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No. **1431-14**

O U.7

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

PLACE OF DEATH

Suffolk Melrose
(County) *2/6/50*
Wentworth
(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. 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 *Ann Geehan*
(If deceased is a married, widowed or divorced woman, give also maiden name.)
- (a) Residence. No. *87 Beech Ave Melrose* 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.

PHYSICIAN - IMPORTANT

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

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH *Jan - 4 - 1950*
(Month) (Day) (Year)

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.)

pericarditis
Coronary Bots Lungs!
Obstruction -
obstruction

- 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 at home: died*
(How did injury occur?)
Nature of Injury *soon after entrance to Hospital*
While at work?..... Was autopsy performed? *yes*

- 6 Was disease or injury in any way related to occupation of deceased?.....
If so, specify.....
(Signed) *Wm J. Nicklen* M. D.
(A dress) *Burial* *Jan. 4 - 1950*

- 7 *Holy Cross* *Walden*
Place of Burial, or Cremation. (City or Town)

- DATE OF BURIAL *Jan. 7* 1950

- 8 NAME OF FUNERAL DIRECTOR *R. J. [illegible]*

- ADDRESS.....

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

JAN 6 1950

(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..... (Give maiden name of wife in full)

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

12 IF STILLBORN, enter that fact here.

13 AGE *36* Years.....Months.....Days If under 24 hours
Hours.....Minutes

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

15 Industry or Business: *Household*

16 Social Security No.....

17 BIRTHPLACE (City) *New Foundland*
(State or country)

18 NAME OF FATHER *Faunce Abbott*

19 BIRTHPLACE OF FATHER (City) *New Foundland*
(State or country)

20 MAIDEN NAME OF MOTHER *Emily Clancy*

21 BIRTHPLACE OF MOTHER (City) *New Foundland*
(State or country)

22 Informant *James Geehan*
(Address) *87 Beech Ave Melrose*

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

Walter A. Barnes
(Signature of Agent of Board of Health or other)

(Official Designation) *Health Officer* (Date of Issue of Permit) *1/6/50*

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 fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

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

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

PLACE OF DEATH

Suffolk
(County)

Winthrop
(City or Town)

No. 50 Court Rd

2 FULL NAME. Harry Thomas Black

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

(a) Residence. No. 50 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 37 years months days.

INSTRUCTIONS
FOR
VITAL CERTIFICATE

In giving
USE OF DEATH

do not enter
more than one
cause for each
(a), (b) and (c)

This does not mean
mode of dying, such
as heart failure, asphyxia,
etc. means the disease,
implications which
led to death.

Morbid conditions,
giving rise to the
cause (a) stating
underlying cause

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

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH Jan 7 1950.
(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 1 A. M.

DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a) Coronary Thrombosis

INTERVAL BE-
TWEEN ONSET
AND DEATH

ANTE Due To (b) (c) (d) (e) (f) (g) (h) (i) (j) (k) (l) (m) (n) (o) (p) (q) (r) (s) (t) (u) (v) (w) (x) (y) (z) (aa) (ab) (ac) (ad) (ae) (af) (ag) (ah) (ai) (aj) (ak) (al) (am) (an) (ao) (ap) (aq) (ar) (as) (at) (au) (av) (aw) (ax) (ay) (az) (ba) (bb) (bc) (bd) (be) (bf) (bg) (bh) (bi) (bj) (bk) (bl) (bm) (bn) (bo) (bp) (bq) (br) (bs) (bt) (bu) (bv) (bw) (bx) (by) (bz) (ca) (cb) (cc) (cd) (ce) (cf) (cg) (ch) (ci) (cj) (ck) (cl) (cm) (cn) (co) (cp) (cq) (cr) (cs) (ct) (cu) (cv) (cw) (cx) (cy) (cz) (da) (db) (dc) (dd) (de) (df) (dg) (dh) (di) (dj) (dk) (dl) (dm) (dn) (do) (dp) (dq) (dr) (ds) (dt) (du) (dv) (dw) (dx) (dy) (dz) (ea) (eb) (ec) (ed) (ee) (ef) (eg) (eh) (ei) (ej) (ek) (el) (em) (en) (eo) (ep) (eq) (er) (es) (et) (eu) (ev) (ew) (ex) (ey) (ez) (fa) (fb) (fc) (fd) (fe) (ff) (fg) (fh) (fi) (fj) (fk) (fl) (fm) (fn) (fo) (fp) (fq) (fr) (fs) (ft) (fu) (fv) (fw) (fx) (fy) (fz) (ga) (gb) (gc) (gd) (ge) (gf) (gg) (gh) (gi) (gj) (gk) (gl) (gm) (gn) (go) (gp) (gq) (gr) (gs) (gt) (gu) (gv) (gw) (gx) (gy) (gz) (ha) (hb) (hc) (hd) (he) (hf) (hg) (hh) (hi) (hj) (hk) (hl) (hm) (hn) (ho) (hp) (hq) (hr) (hs) (ht) (hu) (hv) (hw) (hx) (hy) (hz) (ia) (ib) (ic) (id) (ie) (if) (ig) (ih) (ii) (ij) (ik) (il) (im) (in) (io) (ip) (iq) (ir) (is) (it) (iu) (iv) (iw) (ix) (iy) (iz) (ja) (jb) (jc) (jd) (je) (jf) (jg) (jh) (ji) (jj) (jk) (jl) (jm) (jn) (jo) (jp) (jq) (jr) (js) (jt) (ju) (jv) (jw) (jx) (jy) (jz) (ka) (kb) (kc) (kd) (ke) (kf) (kg) (kh) (ki) (kj) (kk) (kl) (km) (kn) (ko) (kp) (kq) (kr) (ks) (kt) (ku) (kv) (kw) (kx) (ky) (kz) (la) (lb) (lc) (ld) (le) (lf) (lg) (lh) (li) (lj) (lk) (ll) (lm) (ln) (lo) (lp) (lq) (lr) (ls) (lt) (lu) (lv) (lw) (lx) (ly) (lz) (ma) (mb) (mc) (md) (me) (mf) (mg) (mh) (mi) (mj) (mk) (ml) (mm) (mn) (mo) (mp) (mq) (mr) (ms) (mt) (mu) (mv) (mw) (mx) (my) (mz) (na) (nb) (nc) (nd) (ne) (nf) (ng) (nh) (ni) (nj) (nk) (nl) (nm) (nn) (no) (np) (nq) (nr) (ns) (nt) (nu) (nv) (nw) (nx) (ny) (nz) (oa) (ob) (oc) (od) (oe) (of) (og) (oh) (oi) (oj) (ok) (ol) (om) (on) (oo) (op) (oq) (or) (os) (ot) (ou) (ov) (ow) (ox) (oy) (oz) (pa) (pb) (pc) (pd) (pe) (pf) (pg) (ph) (pi) (pj) (pk) (pl) (pm) (pn) (po) (pp) (pq) (pr) (ps) (pt) (pu) (pv) (pw) (px) (py) (pz) (qa) (qb) (qc) (qd) (qe) (qf) (qg) (qh) (qi) (qj) (qk) (ql) (qm) (qn) (qo) (qp) (qq) (qr) (qs) (qt) (qu) (qv) (qw) (qx) (qy) (qz) (ra) (rb) (rc) (rd) (re) (rf) (rg) (rh) (ri) (rj) (rk) (rl) (rm) (rn) (ro) (rp) (rq) (rr) (rs) (rt) (ru) (rv) (rw) (rx) (ry) (rz) (sa) (sb) (sc) (sd) (se) (sf) (sg) (sh) (si) (sj) (sk) (sl) (sm) (sn) (so) (sp) (sq) (sr) (ss) (st) (su) (sv) (sw) (sx) (sy) (sz) (ta) (tb) (tc) (td) (te) (tf) (tg) (th) (ti) (tj) (tk) (tl) (tm) (tn) (to) (tp) (tq) (tr) (ts) (tu) (tv) (tw) (tx) (ty) (tz) (ua) (ub) (uc) (ud) (ue) (uf) (ug) (uh) (ui) (uj) (uk) (ul) (um) (un) (uo) (up) (uq) (ur) (us) (ut) (uu) (uv) (uw) (ux) (uy) (uz) (va) (vb) (vc) (vd) (ve) (vf) (vg) (vh) (vi) (vj) (vk) (vl) (vm) (vn) (vo) (vp) (vq) (vr) (vs) (vt) (vu) (vv) (vw) (vx) (vy) (vz) (wa) (wb) (wc) (wd) (we) (wf) (wg) (wh) (wi) (wj) (wk) (wl) (wm) (wn) (wo) (wp) (wq) (wr) (ws) (wt) (wu) (wv) (ww) (wx) (wy) (wz) (xa) (xb) (xc) (xd) (xe) (xf) (xg) (xh) (xi) (xj) (xk) (xl) (xm) (xn) (xo) (xp) (xq) (xr) (xs) (xt) (xu) (xv) (xw) (xx) (xy) (xz) (ya) (yb) (yc) (yd) (ye) (yf) (yg) (yh) (yi) (yj) (yk) (yl) (ym) (yn) (yo) (yp) (yq) (yr) (ys) (yt) (yu) (yv) (yw) (yx) (yy) (yz) (za) (zb) (zc) (zd) (ze) (zf) (zg) (zh) (zi) (zj) (zk) (zl) (zm) (zn) (zo) (zp) (zq) (zr) (zs) (zt) (zu) (zv) (zw) (zx) (zy) (zz)

