from December 18 1944 to December 1 1949
I last saw her alive on December 1 1949, death is said to have occurred on the date stated above, at 10:45 P.M.

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Mitral Stenosis

INTERVAL BETWEEN ONSET AND DEATH

4 years

ANTECEDENT CAUSES Due To Paroxysmal Tachycardia (b) 1 year

Due To Rheumatic Heart Disease (c) 6 years

OTHER SIGNIFICANT CONDITIONS Acute Coronary Thrombosis 10 minutes

Major findings: none

Date of operation: Was autopsy performed? No
What test confirmed diagnosis: Clinical & Laboratory

5 Was disease or injury in any way related to occupation of deceased? No
If so, specify: Jacob J. Salame M.D., D. (Signed) 12/2/49
(Address) 1562 Shirley St. Date 12/2/1949
Winthrop, Mass. Everett, Mass.
Place of Burial or Cremation (City or Town)

DATE OF BURIAL December 2 1949

7 NAME OF FUNERAL DIRECTOR Benjamin Binstock
ADDRESS 10 Washington St. Manchester

Received and filed DEC 9 1949

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Male 9 COLOR OR RACE White 10 SINGLE (write the word) MARRIED WIDOWED OR DIVORCED Married

10a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full) (or) WIFE of Theodore Salame (Husband's name in full)

11 IF STILLBORN, enter that fact here.
12 AGE 45 Years Months Days If under 24 hours Hours Minutes

13 Usual Occupation: Housewife (Kind of work done during most of working life)

14 Industry or Business:

15 Social Security No. none

16 BIRTHPLACE (City) (State or country) Syria

17 NAME OF FATHER Morris Salame

18 BIRTHPLACE OF FATHER (City) (State or country) Syria

19 MAIDEN NAME OF MOTHER Rebecca Salame - name

20 BIRTHPLACE OF MOTHER (City) (State or country) Syria

21 Informant (Address) Theodore Salame 98 Shore Drive, 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. Bakers (Signature of Agent of Board of Health or other)

Health Officer (Official Designation) 12/2/49 (Date of Issue of Permit)

EXTRACTS
FROM THE LAWS OF
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . General Laws, Chap. 38, Sec. 6.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance 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.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

PLACE OF DEATH

1

No. 271

SHIRLEY

St. { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME.

LIZZIE STRASHUN SCHIFF

(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.

271 SHIRLEY

St.

WINTHROP.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of stay: In place of death..... years..... months..... days. In place of residence. 11 years..... months..... days.

INSTRUCTIONS
FOR
CERTIFICATEn giving
E OF DEATHnot enter
e than one
e for each
, (b) and (c)s does not mean
e of dying, such
ailure, asthenia,
eans the disease,
lications which
eath.bid conditions,
iving rise to the
use (a) stating
erlying causeditions contrib-
he death but not
o the disease or
causing death.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH

DECEMBER 5, 1949

(Month)

(Day)

(Year)

4 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.

DISEASE OR CONDITION

DIRECTLY LEADING

TO DEATH (a)

Cerebral Embolism

ANTECEDENT CAUSES

Due To

(b)

(c)

Due To

(c)

OTHER SIGNIFICANT CONDITIONS

Major findings:
Of operations.....

Date of operation.....

Was autopsy performed? No

What test confirmed diagnosis?

5 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

6

Place of Burial or Cremation

(City or Town)

DATE OF BURIAL

Dec. 6, 1949

19

7 NAME OF

FUNERAL DIRECTOR

ADDRESS

Received and filed.

DEC 9 1949

(Registrar)

The Commonwealth of Massachusetts

EDWARD J. CRONIN, SECRETARY
DIVISION OF VITAL STATISTICSSTANDARD
CERTIFICATE OF DEATHTo be filed for burial permit
with Board of Health
or its Agent.

Registered No.

191

PERSONAL AND STATISTICAL PARTICULARS

8 SEX

Female

9 COLOR OR RACE

White

10 SINGLE (write the word)

MARRIED

WIDOWED

or DIVORCED

Widowed

10a If married, widowed, or divorced
HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

Philip Schiff

(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12

AGE

65

Years

Months

Days

If under 24 hours

Hours

Minutes

13

Usual

Occupation:

Housewife

(Kind of work done during most of working life)

14

Industry

or Business:

At home

15

Social Security No.

16

BIRTHPLACE (City)

(State or country)

Russia

17

NAME OF

FATHER

Osher Strashun

18

BIRTHPLACE OF

FATHER (City)

(State or country)

Russia

19

MAIDEN NAME

OF MOTHER

Sophie Freedman

20

BIRTHPLACE OF

MOTHER (City)

(State or country)

Russia

21

Informant

(Address)

Philip Schiff, 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

Walter H. Baker

(Official Designation)

(Date of Issue of Permit)

12/5/49

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. — General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.

. . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

• (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance 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.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by 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. ~~41~~ Washington av., (Bay View Home) St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Annie Huey (nee 'Horne)
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 33 Hermon St. Winthrop
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death..... years 2 months.....days. In place of residence 6..... years.....months..... days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH December 7, 1949
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from
Dec 1949, to Dec 7 1949

I last saw her alive on 7 Dec 1949, death is said to
have occurred on the date stated above, at 6 P. m.

DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a) cerebral thrombosis

ANTECEDENT (b) Due To Senility
CAUSES Diabetes mellitus

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? No
If so, specify.....
(Signed) H. E. Parker M. D.
(Address) 447 Shirley St. Winthrop Date Dec 8 1949

6 Woodlawn Everett
Place of Burial or Cremation (City or Town)

DATE OF BURIAL December 10, 1949

7 NAME OF FUNERAL DIRECTOR E. E. Parker
ADDRESS 300 Meridian St., E. Boston

Received and filed DEC 9 1949

(Registrar)

The Commonwealth of Massachusetts

EDWARD J. CRONIN, SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD
CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

Registered No. 195

PHYSICIAN — IMPORTANT

(Was deceased a
U. S. War Veteran,
if so specify WAR)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Female 9 COLOR OR RACE White 10 SINGLE (write the word)
MARRIED
WIDOWED
or DIVORCED Widow

10a If married, widowed, or divorced
HUSBAND of.....
(Give maiden name of wife in full)

(or) WIFE of Austin B. Huey
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 88 Years 4 Months 1 Days If under 24 hours
Hours Minutes

13 Usual Occupation: none
(Kind of work done during most of working life)

14 Industry or Business: none

15 Social Security No. none

16 BIRTHPLACE (City) Camperdown
(State or country) Nova Scotia

17 NAME OF FATHER Zenas Horne

18 BIRTHPLACE OF FATHER (City) Unknown
(State or country) Nova Scotia

19 MAIDEN NAME OF MOTHER Unknown

20 BIRTHPLACE OF MOTHER (City) Unknown
(State or country) Unknown

21 Informant Capt. Forrest W. Huey
(Address) 33 Hermon St., Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:

H. E. Parker
(Signature of Agent of Board of Health or other)
Health Officer
(Official Designation) 12/5/49
(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 persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. . . General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.

. . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance 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.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by 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

INSTRUCTIONS
FOR
CERTIFICATEgiving
OF DEATHnot enter
than one
for each
(b) and (c)does not mean
of dying, such
ailure, asthenia,
eans the disease,
ications which
ath.bid conditions.
ving rise to the
se (a) stating
erlying causeditions contrib-
e death but not
the disease or
causing death.

50M-2-19-25666

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 Harry M Jones
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN - IMPORTANT

(Was deceased a
U. S. War Veteran,
if so specify WAR)(a) Residence. No. 125 Court Road, St. (If nonresident, give city or town and State)
(Usual place of abode)

Length of stay: In place of death..... years..... months 17 days. In place of residence 30 years..... months..... days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH 12 7 1949
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
4-7 1949, to 12-7 1949

I last saw him alive on 12-7-1949 death is said to

have occurred on the date stated above, at 11:40 P.

DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a) Broncho pneumonia;
decompensated heartANTECEDENT (b) Due To Hypertensive heart.
CAUSES Disease.Due To
(c)OTHER
SIGNIFICANT
CONDITIONSMajor findings:
Of operations.....

Date of operation..... Was autopsy performed? no

What test confirmed diagnosis? Clinical

5 Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) Sydney W. Wilkinson M. D.
(Address) 89 S. Street, Ave. Date 12-8-19496 Mt. Auburn, Cambridge
Place of Burial or Cremation (City or Town)

DATE OF BURIAL Dec 12 1949

7 NAME OF FUNERAL DIRECTOR Edward S. Reynolds

ADDRESS Winthrop Mass

Received and filed.....19.....

DEC 12 1949

(Registrar)

The Commonwealth of Massachusetts

EDWARD J. CRONIN, SECRETARY
DIVISION OF VITAL STATISTICSSTANDARD
CERTIFICATE OF DEATH

Registered No. 196

To be filed for burial permit
with Board of Health
or its Agent.

PERSONAL AND STATISTICAL PARTICULARS

8 SEX M 9 COLOR OR RACE white 10 SINGLE (write the word)
MARRIED
WIDOWED
or DIVORCED married10a If married, widowed, or divorced Elizabeth F Marden
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 80 Years 11 Months 14 Days If under 24 hours
Hours Minutes13 Usual Occupation Retired
(Kind of work done during most of working life)

14 Industry or Business Clerk

15 Social Security No. None

16 BIRTHPLACE (City) Boston
(State or country) Mass

17 NAME OF FATHER Henry M Jones

18 BIRTHPLACE OF FATHER (City) Sudbury
(State or country) Mass

19 MAIDEN NAME OF MOTHER Abbie F. Woods

20 BIRTHPLACE OF MOTHER (City) Quincy
(State or country) Mass21 Informant Records Old Age Bureau
(Address) Winthrop Mass.I HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:Walter L. Baker
(Signature of Agent of Board of Health or other)Health Officer 12/9/49
(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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Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by 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

INSTRUCTIONS
FOR
CERTIFICATEgiving
OF DEATHnot enter
than one
for each
(b) and (c)does not mean
of dying, such
failure, asthenia,
means the disease,
indications which
ath.bid conditions,
ving rise to the
use (a) stating
erly ing causeditions contrib-
the death but not
the disease or
causing death.

50M-2-19-25666

PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)

No. Winthrop Community Hospital.