Due To (c)

OTHER
SIGNIFICANT
CONDITIONS

Major findings: In Blood & Tissue

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. 1950

(Address).....

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

DATE OF BURIAL Jan. 9 1950

7 NAME OF FUNERAL DIRECTOR Low H. O. Moley
ADDRESS Winthrop

Received and filed.....

JAN 11 1950

(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. 2

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 Gertrude H. Welcome (Give maiden name of wife in full)

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

11 IF STILLBORN, enter that fact here.

12 AGE 67 Years Months Days If under 24 hours Hours Minutes

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

14 Industry or Business: Furniture

15 Social Security No.

16 BIRTHPLACE (City) Woodstock (State or country) N. B.

17 NAME OF FATHER Harry A. Black

18 BIRTHPLACE OF FATHER (City) St. Stephen (State or country) N. B.

19 MAIDEN NAME OF MOTHER Matilda R. Williams

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

21 Gertrude H. Black Informant (Address) 50 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 G. Baker (Signature of Agent of Board of Health or other) Health Officer (Official Designation) 1/9/50 (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

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS



Essex (County)
Lynn (City or Town)

COPY OF
CERTIFICATE OF DEATH

Lynn (City or town making return)
Registered No. 3

No. Lynn Hospital (If death occurred in a hospital or institution, give its NAME instead of street and number)
2 FULL NAME Robert Nutter (If deceased is a married, widowed or divorced woman, give also maiden name.)
(a) Residence. No. 72 Temple Ave. St. Winthrop (If nonresident, give city or town and State)
(Usual place of abode)
Length of stay: In place of death 25 minutes years months days. In place of residence years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH January 8, 1950
(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. INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION Fracture of skull with associated brain injuries. Contusion of left side of face. Abrasion of right knee.

ANTE CEDENT CAUSES Due To Accident
(b) Jan. 8, 50
Due To Saugus, Mass.
(c)

OTHER SIGNIFICANT CONDITIONS

Major findings: Of operations:
Date of operation: Was autopsy performed?
What test confirmed diagnosis? No

5 Was disease or injury in any way related to occupation of deceased?
If so, specify (Signed) Laurence F. Cusick M. D. (Address) Nahant, Mass. Date 1/8/ 50

6 Winthrop Cremation Winthrop
DATE OF BURIAL Jan. 11, 50

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

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 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 20 Years Months Days If under 24 hours Hours Minutes

13 Usual Occupation Student (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

PARENTS 17 NAME OF FATHER W. Jason Nutter 18 BIRTHPLACE OF FATHER (City) Portland, (State or country) Maine 19 MAIDEN NAME OF MOTHER Mary E. Foley 20 BIRTHPLACE OF MOTHER (City) Portland (State or country) Maine

21 Informant W. Jason Nutter (Address) 72 Temple Ave., Winthrop

A TRUE COPY

ATTEST: James A. Dunn, M.D. (Registrar of City or Town where death occurred)

DATE FILED Commissioner Jan. 9, 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.)

RECEIVED



FEB - 1950 AM

PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)

No. 157 Grovers Ave.

2 FULL NAME

James Clayton Ray

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

(a) Residence, No.

157 Grovers Ave.

(Usual place of abode)

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.

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD
CERTIFICATE OF DEATH

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

Registered No.

(If death occurred in a hospital or institution,
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 January 8 1950
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from
26 Sept 1949 to 8 January 1950

I last saw him alive on 28 Nov 1949, death is said to
have occurred on the date stated above, at 8:32 A. M.