2 FULL NAME Effie May Sarty

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 210 Main Street

(Usual place of abode)

St. (If nonresident, give city or town and State)

Length of stay: In place of death..... years..... months..... 4 days. In place of residence 10 years..... months..... days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH Dec 7, 1949
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Dec. 3, 1949 to Dec 7, 1949

I last saw him alive on Dec. 6, 1949, death is said to

have occurred on the date stated above, at 10:15 a.m.

DISEASE OR CONDITION

DIRECTLY LEADING TO DEATH (a) Cerebral Hemorrhage

INTERVAL BE-
TWEEN ONSET
AND DEATH

4 days

ANTE CEDENT
CAUSES

Due To

(b)

Hyper tension

Due To

(c)

Hypertension Heart Disease

OTHER
SIGNIFICANT
CONDITIONSMajor findings:
Of operations.....

Date of operation..... Was autopsy performed?

What test confirmed diagnosis? Clinical

5 Was disease or injury in any way related to occupation of deceased? No

If so, specify.....

(Signed) P. G. G. G.

(Address) 235 Main St.

Date 12/7/49

M. D.

6 Puritan Lawn 8.13 West Peabody

Place of Burial or Cremation

(City or Town)

DATE OF BURIAL

Dec. 9

1949

7 NAME OF
FUNERAL DIRECTOR

ADDRESS

Received and filed..... 19.....

DEC 12 1949

(Registrar)

The Commonwealth of Massachusetts

EDWARD J. CRONIN, SECRETARY
DIVISION OF VITAL STATISTICSSTANDARD
CERTIFICATE OF DEATHTo be filed for burial permit
with Board of Health
or its Agent.

Registered No. 197

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

8 SEX 9 COLOR OR RACE 10 SINGLE (write the word)

Female White MARRIED
WIDOWED
or DIVORCED Single

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 65 Years 1 Months 21 Days If under 24 hours Hours Minutes 4.5.19

13 Usual Occupation: Secretary (Kind of work done during most of working life)

14 Industry or Business: American Red Cross

15 Social Security No. 021-03-5429A

16 BIRTHPLACE (City) Bridgewater
(State or country) Nova Scotia

17 NAME OF FATHER Daniel Sarty

18 BIRTHPLACE OF FATHER (City) Bridgewater
(State or country) Nova Scotia

19 MAIDEN NAME OF MOTHER Louisa Rahmey

20 BIRTHPLACE OF MOTHER (City) Laconia
(State or country) Nova Scotia21 Informant Constance Field
(Address) 210 Main St. WinthropI HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:

Walter L. Baker

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit) 12/9/49

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

PLACE OF DEATH

1

Suffolk
(County)
Winthrop
(City or Town)



The Commonwealth of Massachusetts

EDWARD J. CRONIN, SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD
CERTIFICATE OF DEATH

Registered No. **199**

To be filed for burial permit
with Board of Health
or its Agent.

No. *Winthrop Community Hospital* St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME. *Flora Porter Lang*
(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. *44 Birch Road, Winthrop* St. (If nonresident, give city or town and State)
(Usual place of abode)

Length of stay: In place of death years months *12* days. In place of residence *36* years months days.

INSTRUCTIONS
FOR
AL CERTIFICATE

n giving
E OF DEATH

not enter
than one
se for each
, (b) and (c)

is does not mean
le of dying, such
failure, asthenia,
means the disease,
lications which
death.

rbid conditions,
e of dying, such
se (a) stating
derlying cause

ditions contrib-
the death but not
o the disease or
a causing death.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH *December 11, 1949*
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from
Nov. 29, 19*49* to *December 11*, 19*49*

I last saw her alive on *December 11*, 19*49* death is said to
have occurred on the date stated above, at *1:10 P.* m.

DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH. (a) *Peritonitis with*

Intestinal Obstruction 13 das

ANTECEDENT CAUSES (b) Due To *Mesenteric Thrombosis*
mesenteric 13 das

(c) Due To *Arteriosclerosis* 15 yrs

INTERVAL BE-
TWEEN ONSET
AND DEATH

OTHER
SIGNIFICANT
CONDITIONS

Major findings:
Of operations.....

Date of operation..... Was autopsy performed? *No*

What test confirmed diagnosis? *Clinical & X ray*

5 Was disease or injury in any way related to occupation of deceased? *No*

If so, specify.....

(Signed) *Dorothy Cheney Appleton* M. D.
(Address) *197 Woodbury Ave* Date *Dec 11*, 19*49*

6 *Edgill Grove* *Framingham*
Place of Burial or Cremation (City or Town)

DATE OF BURIAL *Dec 13*, 19*49*

7 NAME OF FUNERAL DIRECTOR *Edward S. Pinnock*

ADDRESS *Winthrop, Mass.*

Received and filed *DEC 15 1949* 19.....

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX *Female* 9 COLOR OR RACE *White* 10 SINGLE (write the word)
MARRIED
WIDOWED
or DIVORCED *Married*

10a If married, widowed, or divorced
HUSBAND of (Give maiden name of wife in full)
(or) WIFE of *Russell A Lang*
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE *68* Years *3* Months *22* Days If under 24 hours
Hours Minutes

13 Usual Occupation: *Housewife*
(Kind of work done during most of working life)

14 Industry or Business: *Own Home*

15 Social Security No. *None*

16 BIRTHPLACE (City) *Natick*
(State or country) *Mass*

17 NAME OF FATHER *Bryant*

18 BIRTHPLACE OF FATHER (City) *Unable to obtain*
(State or country)

19 MAIDEN NAME OF MOTHER *Minnie Winch*

20 BIRTHPLACE OF MOTHER (City) *Natick*
(State or country) *Mass.*

21 Informant: *Russell A Lang*
(Address) *44 Birch Rd. Winthrop, Mass.*

I HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:

Walter S. Balgley
(Signature of Agent of Board of Health or other)

Health Officer (Official Designation) *12/13/49* (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 persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. . . General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

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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.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by 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

INSTRUCTIONS
FOR
AL CERTIFICATE

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n causing death.

50M-2-19-25666

The Commonwealth of Massachusetts
EDWARD J. CRONIN, SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD
CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

Registered No. **830**

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)

No. **Winthrop Common Pls** St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME
Epifania Campagna
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. **196 Paris St** St. **E. B.**
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death..... years..... months **5** days. In place of residence..... years..... months..... days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH **12/13/49**
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from **10/24**, 19**49**, to **12/13/49**, 19**49**
I last saw her alive on **12/13/49**, 19**49**, death is said to have occurred on the date stated above, at **3 29 P. M.**

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) **Cerebral Hemorrhage**

INTERVAL BETWEEN ONSET AND DEATH **12/9/49**

ANTECEDENT CAUSES
Due To (b) **Hypertensive Heart Disease**
Hypertension
Due To (c) **Arteriosclerosis**
Diabetes

OTHER SIGNIFICANT CONDITIONS

PERSONAL AND STATISTICAL PARTICULARS

8 SEX **Female** **9 COLOR OR RACE** **White** **10 SINGLE** (write the word) **WIDOWED**

10a If married, widowed, or divorced HUSBAND of.....
(Give maiden name of wife in full)
Epifania Campagna
(Or) WIFE of.....
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE **22** Years..... Months..... Days.....
If under 24 hours..... Hours..... Minutes.....

13 Usual Occupation: **House Work**
(Kind of work done during most of working life)

14 Industry or Business: **None**

15 Social Security No. **None**

16 BIRTHPLACE (City) **Italy**
(State or country)

PARENTS

17 NAME OF FATHER **Joseph Pacebene**

18 BIRTHPLACE OF FATHER (City) **Italy**
(State or country)

19 MAIDEN NAME OF MOTHER **Epifania Campagna**

20 BIRTHPLACE OF MOTHER (City) **Italy**
(State or country)

21 Informant **Emma D. Christoforo**
(Address) **196 Paris 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 H. Baker
(Signature of Agent of Board of Health or other Health Officer) **12/16/49**
(Official Designation) (Date of Issue of Permit)

Major findings: Of operations.....

Date of operation..... Was autopsy performed? **no**

What test confirmed diagnosis? **clinical**

5 Was disease or injury in any way related to occupation of deceased?
If so, specify.....
(Signed) **P. Fontana** M. D.
(Address) **33 E. Main St Boston** Date **12/14**, 19**49**

6 Place of Burial or Cremation (City or Town)
St Michael's B. Boston

DATE OF BURIAL **12/17/49**, 19**49**

7 NAME OF FUNERAL DIRECTOR **Vincent J. Lepore**
9 Charles F. E. B.

ADDRESS

Received and filed **DEC 20 1949**, 19**49**
(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

M R-301A

INSTRUCTIONS
FOR
CERTIFICATEn giving
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50M-2-19-25666

PLACE OF DEATH

1

Suffolk

(County)

Winthrop

(City or Town)

No.

Winthrop Community Hospital St.

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Arthur Baker

(If deceased is a married, widowed or divorced woman, give also maiden name.)

Registered No.

201

PHYSICIAN — IMPORTANT

(Was deceased a
U. S. War Veteran,
if so specify WAR)

NO

(a) Residence. No.

6 Jefferson

(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. 65 years..... months..... days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH

December

14

1949

(Month)

(Day)

(Year)

I HEREBY CERTIFY, That I attended deceased from

Dec 12

1949

to

Dec 14

1949

I last saw him alive on Dec 14, 1949, death is said to

have occurred on the date stated above, at 10:00 A. M.

INTERVAL BE-
TWEEN ONSET
AND DEATH

2 days

DISEASE OR CONDITION

DIRECTLY LEADING

TO DEATH (a)

Broncho pneumonia

ANTE
CEDENT
CAUSESDue To
(b)

General Arteriosclerosis

Due To
(c)OTHER
SIGNIFICANT
CONDITIONS

Major findings:

Of operations.....

Date of operation.....

Was autopsy performed?

No

What test confirmed diagnosis?

Chemical

5 Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Dorothy Cheney Appleton

M. D.

(Address) 197 Woodside Ave

Date 12/14

1949

6 Winthrop Cemetery, Winthrop, Mass.

Place of Burial or Cremation

(City or Town)

DATE OF BURIAL December 17, 1949

19

7 NAME OF
FUNERAL DIRECTOR

Alfred B. Marsh

ADDRESS 174 Winthrop St, Winthrop, Mass.

Received and filed

DEC 20 1949

19

(Registrar)

The Commonwealth of Massachusetts

EDWARD J. CRONIN, SECRETARY
DIVISION OF VITAL STATISTICSSTANDARD
CERTIFICATE OF DEATHTo be filed for burial permit
with Board of Health
or its Agent.

PERSONAL AND STATISTICAL PARTICULARS

8 SEX

9 COLOR OR RACE

10 SINGLE

(write the word)

male

white

MARRIED

WIDOWED

or DIVORCED married

10a If married, widowed, or divorced

HUSBAND of

Aggie Barclay

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12

AGE

87

Years

5

Months

23

Days

If under 24 hours

Hours

Minutes

13 Usual

Occupation:

retired

(Kind of work done during most of working life)

14 Industry

or Business:

lobster business

15 Social Security No.

none

16 BIRTHPLACE (City)

Duxbury

(State or country)

Mass.

17 NAME OF

FATHER

Henry Baker

18 BIRTHPLACE OF

FATHER (City)

Duxbury

(State or country)

Mass.

19 MAIDEN NAME

OF MOTHER

Marie Drake

20 BIRTHPLACE OF

MOTHER (City)

Duxbury

(State or country)

Mass.

21

Informant

Dorothy E. Baker

(Address)

25 Edgehill Rd. Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:

Walter A. Baker

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

12/15/49

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

RM R-301A

INSTRUCTIONS
FOR
FILLING OUT
CERTIFICATEIn giving
OF DEATHdo not enter
more than one
cause for each
(a), (b) and (c)is does not mean
of dying, such
failure, asthenia,
means the disease,
complications which
death.in morbid conditions,
giving rise to the
cause (a) stating
underlying causeadditions contrib-
the death but not
to the disease or
in causing death.

50M-2-19-25666

PLACE OF DEATH

1

Suffolk
(County)Winthrop
(City or Town)

No. Winthrop Community Hospital

2 FULL NAME. John J. Archdeacon
(If deceased is a married, widowed or divorced woman, give also maiden name.)(a) Residence. No. 100 Cliff Ave
(Usual place of abode)

Length of stay: In place of death..... years..... months 28 days. In place of residence 30 years..... months..... days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH December 15, 1949
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
Nov. 29, 1949, to Dec. 15, 1949I last saw him alive on Dec. 15, 1949, death is said to
have occurred on the date stated above, at 2.50 p.m.DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a) Coronary thrombosisANTE CEDENT (b) Due To Coronary heart
CAUSES diseaseDue To (c) arteriosclerosis,
arterial

OTHER SIGNIFICANT CONDITIONS Rheumatoid

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) Paul McInnes
(Address) 28 Shore Ave Winthrop Date 12/15/19496 New Calvary Boston
Place of Burial or Cremation (City or Town)

DATE OF BURIAL Dec 17 1949

7 NAME OF FUNERAL DIRECTOR John J. O'Malley
ADDRESS Winthrop

Received and filed..... 19

DEC 26 1949

(Registrar)

The Commonwealth of Massachusetts

EDWARD J. CRONIN, SECRETARY
DIVISION OF VITAL STATISTICSSTANDARD
CERTIFICATE OF DEATH

Registered No. 202

(If death occurred in a hospital or institution,
St. give its NAME instead of street and number)

PHYSICIAN - IMPORTANT

(Was deceased a
U. S. War Veteran,
if so specify WAR)

(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Male 9 COLOR OR RACE White 10 SINGLE (write the word)
MARRIED
WIDOWED
or Widowed10a If married, widowed, or divorced
HUSBAND of Annie F. Smith
(Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 86 Years Months Days If under 24 hours
Hours Minutes13 Usual Occupation: Retired
(Kind of work done during most of working life)

14 Industry or Business: Hotel Manager

15 Social Security No. Boston Mass

16 BIRTHPLACE (City) Boston
(State or country) Mass

17 NAME OF FATHER Maurice Archdeacon

18 BIRTHPLACE OF FATHER (City) Ireland
(State or country)

19 MAIDEN NAME OF MOTHER Mary McGourty

20 BIRTHPLACE OF MOTHER (City) Ireland
(State or country)21 Informant Charles Archdeacon
(Address) 100 Cliff AveI 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)12/17/49
(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 persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. . . — General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.

. . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance 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.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

PLACE OF DEATH

1

Suffolk
(County)
Boston
(City or Town)

No. Winthrop Community Hospital (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Carrie Mabel Johnson
(If deceased is a married, widowed or divorced woman, give also maiden name.)(a) Residence. No. 210 Somerset Ave Winthrop
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay In place of death.....years.....months.....4 days. In place of residence 43 years.....months.....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH Dec - 16 - 1949
(Month) (Day) (Year)

4 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows: (If an injury was involved, state fully.)

fractured RT. femur:
Bronchopneumonia:
Senility.

5 Accident, suicide, or homicide (specify) accidental

Date and hour of injury Dec-12- 1949

Where did injury occur? Winthrop
(City or town and State)

Did injury occur in or about home, on farm, in industrial place, or in public place?

(Specify type of place)
Manner of Injury fell accidentally at her home
(How did injury occur?)

Nature of Injury Dec-12-1949

While at work? Was autopsy performed? no

6 Was disease or injury in any way related to occupation of deceased?

If so, specify Mrs. J. Brickley M. D.

(Signed) (A dress) 13. value Dec-16-1949

7 Edgell Grove Framingham, Mass.
Place of Burial, or Cremation. (City or Town)

DATE OF BURIAL December 19, 1949

8 NAME OF FUNERAL DIRECTOR Alfred B. Marsh

ADDRESS 174 Winthrop St. Winthrop, Mass.

Received and filed DEC 20 1949

(Registrar)

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICSMEDICAL EXAMINER'S
CERTIFICATE OF DEATHTo be filed for burial permit
with Board of Health
or its Agent.

Registered No. 203

PHYSICIAN — IMPORTANT

(Was deceased a
U. S. War Veteran,
if so specify WAR) NO

PERSONAL AND STATISTICAL PARTICULARS

9 SEX female 10 COLOR OR RACE white 11 SINGLE (write the word)
MARRIED
WIDOWED
or DIVORCED widowed

11a If married, widowed, or divorced

HUSBAND of (Give maiden name of wife in full)

(or) WIFE of Ralph Sherman Johnson
(Husband's name in full)

12 IF STILLBORN, enter that fact here.

13 AGE 79 Years 2 Months 18 Days If under 24 hours
Hours Minutes14 Usual Occupation: at home
(Kind of work done during most of working life)15 Industry
or Business:

16 Social Security No. none

17 BIRTHPLACE (City) Dorchester
(State or country) Mass.

18 NAME OF FATHER unable to obtain

19 BIRTHPLACE OF FATHER (City) " " " (State or country)

20 MAIDEN NAME OF MOTHER Leslie Bennett

21 BIRTHPLACE OF MOTHER (City) Boston, Mass. (State or country)

22 Informant Miss Barbara Johnson
(Address) 210 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)
Health Officer (Official Designation) 12/19/49 (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. as amended by Chap. 48, Acts of 1927 and Chap. 474, Acts of 1931.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.....Chap. 114, Sec. 46, G. L., as amended.

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead..... General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

.....The medical examiner certifies the cause and manner of death to the best of his knowledge and belief.

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and death following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

STATEMENT OF CAUSE OF DEATH

Medical Examiners in certifying to a death will state the cause and manner thereof, and will specify: (1) Under cause the nature of an injury and of its consequences; and (2) under manner the mode of its production together with the circumstances when these are known. For example: "Compound fracture of the femur with ensuing septicemia (gas bacillus) caused by a steam railway accident." "Pistol shot wound of the chest with associated hemorrhage, homicidal." "Asphyxiation by suspension, suicidal." "Syncope while under the influence of ether administered as a surgical anaesthetic." "Fracture of the skull with associated internal injury sustained under circumstances unknown."

If disease or injury was related to occupation, specify. If investigation shows the death to have been due to disease, specify: (1) Under cause 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.....

INSTRUCTIONS
FOR
FILLING OUT
THIS CERTIFICATE

In giving
OF DEATH

Do not enter
more than one
cause for each
(a), (b) and (c)

This does not mean
mode of dying, such
as failure, asphyxia,
means the disease,
complications which
lead to death.

Under morbid conditions,
giving rise to the
cause (a) stating
underlying cause

Under conditions contrib-
uting to the death but not
causing the death or
in causing death.

PLACE OF DEATH

2 FULL NAME

(a) Residence. No.
(Usual place of abode)

Length of stay: In place of death 35 years.....months.....days. In place of residence 35 years.....months.....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH Dec 17 1949
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from
Jan 1948 19 to Dec 17 1949
last saw him alive on Dec 17 1949 death is said to
have occurred on the date stated above at 4.20 A. M.

DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a) *myocarditis*

ANTECEDENT CAUSES
Due To (b) *anemia*

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) *Charles J. Mahoney* M. D.
(Address) *4 Winthrop St. Boston* Date *12-17-49*

6 *Holy Cross, Malden*
Place of Burial or Cremation (City or Town)

DATE OF BURIAL *December 19 1949*

7 NAME OF FUNERAL DIRECTOR *John C. Kelly*

ADDRESS *286 Meridian St., E.B.*

Received and filed.....19

DEC 20 1949

(Registrar)

The Commonwealth of Massachusetts

EDWARD J. CRONIN, SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD
CERTIFICATE OF DEATH

Registered No. 204

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, No.
if so specify WAR)

St. *Winthrop*
(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX *Female* 9 COLOR OR RACE *White* 10 SINGLE (write the word)
MARRIED *Widowed*
WIDOWED
or DIVORCED

10a If married, widowed, or divorced
HUSBAND of (Give maiden name of wife in full)

(or) WIFE of *Michael H. Fitzgerald*
(Husband's name in full)

11 IF STILLBORN, enter that fact here. —

12 AGE *76* Years Months Days If under 24 hours
Hours Minutes

13 Usual Occupation: *House wife*
(Kind of work done during most of working life)

14 Industry or Business: *House work own home*

15 Social Security No. *none*

16 BIRTHPLACE (City) *East Boston*
(State or country) *Mass.*

17 NAME OF FATHER *Thomas Daley*

18 BIRTHPLACE OF FATHER (City) *Ireland*
(State or country)

19 MAIDEN NAME OF MOTHER *Elizabeth Digan*

20 BIRTHPLACE OF MOTHER (City) *Ireland*
(State or country)

21 Informant *Mrs. Marion E. Zeigler*
(Address) *439 Winthrop St. Win.*

I HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:

Walter E. Roke
H.C. at Dec 19/49
(Signature of Agent of Board of Health or other)
(Official Designation) (Date of Issue of Permit)

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall 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 persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. — General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.

... Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

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Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by 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-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. **205**

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. **43 Cliff Ave.** St. { (If death occurred in a hospital or institution, give its NAME instead of street and number) }

2 FULL NAME **Isabelle (Sutherland) Bears Davis**

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. **43 Cliff Ave.**
(Usual place of abode)

St. (If nonresident, give city or town and State)

Length of stay: In hospital or institution (Before death) years **3** months days. In this community **50** yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX **Female** 4 COLOR OR RACE **White** 5 SINGLE (write the word) **Widowed**
MARRIED
WIDOWED
or DIVORCED

5a If married, widowed or divorced
HUSBAND of **Sidney Davis**
(Give maiden name of wife in full)
(or) WIFE of **Sidney Davis**
(Husband's name in full)

6 Age of husband or wife if alive years

7 IF STILLBORN, enter that fact here.

8 AGE **77** Years **7** Months **11** Days | If less than 1 day
Hours Minutes

Usual Occupation: **Housewife**Industry or Business: **At Home**11 Social Security No. **None**12 BIRTHPLACE (City) **Sidney**
(State or Country) **Nova Scotia**13 NAME OF FATHER **John Sutherland**14 BIRTHPLACE OF FATHER (City) **Nova Scotia**
(State or Country)15 MAIDEN NAME OF MOTHER **Isabelle *******16 BIRTHPLACE OF MOTHER (City) **Unable to obtain**
(State or Country)17 Informant **Edwina Beattie** (Relation, if any)
(Address) **43 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:

Walter P. Baker
(Signature of Agent of Board of Health or other)

Walter P. Baker
(Official Designation) (Date of Issue of Permit) **12/21/49**

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH **December 18 1949**
(Month) (Day) (Year)19 I HEREBY CERTIFY, That I attended deceased from **November 26 1949** to **December 18 1949**I last saw her alive on **December 18, 1949**, death is said to have occurred on the date stated above, at **10:30 P.M.**

Immediate cause of death

Myocardial Infarction 5 days
Due to **Coronary Occlusion** 5 days

Due to **Generalized arteriosclerosis** years
Other conditions **Cerebral Thrombosis** 3 weeks

Major findings: **none**
Of operations: **none**
Date of **none**
Of autopsy: **none**
What test confirmed diagnosis? **clinical**

20 Was disease or injury in any way related to occupation of deceased? **no**If so, specify **Arthur C. Murray** M. D.
(Signed) **Winthrop Mass** Date **20 Dec 1949**
(Address)21 **Winthrop** **Winthrop**
Place of Burial, Cremation or Removal. (City or Town)
DATE OF BURIAL **Dec. 21 1949**22 NAME OF FUNERAL DIRECTOR **Edward S. Reynolds**
ADDRESS **Winthrop Mass**Received and Filed **DEC 23 1949** 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).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to 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 _____

M R-301A

INSTRUCTIONS
FOR
CERTIFICATE

a giving

C OF DEATH

not enter
than one
for each
(b) and (c)s does not mean
e of dying, such
ailure, asthenia,
eans the disease,
ications which
ath.bid conditions,
iving rise to the
use (a) stating
erlying causeditions contrib-
he death but not
the disease or
causing death.

100M-(B)-10-48-24855

PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)

No. Bay View Rest Home

2 FULL NAME Catherine (Clair) Pike

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 75 Washington Ave

(Usual place of abode)

Length of stay: In place of death years months 14 days. In place of residence 60 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH December 18 1949
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from Sept 15 1946 to December 18 1949

I last saw her alive on December 15 1949, death is said to

have occurred on the date stated above, at 3:15 P.m.

DISEASE OR CONDITION

DIRECTLY LEADING

TO DEATH (a)

Cerebral Hemorrhage

INTERVAL BE-
TWEEN ONSET
AND DEATHover
monthsANTE Due To
CEDENT (b)
CAUSES

Hypertension

Due To
(c)OTHER
SIGNIFICANT
CONDITIONSMajor findings:
Of operations

Date of operation

Was autopsy performed? no

What test confirmed diagnosis? Clinical Signs

5 Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed)

(Address)

6 Calvary v. Dorchester Boston
Place of Burial or Cremation (City or Town)

DATE OF BURIAL Dec 20 1949

7 NAME OF
FUNERAL DIRECTOR

ADDRESS

Received and filed

DEC 26 1949

(Registrar)

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.

206

St. (If death occurred in a hospital or institution,
give its NAME instead of street and number)

PHYSICIAN — IMPORTANT

(Was deceased a
U. S. War Veteran,
if so specify WAR)

(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Female 9 COLOR OR RACE White 10 SINGLE (write the word)
MARRIED
WIDOWED
or DIVORCED10a If married, widowed, or divorced
HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of Clarence H. Pike
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 87 Years Months Days If under 24 hours
Hours Minutes13 Usual Occupation: Housewife
(Kind of work done during most of working life)

14 Industry or Business: Own Home

15 Social Security No.

16 BIRTHPLACE (City). Boston Mass
(State or country)

17 NAME OF FATHER John Clair

18 BIRTHPLACE OF FATHER (City) Ireland
(State or country)

19 MAIDEN NAME OF MOTHER Mary Brennan

20 BIRTHPLACE OF MOTHER (City) Ireland
(State or country)21 Informant Charles Pike
(Address) 75 Washington AveI HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:Walter J. Waker
(Signature of Agent of Board of Health or other)(Official Designation) 12/19/49
(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 persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. 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.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by 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. 31 Belcher

2 FULL NAME Margaret M. Flannery

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 31 Belcher St

(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 40 years months days.

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD
CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

Registered No. 207

(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

3 DATE OF DEATH Dec. 23 1949
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from
Dec 3, 1949 to Dec 23 1949

I last saw her alive on Dec 23, 1949, death is said to
have occurred on the date stated above, at 6:55 A. m.

DISEASE OR CONDITION

DIRECTLY LEADING

TO DEATH (a) Carcinoma of Stomach with
Metastasis (generalized)

INTERVAL BE-
TWEEN ONSET
AND DEATH

ANTE Due To
CEDENT (b)
CAUSES

Due To
(c)

OTHER
SIGNIFICANT
CONDITIONS

Major findings: Ca. of Stomach (Inoperable)
Of operations May 6, 1949

Date of operation: May 6, 1949 Was autopsy performed? No

What test confirmed diagnosis? Clinical, Operative

5 Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Lewis Glyzer M. D.
(Address) 164 Linden St. Chelsea Date Dec 23 1949

6 Place of Burial or Cremation St. Patricks Watertown
(City or Town)

DATE OF BURIAL Dec 27 1949

7 NAME OF FUNERAL DIRECTOR John H. O'Malley
ADDRESS Winthrop

Received and filed DEC 27 1949

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Female 9 COLOR OR RACE White 10 SINGLE (write the word)
MARRIED
WIDOWED
or WIDOWED

10a If married, widowed, or divorced
HUSBAND of (Give maiden name of wife in full)

(or) WIFE of Owen Flannery
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 78 Years Months Days If under 24 hours
Hours Minutes

13 Usual Occupation: Housewife
(Kind of work done during most of working life)

14 Industry or Business: Own Home

15 Social Security No.

16 BIRTHPLACE (City)
(State or country) Ireland

17 NAME OF FATHER James Ferrins

18 BIRTHPLACE OF FATHER (City)
(State or country) Ireland

19 MAIDEN NAME OF MOTHER Catherine Grady

20 BIRTHPLACE OF MOTHER (City)
(State or country) Ireland

21 Informant Bernard Flannery
(Address) 31 Belcher 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 12/23/49
(Signature of Agent of Board of Health or other)

Health Officer 12/23/49
(Official Designation) (Date of Issue of Permit)

EXTRACTS
FROM THE LAWS OF
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteen, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

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death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

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RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

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(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

PLACE OF DEATH

1

No.

2 FULL NAME.

(a) Residence. No.

(Usual place of abode)

Length of stay: In place of death. years. months. days. In place of residence 40 years. months. days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH December 24 1949
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from 16 Sept 1949 to December 24 1949

I last saw him alive on Dec 23 1949 death is said to have occurred on the date stated above, at 9.45 P. m.

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Acute Intestinal Hemorrhage

ANTECEDENT CAUSES Due To (b) Myocardial Infarction (c) Possible malignancy

OTHER SIGNIFICANT CONDITIONS Old age

Major findings: Of operations: none
Date of operation: none Was autopsy performed? No
What test confirmed diagnosis? none

5 Was disease or injury in any way related to occupation of deceased? No
If so, specify: John J. O'Brien
(Signed) (Address) Weymouth Mass Date 24 Dec 1949 M. D.

6 Place of Burial or Cremation Weymouth (City or Town)
DATE OF BURIAL Dec 28 1949 19

7 NAME OF FUNERAL DIRECTOR John J. O'Brien
ADDRESS Weymouth

Received and filed. DEC 27 1949 (Registrar)



The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH

Registered No. 203

(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) Indian Wars

(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Male 9 COLOR OR RACE White 10 SINGLE (write the word) MARRIED WIDOWED OR DIVORCED married

10a If married, widowed or divorced, HUSBAND of Elizabeth M. Caroy.
(Give maiden name of wife in full)

(or) WIFE of (husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 84 Years Months Days If under 24 hours Hours Minutes

13 Usual Occupation: Detective
(Kind of work done during most of working life)

14 Industry or Business: Investigator

15 Social Security No.

16 BIRTHPLACE (City) (State or country) Boston Mass

17 NAME OF FATHER Daniel

18 BIRTHPLACE OF FATHER (City) (State or country) Ireland

19 MAIDEN NAME OF MOTHER Catherine Sheehan

20 BIRTHPLACE OF MOTHER (City) (State or country) Ireland

21 Informant (Address) Elizabeth Callahan 50 Pleasant St

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit) 12/21/49

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . General Laws, Chap. 38, Sec. 6.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance 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.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by 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

INSTRUCTIONS
FOR
MEDICAL CERTIFICATE

In giving
OF DEATH

do not enter
more than one
cause for each
(a), (b) and (c)

This does not mean
mode of dying, such
as failure, asthenia,
means the disease,
applications which
death.

orbid conditions,
giving rise to the
cause (a) stating
underlying cause

conditions contrib-
the death but not
to the disease or
on causing death.