DISEASE OR CONDITION
DIRECTLY LEADING TO DEATH (a) Metastatic Gastric
Carcinoma of Stomach
Intestinal tract

ANTECEDENT CAUSES
(b) none

Due To
(c) none

OTHER SIGNIFICANT
CONDITIONS none

Major findings:
Of operations: Cancer of Esophagus

Date of operation: Oct 19 49 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) John F. Collins

(Address) Rensselaer Mass

Date 7 Jan 1950

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

DATE OF BURIAL Jan. 11 1950

7 NAME OF FUNERAL DIRECTOR Howard S. Burwell

ADDRESS Winthrop Mass

Received and filed JAN 11 1950

(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 Anna R Kelleher
(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 3 Months 6 Days If under 24 hours
Hours Minutes

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

14 Industry or Business: Draftsman

15 Social Security No. 015-09-3052

16 BIRTHPLACE (City) White Haven
(State or country) Penn.

17 NAME OF FATHER James W Ray

18 BIRTHPLACE OF FATHER (City) White Haven
(State or country) Penn.

19 MAIDEN NAME OF MOTHER --- Koontz

20 BIRTHPLACE OF MOTHER (City) White Haven
(State or country) Penn.

21 Informant Anna R Ray
(Address) 157 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 J. Baker
(Signature of Agent of Board of Health or other)

Health Officer 1/10/50
(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

INSTRUCTIONS
FOR
MEDICAL CERTIFICATEIn giving
USE OF DEATHdo not enter
more than one
cause for each
(a), (b) and (c)This does not mean
mode of dying, such
as heart failure, asthenia,
etc. It means the disease,
or diseases, and their
complications which
led to death.Morbidity conditions,
if giving rise to the
cause (a) stating
underlying causeConditions contrib-
uting to the death but not
causing the disease or
condition causing death.

50M-2-19-25666

PLACE OF DEATH

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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 not a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

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

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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. 11 Court Rd.

2 FULL NAME George William Ray

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

(a) Residence. No. 11 Court Rd.

(Usual place of abode)

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

INSTRUCTIONS
FOR
MEDICAL CERTIFICATE

In giving
STATE 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,
implications which
death.

Forbid conditions,
giving rise to the
cause (a) stating
underlying cause

Conditions contrib-
ing to the death but not
to the disease or
causing death.

100M-(D)-10-45-24858

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH January 11 1950
(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 6:45 P. m.

DISEASE OR CONDITION

DIRECTLY LEADING

TO DEATH (a)

Natural Causes

ANTE CEDENT CAUSES
Due To (b)

Presumably

Due To (c)

Coronary Occlusion

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) M. D.

(Address) Winthrop, Mass. Date 12 Jan 1950

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

DATE OF BURIAL Jan 13 1950

7 NAME OF FUNERAL DIRECTOR Howard S. Reynolds

ADDRESS Winthrop, Mass.

Received and filed JAN 13 1950 19

(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. 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)

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 Married

10a If married, widowed, or divorced
HUSBAND of Florence DeMott
(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 1 Months 19 Days
If under 24 hours
Hours Minutes

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

14 Industry or Business: Hardware

15 Social Security No. 023-20-3607

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

17 NAME OF FATHER William Ray

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

19 MAIDEN NAME OF MOTHER Elizabeth Acheson

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

21 Informant Florence Ray
(Address) 11 Court 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 L. Baker
(Signature of Agent of Board of Health or other)

Health Officer (Official Designation) 1/13/50
(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

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

Essex

(County)

Lynn

(City or Town)

Lynn Hospital

No.

John L. Murphy

2 FULL NAME

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

1 Coral Ave.

(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.

The Commonwealth of Massachusetts

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

Lynn

(City or town making return)

Registered No.

(If death occurred in a hospital or institution,
St. { give its NAME instead of street and number)(Was deceased a
U. S. War Veteran? **no**
if so specify WAR)

Winthrop

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH January 12, 1950

(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.)Contusions & lacerations of face.
Fr. of skull with assoc. brain injuries.
Fr. of left humerus, crush of
chest with assoc. internal injuries.
Hemothorax.

Accident

5 Accident, suicide, or homicide (specify)

Date and hour of injury

Jan. 8

50

Where did

Walnut St. near Elm St.

Injury occur?

(City or town and State)

Did injury occur in or about home, on farm, in industrial place, or in public
place? Saugus, Mass.

(Specify type of place)

Manner of

Collision of auto with tree

Injury

(How did injury occur?)