50M-2-19-25666

PLACE OF DEATH

1

Suffolk
(County)
Winthrop
(City or Town)

No. Winthrop Community Hospital (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Baby Girl Dillon
(If deceased is married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT

(Was deceased a U. S. War Veteran, if so specify WAR) No

(a) Residence. No. 290 Revere St., Winthrop
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death years months 1 days. In place of residence years months 1 days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH DEC 24 1949
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from DEC. 23 1949 to DEC. 24 1949

I last saw her alive on DEC 24 1949 death is said to have occurred on the date stated above, at 8:15 A. m.

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) CONGENITAL ATELECTASIS of LUNGS

ANTE CEDENT (b) CAUSES

Due To (c)

OTHER SIGNIFICANT CONDITIONS CONGENITAL ANOMALY OF HEART INTRAVENTRICULAR SEPTAL DEFECT.

Major findings: DEFECT.

Date of operation. Was autopsy performed? Yes.

What test confirmed diagnosis? AUTO PSY

5 Was disease or injury in any way related to occupation of deceased?

If so, specify (Signed) M. D. (Address) M. D. 12/24 1949

6 Winthrop Cemetery, Winthrop
(Place of Burial or Cremation) (City or Town)

DATE OF BURIAL December 28th 1949

7 NAME OF FUNERAL DIRECTOR Richard C. Kirby
ADDRESS Boston, Mass.

Received and filed 19

DEC 27 1949 (Registrar)

The Commonwealth of Massachusetts

EDWARD J. CRONIN, 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

PERSONAL AND STATISTICAL PARTICULARS

8 SEX F. 9 COLOR OR RACE White 10 SINGLE (write the word) MARRIED WIDOWED or DIVORCED Single

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 1 Days If under 24 hours Hours Minutes

13 Usual Occupation: None (Kind of work done during most of working life)

14 Industry or Business: None

15 Social Security No. None

16 BIRTHPLACE (City) Winthrop (State or country) Mass

17 NAME OF FATHER Frederick G. Dillon

18 BIRTHPLACE OF FATHER (City) East Boston (State or country) Mass

19 MAIDEN NAME OF MOTHER Elizabeth M. Kerrigan

20 BIRTHPLACE OF MOTHER (City) Ireland (State or country)

21 Informant Frederick G. Dillon-father (Address) 290 Revere St., Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Walter H. Barker (Signature of Agent of Board of Health or other) Health Officer 12/27/49 (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 hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. — General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec.46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance 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.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by 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

RM R-301A

PLACE OF DEATH

Suffolk
(County)Winthrop
(City or Town)

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICSSTANDARD
CERTIFICATE OF DEATHTo be filed for burial permit
with Board of Health
or its Agent.

Registered No. 210

No. Winthrop Community Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Francis Bartlett
(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. 23 Tewksbury St. (If nonresident, give city or town and State)
(Usual place of abode)

Length of stay: In place of death years months 14 days. In place of residence 3 years months days.

INSTRUCTIONS
FOR
AL CERTIFICATEIn giving
OF DEATHto not enter
re than one
se for each
(b) and (c)is does not mean
de of dying, such
failure, asthenia,
means the disease,
lications which
death.rbid conditions.
giving rise to the
ause (a) stating
derlying causeditions contrib-
the death but not
to the disease or
n causing death.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH December 25, 1949
(Month) (Day) (Year)4 I HEREBY CERTIFY That I attended deceased from
December 13, 49 to December 25, 1949I last saw him alive on December 25, 1949, death is said to
have occurred on the date stated above, at 6:40 A.M.DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a) Acute Coronary
OcclusionANTECEDENT CAUSES
Due To (b) ArteriosclerosisDue To (c) Chronic Interstitial
PneumoniaOTHER SIGNIFICANT
CONDITIONS UremiaMajor findings:
Of operations noneDate of operation Was autopsy performed? no
What test confirmed diagnosis clinical & laboratory5 Was disease or injury in any way related to occupation of deceased? no
If so, specify Jacob J. Abiquio M.D.
(Signed) 562 Winthrop St. Winthrop
(Address)6 Place of Burial or Cremation Winthrop
(City or Town)

DATE OF BURIAL Dec. 28 1949

7 NAME OF FUNERAL DIRECTOR Howard S. Reynolds

ADDRESS Winthrop Mass

Received and filed DEC 26 1949

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Male 9 COLOR OR RACE White 10 SINGLE (write the word)
MARRIED
WIDOWED
or DIVORCED Married10a If married, widowed, or divorced
HUSBAND of Mary Tilly
(Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 76 Years Months Days If under 24 hours
Hours Minutes13 Usual Occupation: At Home
(Kind of work done during most of working life)

14 Industry or Business: Retired Blacksmith

15 Social Security No. 011-05-9534

16 BIRTHPLACE (City) Canada
(State or country)

17 NAME OF FATHER Unable to obtain

18 BIRTHPLACE OF FATHER (City) Unable to obtain
(State or country)

19 MAIDEN NAME OF MOTHER Unable to obtain

20 BIRTHPLACE OF MOTHER (City) Unable to obtain
(State or country)21 Informant Mary Bartlett
(Address) 23 Tewksbury St. WinthropI HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:Walter H. B...
(Signature of Agent of Board of Health or other)

(Official Designation) (Date of Issue of Permit) 12/28/49

100M-(D)-10-48-24688

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen 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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death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . General Laws, Chap. 38, Sec. 6.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance 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.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by 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

RM R-301A

PLACE OF DEATH

1

Superior Boston 11/4/49
 (County)
Northampton
 (City or Town)



The Commonwealth of Massachusetts

EDWARD J. CRONIN, SECRETARY
 DIVISION OF VITAL STATISTICS

STANDARD
 CERTIFICATE OF DEATH

To be filed for burial permit
 with Board of Health
 or its Agent.

Registered No. *211*

No. *Northampton Hospital* St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME *Frank J. Cronin*
 (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. *10* St. *Northampton*
 (Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death *1* years *1* months *1* days. In place of residence *1* years *1* months *1* days.

INSTRUCTIONS
 FOR
 MEDICAL CERTIFICATE

In giving
 SE OF DEATH

o not enter
 ore than one
 use for each
 a), (b) and (c)

This does not mean
 ode of dying, such
 t failure, asthenia,
 means the disease,
 mplications which
 death.

orbid conditions,
 giving rise to the
 cause (a) stating
 nderlying cause

onditions contrib-
 o the death but not
 to the disease or
 n causing death.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH *Nov 1 1949*
 (Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from *2:30* 19*49* to *15* 19*49*

I last saw him alive on *15* 19*49* death is said to have occurred on the date stated above, at *7:00* m.

DISEASE OR CONDITION
 DIRECTLY LEADING

TO DEATH (a) *myocardial infarction*

INTERVAL
 BETWEEN ONSET
 AND DEATH

ANTE Due To
 CEDENT (b) *myocardial infarction*
 CAUSES

Due To
 (c)

OTHER
 SIGNIFICANT
 CONDITIONS

Major findings:
 Of operations

Date of operation *11/1/49* Was autopsy performed?

What test confirmed diagnosis?

5 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *Edward J. Cronin* M. D.

(Address) *10 Northampton St.* Date *12/1/49* 19*49*

6 *Northampton Hospital*
 Place of Burial or Cremation (City or Town)

DATE OF BURIAL *11/28/49* 19*49*

7 NAME OF FUNERAL DIRECTOR *Francis J. Cronin*

ADDRESS *10 Northampton St.*

Received and filed *DEC 27 1949* 19*49*

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX *male* 9 COLOR OR RACE *white* 10 SINGLE (write the word)
 MARRIED
 WIDOWED
 or DIVORCED

10a If married, widowed, or divorced
 HUSBAND of *Barbara Cronin*
 (Give maiden name of wife in full)

(or) WIFE of *Frank J. Cronin*
 (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE *47* Years Months Days If under 24 hours
 Hours Minutes

13 Usual Occupation: *Barber*
 (Kind of work done during most of working life)

14 Industry or Business:

15 Social Security No. *024-03-4847*

16 BIRTHPLACE (City) (State or country) *Italy*

17 NAME OF FATHER *Joseph Cronin*

18 BIRTHPLACE OF FATHER (City) (State or country) *Italy*

19 MAIDEN NAME OF MOTHER *Barbara Cronin*

20 BIRTHPLACE OF MOTHER (City) (State or country) *Italy*

21 Informant (Address) *Margaret Cronin*

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Walter H. Cronin
 (Signature of Agent of Board of Health or other)

Health Officer 12/27/49
 (Official Designation) (Date of Issue of Permit)

50M-2-19-25866

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, 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 persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. . . General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4. Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.

. . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by 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.

198 Cottage Park Road



The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD

CERTIFICATE OF DEATH

Registered No.

212

St. { (If death occurred in a hospital or institution, give its NAME instead of street and number) }

2 FULL NAME John C. Dow
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence No. 14 Gorham
(Usual place of abode)

St. East Chelmsford, Mass.
(If nonresident, give city or town and State)

Length of stay: In hospital or institution (Before death) neither - years - months - days. (Specify whether)

In this community - yrs. - mos. 3 days.

PHYSICIAN-IMPORTANT

(Was deceased a U. S. War Veteran, if so specify WAR) No

PERSONAL AND STATISTICAL PARTICULARS

3 SEX
Male

4 COLOR OR RACE
White

5 SINGLE (write the word)
MARRIED Married
WIDOWED
or DIVORCED

5a If married, widowed or divorced
HUSBAND of Mary A. Converse
(Give maiden name of wife in full)

(or) WIFE of
(Husband's name in full)

6 Age of husband or wife if alive 70 years

7 IF STILLBORN, enter that fact here.

8 AGE 70 Years 2 Months 9 Days If less than 1 day Hours Minutes

9 Usual Occupation: Owner & Proprietor

10 Industry or Business: Upton & Gilman Machine Co.

11 Social Security No. None

12 BIRTHPLACE (City) Albany
(State or Country) Vermont

13 NAME OF FATHER Alfred Dow

14 BIRTHPLACE OF FATHER (City) Albany
(State or Country) Vermont

15 MAIDEN NAME OF MOTHER Ella M. Coonerty

16 BIRTHPLACE OF MOTHER (City) Albany
(State or Country) Vermont

17 Informant Mrs. John C. Dow (Relationship) wife
(Address) 14 Gorham St. E. Chelmsford, Mass.

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation) Health Officer (Date of Issue of Permit) 12/27/49

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Dec 27 1949
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from Dec 25 1949, to Dec 27 1949.