Nature of

see above

Injury

no

Was autopsy performed?

no

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

If so, specify

Laurence F. Cusick

(Signed)

Nahant, Mass.

(Address)

Jan. 12, 1950

Malden

Place of Burial, or Cremation

January 14

(City or Town)

DATE OF BURIAL

8 NAME OF

FUNERAL DIRECTOR

John C. Kelly

ADDRESS

286 Meridian St., E. Boston

Received and filed

January 16

1950

(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 Single
WIDOWED
or DIVORCED

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 19

AGE

Years

Months

Days

If under 24 hours

Hours

Minutes

14 Usual

Occupation

Student

(Kind of work done during most of working life)

15 Industry

or Business

Boston College

16 Social Security No.

029-22-0115

17 BIRTHPLACE (City)

(State or country)

Winthrop
Mass.

18 NAME OF

FATHER

John O. Murphy

19 BIRTHPLACE OF

FATHER (City)

E. Boston

(State or country)

Mass.

20 MAIDEN NAME

OF MOTHER

Margaret M. Downing

21 BIRTHPLACE OF

MOTHER (City)

E. Boston

(State or country)

Mass.

22

Informant

(Address)

Mrs. Margaret M. Johnson
Coral Ave., Winthrop

A TRUE COPY.

ATTEST:

(Registrar of City or Town where death occurred)

DATE FILED

19

RECEIVED



FEB - 1950 AM

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. 8

2 FULL NAME. Angelo G. Martini

(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. 45 Banks St
(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 33 years..... months..... days.

INSTRUCTIONS
FOR
MEDICAL CERTIFICATE

In giving
USE OF DEATH

do not enter
more than one
cause for each
(a), (b) and (c)

This does not mean
mode of dying, such
as heart failure, asphyxia,
etc. means the disease,
complications which
led to death.

Forbid conditions,
giving rise to the
cause (a) stating
underlying cause

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

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH Jan.. 13 1950
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from
April 1, 1949, to Jan 13, 1950

I last saw him alive on Jan 13, 1950, death is said to

have occurred on the date stated above, at 9 45 A.m.

DISEASE OR CONDITION

DIRECTLY LEADING

TO DEATH (a) Coronary occlusion

INTERVAL BE-
TWEEN ONSET
AND DEATH

1 hour.

ANTECEDENT
CAUSES

Due To (b) Carcinoma of lung

3 months

Due To
(c)

OTHER
SIGNIFICANT
CONDITIONS

None

Major findings:
Of operations

None

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) Myron N. King M. D.

(Address) 25 State St. Winthrop, Mass. 1/13/1950

6 St. Michaels Boston
Place of Burial or Cremation (City or Town)

DATE OF BURIAL Jan. 16 1950

7 NAME OF

FUNERAL DIRECTOR

ADDRESS John J. O'Malley
Winthrop

Received and filed JAN 16 1950

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

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

Male 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 54 Years Months Days If under 24 hours Hours Minutes

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

14 Industry or Business Provisions Imports

15 Social Security No. 613--03--3590

16 BIRTHPLACE (City) Genoa (State or country) Italy

17 NAME OF FATHER Augustino Martini

18 BIRTHPLACE OF FATHER (City) Genoa (State or country) Italy

19 MAIDEN NAME OF MOTHER Maria Ottornello

20 BIRTHPLACE OF MOTHER (City) Genoa (State or country) Italy

21 Informant Maria Cioffi (Address) 45 Banks 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. Drake (Signature of Agent of Board of Health or other)

Health Officer (Official Designation) 1/13/50 (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

Suffolk
(County)Winthrop
(City of 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. 9

No. 142 Pleasant Street (If death occurred in a hospital or institution,
St. { give its NAME instead of street and number)2 FULL NAME. Richard L. Howard
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT

(Was deceased a
U. S. War Veteran,
if so specify WAR) no(a) Residence. No. 65 Beal Street St. (If nonresident, give city or town and State)
(Usual place of abode)

Length of stay: In place of death 50 years 2 months - days. In place of residence 50 years - months - days.