I last saw him alive on Dec 26 1949, 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

Other conditions Chronic Nephritis
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Date of

Of autopsy

What test confirmed diagnosis?

Duration

IMPORTANT

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?
If so, specify

(Signed) Louis F. Salerno, M. D.
(Address) 175 Pleasant St. Date Dec 27 1949

21 W. Chelmsford, Conn. W. Chelmsford
Place of Burial, Cremation or Removal. (City or Town) Mass.

DATE OF BURIAL December 29th, 1949

22 NAME OF FUNERAL DIRECTOR Robert T. Morse
ADDRESS 170 Westford St., Lowell, Mass.

Received and Filed

DEC 27 1949

19

(Registrar)

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

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A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required

by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

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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

INSTRUCTIONS
FOR
FILLING OUT
THIS CERTIFICATEgiving
OF DEATHnot enter
than one
for each
(b) and (c)does not mean
of dying, such
failure, asthenia,
trans the disease,
ications which
ath.oid conditions,
ring rise to the
se (a) stating
erlying causeitions contrib-
e death but not
the disease or
causing death.

100M-(D)-10-48-24656

PLACE OF DEATH

Suffolk
(County)
Wentworth
(City or Town)

No.

43 Washington Ave.

2 FULL NAME

Thomas H. Daly

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No.

(Usual place of abode)

43 Washington Ave.

St.

(If nonresident, give city or town and State)

Length of stay: In place of death years months days. In place of residence 10 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF

DEATH

Dec

28

1949

(Month)

(Day)

(Year)

4 I HEREBY CERTIFY, That I attended deceased from

Jan 19 48 to Dec 28 19 49

I last saw him alive on Dec 26 19 49, death is said to

have occurred on the date stated above, at 6:48 A.M.

DISEASE OR CONDITION

DIRECTLY LEADING

TO DEATH (a)

Cerebral
EdemaANTECEDENT
CAUSESDue To
(c)OTHER
SIGNIFICANT
CONDITIONSAnterior infarct
myocarditisMajor 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? No

If so, specify

(Signed)

(Address)

Not Benedict Boston
(City or Town)

DATE OF BURIAL

Dec 31

19 49

7 NAME OF

FUNERAL DIRECTOR

ADDRESS

W J Cassidy
Boston

Received and filed

JAN 3

(Registrar)

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICSSTANDARD
CERTIFICATE OF DEATH

Registered No.

213

To be filed for burial permit
with Board of Health
or its Agent.(If death occurred in a hospital or institution,
St. 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

8 SEX

Male

9 COLOR OR RACE

White

10 SINGLE (write the word)

MARRIED
WIDOWED
or DIVORCED

Single

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

78

Years

Months

Days

If under 24 hours

Hours

Minutes

13 Usual

Occupation:

Paper Salesman

(Kind of work done during most of working life)

14 Industry

or Business:

15 Social Security No.

16 BIRTHPLACE (City)

(State or country)

Boston

17 NAME OF

FATHER

Richard

18 BIRTHPLACE OF

FATHER (City)

Ireland

(State or country)

19 MAIDEN NAME

OF MOTHER

Mary Conright

20 BIRTHPLACE OF

MOTHER (City)

Ireland

(State or country)

21

Informant

(Address)

Richard Daly
WentworthI 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)

140

DEC 31/49

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of 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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death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . General Laws, Chap. 38, Sec.6.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed 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 Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by 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. MEDICAL EXAMINERS should state CAUSE AND MANNER OF DEATH in plain terms, so that it may be properly classified under the International Classification of Causes of Death. See reverse side for extracts from the laws relative to the return of certificates of death.

If deceased was a U. S. War Veteran, G.L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

50m-(g)-10-48-24658

R-303 A

PLACE OF DEATH

1

Suffolk

(County)

Winthrop

(City or Town)

No. Winthrop Community Hospital

St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Edward A. Anderson

(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN - IMPORTANT

(Was deceased a U. S. War Veteran, if so specify WAR) W.W.1.

(a) Residence. No.

54 Beal St. Winthrop

St.

(If nonresident, give city or town and State)

Length of stay: In place of death years months days. In place of residence 40 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH

Dec - 29 - 1949

(Month)

(Day)

(Year)

4 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.)

Myocardial Heart Disease
Chronic Sclerosis

5 Accident, suicide, or homicide (specify)

Date and hour of injury

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?

Manner of injury

(Specify type of place)
Collapsed in auto.

Nature of injury

(How did injury occur?)
Died quickly in hospital

While at work?

Was autopsy performed?

No

6 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(A dress)

Winthrop Cemetery, Winthrop

(City or Town)

DATE OF BURIAL

Jan. 2, 1950

8 NAME OF FUNERAL DIRECTOR

Edward B. Marsh

ADDRESS

174 Winthrop St. Winthrop

Received and filed

JAN 3 1950

19

(Registrar)

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

MEDICAL EXAMINER'S
CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

Registered No.

211

PERSONAL AND STATISTICAL PARTICULARS

9 SEX

10 COLOR OR RACE

11 SINGLE (write the word)

male

white

MARRIED
WIDOWED
or DIVORCED

marri

11a If married, widowed, or divorced

HUSBAND of

Ruby Edwards

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

12 IF STILLBORN, enter that fact here.

13

AGE 55 Years 7 Months 1 Days

If under 24 hours

Hours Minutes

14 Usual

Occupation

Stationary engineer

(Kind of work done during most of working life)

15 Industry

or Business

International glue Co.

16 Social Security No.

023-09-1984

17 BIRTHPLACE (City)

East Boston

(State or country)

Mass.

18 NAME OF FATHER

Anders Emil Anderson

19 BIRTHPLACE OF FATHER (City)

Holland

(State or country)

Sweden

20 MAIDEN NAME OF MOTHER

Hannah Olson

21 BIRTHPLACE OF MOTHER (City)

Oland

(State or country)

Sweden

22

Informant

Mrs. E. A. Anderson

(Address)

54 Beal St. Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Walter F. Jones

(Signature of Agent of Board of Health or other)

Health Officer

(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. as amended by Chap. 48, Acts of 1927 and Chap. 414, Acts of 1931.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.....Chap. 114, Sec. 46, G. L., as amended.

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead..... General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

.....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.)"

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE	November 19, 1917
DATE OF DISCHARGE	October 1, 1919
RANK, RATING	Engineman 2-C.
ORGANIZATION AND OUTFIT	1st Naval District
SERVICE NUMBER	101-06-77

PLACE OF DEATH

Suffolk
(County)Wentworth
(City or Town)

No. 30 Perkins St.

2 FULL NAME Janet Totten
(If deceased is a married, widowed or divorced woman, give also maiden name.)(a) Residence. No. 30 Perkins St. Wentworth
(Usual place of abode)

Length of stay: In place of death.....years.....months.....days. In place of residence. 40 years.....months.....days.

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICSMEDICAL EXAMINER'S
CERTIFICATE OF DEATHTo be filed for burial permit
with Board of Health
or its Agent.

Registered No. 215

(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

3 DATE OF DEATH Dec - 29 - 1949
(Month) (Day) (Year)4 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 Sclerosis Heart Disease.
Probably coronary Sclerosis

5 Accident, suicide, or homicide (specify).....

Date and hour of injury.....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 seated in chair in
(How did injury occur?)

Nature of Injury her bed room

While at work?..... Was autopsy performed? no

6 Was disease or injury in any way related to occupation of deceased?.....

If so, specify.....

(Signed) M. D.

(A dress) Dec - 29 - 1949

7 Woodlawn Crematory Everett
(City or Town)

Place of Burial, or Cremation.

DATE OF BURIAL Jan. 3, 1950

8 NAME OF FUNERAL DIRECTOR Howard S. Reynolds

ADDRESS 40 Perkins St. Wms

Received and filed JAN 3 1950

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

9 SEX F 10 COLOR OR RACE W 11 SINGLE (write the word)
MARRIED
WIDOWED
or DIVORCED Widow

11a If married, widowed, or divorced

HUSBAND of.....
(Give maiden name of wife in full)(or) WIFE of Charles Totten
(Husband's name in full)

12 IF STILLBORN, enter that fact here.

13 AGE 74 Years Months Days If under 24 hours
Hours Minutes14 Usual Occupation: Housewife
(Kind of work done during most of working life)15 Industry Own Home
or Business

16 Social Security No. None

17 BIRTHPLACE (City) Wakefield
(State or country) Mass

18 NAME OF FATHER James Anderson

19 BIRTHPLACE OF FATHER (City) Scotland
(State or country)

20 MAIDEN NAME OF MOTHER Elizabeth Hills

21 BIRTHPLACE OF MOTHER (City) Scotland
(State or country)22 Informant John A McNeil
(Address) Gladstone St. Greystone R.I.I HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:Walter L. Baker
(Signature of Agent of Board of Health or other)

(Official Designation) Health Officer (Date of Issue of Permit) 1/3/50

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "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. as amended by Chap. 48, Acts of 1927 and Chap. 414, Acts of 1931.

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Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead..... General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

.....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 supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

STATEMENT OF CAUSE OF DEATH

Medical Examiners in certifying to a death will state the cause and manner thereof, and will specify: (1) Under cause the nature of an injury and of its consequences; and (2) under manner the mode of its production together with the circumstances when these are known. For example: "Compound fracture of the femur with ensuing septicemia (gas bacillus) caused by a steam railway accident." "Pistol shot wound of the chest with associated hemorrhage, homicidal." "Asphyxiation by suspension, suicidal." "Syncope while under the influence of ether administered as a surgical anaesthetic." "Fracture of the skull with associated internal injury sustained under circumstances unknown."

If disease or injury was related to occupation, specify. If investigation shows the death to have been due to disease, specify: (1) Under cause its known or presumable nature; and (2) under manner, indicate the circumstances leading to medico-legal inquiry. For example: "Hemorrhage spontaneous of the brain (basal ganglia) (found dead in bed)." "Heart disease, presumably coronary sclerosis. (Sudden death.)"

SPACE FOR ADDITIONAL INFORMATION.....

DATE OF ENTERING MILITARY SERVICE.....

DATE OF DISCHARGE.....

RANK, RATING.....

ORGANIZATION AND OUTFIT.....

SERVICE NUMBER.....

INSTRUCTIONS
FOR
CERTIFICATEn giving
E OF DEATHnot enter
e than one
e for each
, (b) and (c)is does not mean
e of dying, such
ailure, ashenia,
eans the disease,
lications which
eath.rbid conditions,
iving rise to the
use (a) stating
derlying causeditions contrib-
the death but not
o the disease or
a causing death.

50M-2-19-25666

PLACE OF DEATH

Suffolk
(County)
Wentworth
(City or Town)

The Commonwealth of Massachusetts

EDWARD J. CRONIN, SECRETARY
DIVISION OF VITAL STATISTICSSTANDARD
CERTIFICATE OF DEATHTo be filed for burial permit
with Board of Health
or its Agent.

Registered No. 216

1 No. Wentworth Community Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME. Ida Gordon (Brown) (Kliashky) (If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 34 Hawthorne Ave St. (If nonresident, give city or town and State)

Length of stay: In place of death 1 years 1 months 0 days. In place of residence 3 years 0 months 0 days.

PHYSICIAN — IMPORTANT

(Was deceased a
U. S. War Veteran,
if so specify WAR) NO

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH Dec. 30, 1949
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from August 1949 to Dec. 30, 1949
I last saw her alive on Dec. 30, 1949 death is said to have occurred on the date stated above, at 10:30 A.M.

DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a) Paralysis, Right

INTERVAL BETWEEN ONSET AND DEATH

1 month

ANTECEDENT CAUSES (b) Parkinson's Syndrome 15 yrs.
Arthritis 15 yrs.

Due To (c)

OTHER SIGNIFICANT CONDITIONS

Major findings: none
Of operations:Date of operation: Was autopsy performed? noWhat test confirmed diagnosis? clinical5 Was disease or injury in any way related to occupation of deceased? no

If so, specify: Charles Liberman M. D.
(Signed) 26 Waverley Ave. Date 12/30/1949
(Address)

6 ABRAMSON CEM. (LEBANON) W. ROK.
Place of Burial or Cremation (City or Town)

DATE OF BURIAL Jan 2, 1950

7 NAME OF FUNERAL DIRECTOR Benjamin F. Salomon
ADDRESS 420 Harvard St Brookline

Received and filed JAN 3 1950 19

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX female 9 COLOR OR RACE white 10 SINGLE (write the word)
MARRIED married
WIDOWED
OR DIVORCED

10a If married, widowed, or divorced
HUSBAND of (Give maiden name of wife in full)

(or) WIFE of Jacob Gordon
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 62 Years Months Days If under 24 hours
Hours Minutes

13 Usual Occupation housewife
(Kind of work done during most of working life)

14 Industry or Business:

15 Social Security No. none16 BIRTHPLACE (City) Russia
(State or country)

17 NAME OF FATHER David Kliashky

18 BIRTHPLACE OF FATHER (City) Russia
(State or country)

19 MAIDEN NAME OF MOTHER Lillian Liegel

20 BIRTHPLACE OF MOTHER (City) Russia
(State or country)

21 Informant Ida Gordon
(Address) 34 Hawthorne Ave 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, Jr.
(Signature of Agent of Board of Health or other)

Healer Office (Official Designation) 12/30/49 (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.

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death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or 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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. . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

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The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

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(3) **Medical Examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by 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

INSTRUCTIONS
FOR
CERTIFICATEIn giving
E OF DEATH

not enter
re than one
se for each
(b) and (c)

is does not mean
de of dying, such
failure, asthenia,
means the disease,
lications which
death.

orbid conditions,
giving rise to the
ause (a) stating
derlying cause

conditions contrib-
the death but not
to the disease or
n causing death.

PLACE OF DEATH

1

Suffolk
(County)
Wentworth
(City or Town)



The Commonwealth of Massachusetts

EDWARD J. CRONIN, SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD
CERTIFICATE OF DEATHRegistered No. *217*

To be filed for burial permit
with Board of Health
or its Agent.

No. *Wentworth Community Hospital* (If death occurred in a hospital or institution, give its NAME instead of street and number)
2 FULL NAME. *(Baby Girl) Randall #2*
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(a) Residence. No. *347 North Pearl* St. *Brookline*
(Usual place of abode) (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 *Dec 31 1949*
(Month) (Day) (Year)
4 I HEREBY CERTIFY, That I attended deceased from
Dec 30, 1949, to Dec 31, 1949
I last saw her alive on *Dec 31, 1949*, death is said to
have occurred on the date stated above, at *10:35 A.M.*
DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a) *Cerebral Hemorrhage*

INTERVAL BE-
TWEEN ONSET
AND DEATH

ANTECEDENT CAUSES
Due To *Difficult Delivery*
(b)

Due To *Spontaneous Cyanosis*
(c)

OTHER SIGNIFICANT CONDITIONS
Spontaneous Cyanosis

Major findings:
Of operations

Date of operation..... Was autopsy performed? *yes*

What test confirmed diagnosis? *Spinal puncture*

5 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *A. J. Callan* M. D.
(Address) *186 Princeton St. B. B.* Date *12-31, 1949*

6 *Holy Cross* *Malden*
Place of Burial or Cremation (City or Town)

DATE OF BURIAL *Jan 3 1950*

7 NAME OF FUNERAL DIRECTOR *Charles H. Treanor*
ADDRESS *East Boston*

Received and filed..... 19.....

JAN 4 1949
JAN 4 1950 (Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX *F* 9 COLOR OR RACE *white* 10 SINGLE (write the word)
MARRIED
WIDOWED
or DIVORCED *Single*

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 *1* Days *✓* If under 24 hours
Hours..... Minutes

13 Usual Occupation: *None*
(Kind of work done during most of working life)

14 Industry or Business: *None*

15 Social Security No. *None*

16 BIRTHPLACE (City) *Wentworth Mass*
(State or country)

17 NAME OF FATHER *Robert A. Randall*

18 BIRTHPLACE OF FATHER (City) *Northfield Mass*
(State or country)

19 MAIDEN NAME OF MOTHER *Marquette Butler*

20 BIRTHPLACE OF MOTHER (City) *East Boston Mass*
(State or country)

21 Informant *Robert A. Randall*
(Address) *347 North Pearl St. Brookline*

I HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:

Walter L. Baker
(Signature of Agent of Board of Health or other)
(Official Designation) *Health Officer* (Date of Issue of Permit) *1/3/50*

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. . . General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4. Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.

. . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by 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

PLACE OF DEATH

Suffolk

(County)

Boston

(City or Town)

No. Mass. General Hospital

2 FULL NAME

Fred A Gillis

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No.

21 Pleasant Park Road

(Usual place of abode)

St.

Winthrop Mass.

(If nonresident, give city or town and State)

Length of stay: In place of death..... years..... months 1..... days. In place of residence 40..... years..... months..... days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH

Nov. 30/49

(Month)

(Day)

(Year)

4 I HEREBY CERTIFY, That I attended deceased from
Nov. 30 19 49, to Nov. 30 19 49

I last saw him alive on Nov. 30 19 49, death is said to

have occurred on the date stated above, at 7:02P m.

DISEASE OR CONDITION

DIRECTLY LEADING
TO DEATH (a)Carcinoma of the
stomachINTERVAL BE-
TWEEN ONSET
AND DEATH

2 Yrs

ANTE Due To
CEDENT (b)
CAUSESDue To
(c)OTHER
SIGNIFICANT
CONDITIONSMajor findings:
Of operations

None

Date of operation..... Was autopsy performed? No

What test confirmed diagnosis? Clinical

5 Was disease or injury in any way related to occupation of deceased?

If so, specify

C L Clay

(Signed)

(Address)

Mass. General Hospt Date 12-1 19 49

Winthrop Cem-Winthrop Mass.

6 Place of Burial or Cremation

(City or Town)

DATE OF BURIAL

Dec. 3/49

19

7 NAME OF
FUNERAL DIRECTOR

M W Kirby

ADDRESS

Winthrop Mass.

Received and filed

JAN 26 1950

19

(Registrar of City or Town where deceased resided)

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

Boston

(City or town making return)

COPY OF
CERTIFICATE OF DEATH

Registered No.

10103
218{(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)

St.

Winthrop Mass.

(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX

M

9 COLOR OR RACE

W

10 SINGLE (write the word)

MARRIED

WIDOWED

or DIVORCED

Married

10a If married, widowed, or divorced
HUSBAND of Mary L McCormack

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12

AGE

62

Years Months Days

If under 24 hours

Hours Minutes

13 Usual

Occupation:

Plumber

(Kind of work done during most of working life)

14 Industry

or Business:

15 Social Security No.

16 BIRTHPLACE (City).
(State or country)

East Boston Mass.

17 NAME OF
FATHER

Allan D Gillis

18 BIRTHPLACE OF P.E.I.

FATHER (City)
(State or country)19 MAIDEN NAME
OF MOTHER

Anna Kennedy

20 BIRTHPLACE OF P.E.I.

MOTHER (City)
(State or country)

21

Informant
(Address)

Mrs M Gillis

A TRUE COPY

ATTEST:

(Registrar of City or Town where death occurred)

DATE FILED

Dec. 5/49

19

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-(e)-10-48-24658

1 PLACE OF DEATH

Essex

(County)

Danvers

(City or Town)



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. 219

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 Martin J. Curran

(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. Winthrop, Mass.

(Usual place of abode)

St. (If nonresident, give city or town and State)

Length of stay: In place of death.....years.....months.....9 days. In place of residence.....years.....months.....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH December 5 1949
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from
Nov. 26, 19 49 to December 5 19 49

I last saw him alive on Nov. 26, 19 49, death is said to

have occurred on the date stated above, at 11:40 pm.

DISEASE OR CONDITION
DIRECTLY LEADING TO DEATH (a) Bronchopneumonia

ANTE Due To Generalized
CEDENT (b) Arteriosclerosis
CAUSES

Due To
(c)

OTHER
SIGNIFICANT
CONDITIONS

Major findings:
Of operations

Date of operation..... Was autopsy performed? No

What test confirmed diagnosis? Clinical

5 Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Julius W. Fryer M. D.
(Address) Hathorne, Mass. Date 12/6 19 49

6 Holy Cross Cemetery, Malden, Mass.
Place of Burial or Cremation (City or Town)

DATE OF BURIAL December 8 19 49

7 NAME OF FUNERAL DIRECTOR John C. Kelly

ADDRESS East Boston

Received and filed JAN 11 1950

(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Male 9 COLOR OR RACE White 10 SINGLE (write the word)
MARRIED WIDOWED Widowed
or DIVORCED

10a If married, widowed, or divorced
HUSBAND of Bertha M. LaVache
(Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 82 Years Months Days If under 24 hours
Hours Minutes

13 Usual Occupation: Retired barber
(Kind of work done during most of working life)

14 Industry
or Business:

15 Social Security No. None

16 BIRTHPLACE (City)
(State or country) England

17 NAME OF FATHER Nicholas Curran

18 BIRTHPLACE OF FATHER (City)
(State or country) England

19 MAIDEN NAME OF MOTHER Elizabeth Wilshire

20 BIRTHPLACE OF MOTHER (City)
(State or country) England

21 Informant Mary E. Sheehan
(Address) Hathorne, Mass.

A TRUE COPY.