INSTRUCTIONS
FOR
FILLING OUT
THIS CERTIFICATEIn 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
leath.rbid conditions,
giving rise to the
ause (a) stating
derlying causeditions contrib-
the death but not
o the disease or
n causing death.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH January 18 1950
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
Oct 1 1948 to Jan 18 1950I last saw him alive on Jan 17 1950, death is said to
have occurred on the date stated above, at 6:30 A.M.DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a) Carcinoma of the
Colon (b) (c)INTERVAL BE-
TWEEN ONSET
AND DEATHANTECEDENT
CAUSES (b) Due To
(c)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) R. L. Kirby M. D. Date 1-18-50
(Address)6 Place of Burial or Cremation Winthrop Cemetery Winthrop
(City or Town)

DATE OF BURIAL January 21 1950 19

7 NAME OF FUNERAL DIRECTOR Richard C. Kirby
ADDRESS Boston Massachusetts

Received and filed JAN 23 1950 19

(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 Sarah M. Robicheau
(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 27 Days If under 24 hours
Hours Minutes13 Usual Occupation: Custodian
(Kind of work done during most of working life)

14 Industry or Business: U. S. Post Office Building

15 Social Security No. none

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

17 NAME OF FATHER James Howard

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

19 MAIDEN NAME OF MOTHER Elizabeth Carland

20 BIRTHPLACE OF MOTHER (City) Boston
(State or country) Mass.21 Informant Richard P. Howard son
(Address) 65 Beal Street WinthropI HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation) Health Officer (Date of Issue of Permit) 1/20/50

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.

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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 STATISTICS
STANDARD
CERTIFICATE OF DEATH

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

Registered No. 10

No. Winthrop Nursing Home (If death occurred in a hospital or institution,
St. { give its NAME instead of street and number)
2 FULL NAME Warren Wellington Noyes
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(a) Residence. No. 77 Bowdoin Street
(Usual place of abode) St. (If nonresident, give city or town and State)
Length of stay: In place of death years months 14 days. In place of residence 40 years months days.

INSTRUCTIONS
FOR
CAL CERTIFICATE
OF DEATH

Do not enter more than one cause for each (a), (b) and (c)
his does not mean mode of dying, such as failure, ashenia, means the disease, complications which death.
orbid conditions, giving rise to the cause (a) stating underlying cause
conditions contributing to the death but not to the disease or on causing death.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH Jan 22 1950
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from Dec. 15- 1949, to Jan. 22, 1950
I last saw him alive on Jan. 21, 1950, death is said to have occurred on the date stated above, at 8.10 A.M.

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Cerebral Hemorrhage 38 days

INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES Due To (b) Generalized arteriosclerosis

Due To (c)

OTHER SIGNIFICANT CONDITIONS Gangrene right foot about 14 days

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 Syphilis w. Parkinson

(Signed) M. D. (Address) Winthrop, Mass. Date Jan. 23 1950

6 Lincoln Lincoln Me.
Place of Burial or Cremation (City or Town)

DATE OF BURIAL Jan. 25 1950

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

Received and filed. JAN 25 1950 (Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Male 9 COLOR OR RACE White 10 SINGLE (write the word) MARRIED WIDOWED or DIVORCED Wid/
10a If married, widowed, or divorced HUSBAND of Mary A Norse (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 Barber (Kind of work done during most of working life)

14 Industry or Business Own shop

15 Social Security No. None

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

17 NAME OF FATHER William E Noyes

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

19 MAIDEN NAME OF MOTHER Margaret A Gerry

20 BIRTHPLACE OF MOTHER (City) Patten (State or country) Maine

21 Informant (Address) William Noyes 36 North Ave. Winthrop, Me

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Walter H. Barnes (Signature of Agent of Board of Health or other)
Health Officer (Official Designation) 1/24/50 (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

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

PLACE OF DEATH

Suffolk
(County)

Wentworth
(City or Town)

No. Fort Banks

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

(a) Residence. No. Route 31 Dallas, Texas
(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 STATISTICS
MEDICAL EXAMINER'S
CERTIFICATE OF DEATH

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

Registered No. 11

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

PHYSICIAN — IMPORTANT

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

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH Jan - 26 - 1950
(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.)

Cerebral Hemorrhage
Ectopic R. chest & left
Scalp
man has not determined

5 Accident, suicide, or homicide (specify)

Date and hour of injury.....19

Where did injury occur? Wentworth Mass
(City of town and State)

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

Manner of injury Fainted & had collapse during
(How did injury occur?)

Nature of injury Collapse at Fort Banks Wentworth

While at work? Jan - 26 - 1950 Was autopsy performed? yes

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

If so, specify

(Signed) M. J. Brickley M. D.