ATTEST: (Registrar of City or Town where death occurred)

DATE FILED Dec. 10 19 49

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

PLACE OF DEATH

SUFFOLK (County)

BOSTON

(City or Town)



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. 104520

No. Beth Israel Hospital

St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Max Berman
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(Was deceased a U. S. War Veteran, if so specify WAR) no

(a) Residence. No. 14 Sea Foam Ave St. Winthrop
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death years 1 months days. In place of residence 29 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH Dec 13, 1949
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from Nov 28, 1949, to Dec 12, 1949

I last saw him alive on Dec 12, 1949, death is said to

have occurred on the date stated above, at 4:30 A.M.

DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a) Cerebral vascular
accidentINTERVAL BE-
TWEEN ONSET
AND DEATH
abt
7 wksANTE Due To
CEDENT (b) CAUSESDue To
(c)OTHER
SIGNIFICANT
CONDITIONSMajor findings: none
Of operations.

Date of operation. Was autopsy performed? yes

What test confirmed diagnosis? clinical

5 Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) F. D. Mallinson M. D.
(Address) BIR Date 12/13, 19496 Sharo Tfila Boston
Place of Burial or Cremation (City or Town)

DATE OF BURIAL Dec 14 1949 19

7 NAME OF FUNERAL DIRECTOR H J Torf
ADDRESS Chelsea

Received and filed JAN 28 1950 19

(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX male 9 COLOR OR RACE white 10 SINGLE (write the word) MARRIED WIDOWED married or DIVORCED

10a If married, widowed, or divorced HUSBAND of Leah Brickton
(Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 80 Years Months Days If under 24 hours Hours Minutes

13 Usual Occupation: Retired clothier
(Kind of work done during most of working life)

14 Industry or Business: Clothing

15 Social Security No. ?

16 BIRTHPLACE (City) Russia
(State or country)

17 NAME OF FATHER Joshua Berman

18 BIRTHPLACE OF FATHER (City) Russia
(State or country)

19 MAIDEN NAME OF MOTHER Rachel C N B L

20 BIRTHPLACE OF MOTHER (City) Russia
(State or country)21 Informant Barney Berman
(Address)A TRUE COPY
ATTEST: (Registrar of City or Town where death occurred)

DATE FILED Dec 15 1949 19

RECEIVED



JAN 28 1950 PM

RECEIVED



JAN 23 1950 PM

Copies of returns of deaths which occurred in your city or town in case the deceased resided in another city or town at the time of death should be transmitted on Form R-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-(e)-10-48-24658

PLACE OF DEATH

Essex

(County)

Danvers

(City or Town)



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. 222

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 Junetta Truax
(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. Winthrop, Mass. St. (If nonresident, give city or town and State)
(Usual place of abode)

Length of stay: In place of death years 4 months 9 days. In place of residence years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH December 21 1949
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from August 12 1949 to Dec. 21 1949

I last saw her alive on Dec. 21 1949, death is said to have occurred on the date stated above, at 2:25 a.m.

DISEASE OR CONDITION
DIRECTLY LEADING TO DEATH (a) Subacute Bacterial Endocarditis

INTERVAL BETWEEN ONSET AND DEATH

13 yrs

ANTE CEDENT CAUSES Due To (b)

Due To (c)

OTHER SIGNIFICANT CONDITIONS

Major findings:
Of operations

Date of operation Was autopsy performed? No

What test confirmed diagnosis? Clinical

5 Was disease or injury in any way related to occupation of deceased?

If so, specify Paul B. Jossman M. D.
(Signed) Hathorne, Mass. Date 12/23 1949
(Address)

6 Winthrop Cemetery Winthrop
Place of Burial or Cremation (City or Town)

DATE OF BURIAL December 23 1949

7 NAME OF FUNERAL DIRECTOR Maurice Kirby
ADDRESS Winthrop, Mass.

Received and filed JAN 11 1950 19

(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Female 9 COLOR OR RACE White 10 SINGLE (write the word)
MARRIED WIDOWED or DIVORCED Single

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 24 Years 1 Month 17 Days If under 24 hours Hours Minutes

13 Usual Occupation: Clerical (Kind of work done during most of working life)

14 Industry or Business: Jordan Marsh Co.

15 Social Security No.

16 BIRTHPLACE (City) McConisberg
(State or country) Pennsylvania

17 NAME OF FATHER Elmer Truax

18 BIRTHPLACE OF FATHER (City) Pennsylvania
(State or country)

19 MAIDEN NAME OF MOTHER Lena Edith Clark

20 BIRTHPLACE OF MOTHER (City) Pennsylvania
(State or country)

21 Informant Mary E. Sheehan
(Address) Hathorne, Mass.

A TRUE COPY.

ATTEST: (Registrar of City or Town where death occurred)

DATE FILED Dec. 30 1949

Copies of returns of deaths which occurred in your city or town in case the deceased resided in another city or town at the time of death should be transmitted on Form R-305 to the clerk of the city or town in which the deceased resided as soon as possible after the close of the month in which the death occurred. (See Chap. 46, Sec. 12, G. L.)

25m-(h)-10-48-24658

PLACE OF DEATH

MIDDLESEX

(County)

NEWTON

(City or Town)

No. 114 Cherry

2 FULL NAME Albert J. B. Graham

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 114 Cherry
(Usual place of abode)

St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

West Newton Mass.

(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 Dec. 26 49
(Month) (Day) (Year)

4 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

5 Accident, suicide, or homicide (specify).....

Date and hour of injury.....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
(How did injury occur?)

Nature of Injury

While at work? No.....Was autopsy performed? No.....

6 Was disease or injury in any way related to occupation of deceased? No.....

If so, specify.....

(Signed) T. Morton Gallagher, M. D.

(Address) Newton, Date 12/26/49

7 Winthrop Cemetery, Winthrop Mass.
Place of Burial, or Cremation. (City or Town)

DATE OF BURIAL December 28 49

8 NAME OF FUNERAL DIRECTOR A. C. Bellinger

ADDRESS 26 Centre Ave. Newton Mass.

Received and filed.....19.....

(Registrar of City or Town where deceased resided)



The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

COPY OF
MEDICAL EXAMINER'S
CERTIFICATE OF DEATH

NEWTON.

(City or town making return)

681 223

Registered No.

PERSONAL AND STATISTICAL PARTICULARS

9 SEX Male 10 COLOR OR RACE White 11 SINGLE (write the word) MARRIED WIDOWED or DIVORCED Single

11a If married, widowed, or divorced

HUSBAND of.....
(Give maiden name of wife in full)

(or) WIFE of.....
(Husband's name in full)

12 IF STILLBORN, enter that fact here.

13 54 9 11 If under 24 hours
AGE.....Years.....Months.....Days.....Hours.....Minutes

14 Usual Occupation: U.S. Navy - retired
(Kind of work done during most of working life)

15 Industry or Business:

16 Social Security No.

17 BIRTHPLACE (City) East Boston, Mass.
(State or country)

18 NAME OF FATHER John William Graham

19 BIRTHPLACE OF FATHER (City) County Manahan, Ireland
(State or country)

20 MAIDEN NAME OF MOTHER Ellen Blakely

21 BIRTHPLACE OF MOTHER (City) County Foermah, Ireland
(State or country)

Blanche E. O. Graham sister
(Address) 111 Vanneest Ave., Trenton 8, N.J.

A TRUE COPY.

ATTEST: (Registrar of City or Town where death occurred)

DATE FILED

JAN 19 1950

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.)

O.K. by Dr Leary

50m-(c)-10-48-24658

PLACE OF DEATH

{ SUFFOLK
(County)
BOSTON

(City or Town)



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. 1104821

No. Mass. Memorial Hospital

St. { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Lillian J Bishop

(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. 24 Cherry
(Usual place of abode)

St. Winthrop, Mass.
(If nonresident, give city or town and State)

Length of stay: In place of death years months 27 days. In place of residence 67 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH December 31 1949
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from Dec 5 1949 to Dec 31 1949

I last saw her alive on Dec 31 1949 death is said to have occurred on the date stated above, at 6:45 a.m.

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Ruptured Esophageal varices

ANTE CEDENT CAUSES (b) Portal Cirrhosis of Liver (Alcoholic)

Due To (c)

OTHER SIGNIFICANT CONDITIONS Arteriosclerotic Heart Disease

Major findings: Of operations

Date of operation no Was autopsy performed? yes

What test confirmed diagnosis? Autopsy

5 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) P Bonnet, Adm. M.H. (Address) Boston Date 12/31 1949

6 Place of Burial or Cremation Winthrop, Winthrop (City or Town)

DATE OF BURIAL Jan 3, 1950 19

7 NAME OF FUNERAL DIRECTOR John C Kelly
ADDRESS Boston

Received and filed JAN 28 1950 19

(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX F 9 COLOR OR RACE W 10 SINGLE (write the word) MARRIED WIDOWED or DIVORCED Widowed

10a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full)

(or) WIFE of Arthur E Bishop (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 67 Years 2 Months 18 Days If under 24 hours Hours Minutes

13 Usual Occupation: House Keeper (Kind of work done during most of working life)

14 Industry or Business: Private Family

15 Social Security No. ---

16 BIRTHPLACE (City) Boston, Mass. (State or country)

17 NAME OF FATHER Joseph Whalon

18 BIRTHPLACE OF FATHER (City) Worcester, Mass. (State or country)

19 MAIDEN NAME OF MOTHER Mary E Gannon

20 BIRTHPLACE OF MOTHER (City) Ireland (State or country)

21 Informant Michael F Riley (Address)

A TRUE COPY ATTEST: Michael F Riley (Registrar of City or Town where death occurred)

DATE FILED 19

RECEIVED



JAN 23 1950 PM