(A dress) Boston Feb 1 - 1950

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

DATE OF BURIAL February 8 1950

8 NAME OF FUNERAL DIRECTOR Richard C. Kirby

ADDRESS 17 Bennington St., Boston

Received and filed FEB 9 1950

(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 24 Years 4 Months 0 Days If under 24 hours
Hours.....Minutes

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

15 Industry or Business: U.S. NAVY

16 Social Security No. NO

17 BIRTHPLACE (City) DALLAS
(State or country) TEXAS

18 NAME OF FATHER C. B. L. Syverson

19 BIRTHPLACE OF FATHER (City) C. B. L.
(State or country)

20 MAIDEN NAME OF MOTHER VIVIAN VANE

21 BIRTHPLACE OF MOTHER (City) C. B. L.
(State or country)

22 Informant U. S. Naval Records
(Address) Chelsea Naval Hospital

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

THOMAS T. GALE
FEB 9 1950
(Signature of Agent of Board of Health or other)

BOSTON HEALTH DEPT.
(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. 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 7/14/44
DATE OF DISCHARGE DIED IN ACTIVE Duty 1/31/50
RANK, RATING E173C
ORGANIZATION AND OUTFIT U. S. NAVY
SERVICE NUMBER 939 29 16

INSTRUCTIONS
FOR
FILLING OUT
THIS CERTIFICATE

IN FILLING
OUT THIS CERTIFICATE

Do 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.

Underlying conditions,
giving rise to the
cause (a) stating
underlying cause

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

100M-(D)-10-48-24686

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. 12

No. Winthrop Community Hospital St. (If death occurred in a hospital or institution,
give its NAME instead of street and number)
2 FULL NAME John Richard Elliott
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(a) Residence No. 891 Shirley Street 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 1 years months days

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH January 28 1950
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from
January 28 1950 to January 28 1950
I last saw him alive on January 28 1950 death is said to
have occurred on the date stated above, at 9:30 P.M.
DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a) Cerebral
Hemorrhage
INTERVAL BE-
TWEEN ONSET
AND DEATH
11 1/2 hours

ANTECEDENT (b) Due To
CAUSES

OTHER SIGNIFICANT CONDITIONS

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 Sarah L Bray
(Give maiden name of wife in full)
(or) WIFE of (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 79 Years Months Days If under 24 hours
Hours Minutes

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

14 Industry or Business: Retail Store

15 Social Security No. None

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

PARENTS

17 NAME OF FATHER John R Elliott

18 BIRTHPLACE OF FATHER (City) Wellfleet
(State or country) Mass

19 MAIDEN NAME OF MOTHER Jerusha Ryder

20 BIRTHPLACE OF MOTHER (City) Wellfleet
(State or country) Mass

21 Informant Earl E Elliott
(Address) 891 Shirley St. Winthrop

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) Jacob J. Agans M.D.
(Address) 892 Shirley St. Date 1/30/50

6 Woodlawn Everett
Place of Burial or Cremation (City or Town)
DATE OF BURIAL Jan. 31 1950

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

Received and filed FEB 2 1950
(Registrar)

I HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:
Walter J. Baker
(Signature of Agent of Board of Health or other)
Health Officer (Official Designation)
1/31/50 (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

The Commonwealth of Massachusetts
EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

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

STANDARD
CERTIFICATE OF DEATH

Registered No. 13

PLACE OF DEATH

Suffolk
(County)
Winthrop
(City or town)



No. 45 Nevada

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

2 FULL NAME Ethel Taplin
(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. 45 Nevada
(Usual place of abode)

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

Length of stay: In place of death 25 years months days. In place of residence 25 years months days.

INSTRUCTIONS
FOR
DICAL CERTIFICATE

In giving
USE OF DEATH

do not enter
more than one
cause for each
(a), (b) and (c)

This does not mean
mode of dying, such
as heart failure, assthenia.
It means the disease,
complications which
led death.

Morbid conditions,
giving rise to the
cause (a) stating
underlying cause

Conditions contrib-
ing to the death but not
led to the disease or
condition causing death.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH Jan. 29, 1950.
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from
Aug. 1949 to Jan. 29, 1950
I last saw her alive on Jan. 28, 1950 death is said to
have occurred on the date stated above, at 1:30 A.M.

DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a) Carcinomatosis
Cancer of the kidney
(right)

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? no.

What test confirmed diagnosis Clinical & laboratory

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

If so, specify Charles Liberman M. D.

(Signed) (Address) 26 Ware Way Ave. Date 1/29/1950

Place of Burial or Cremation Mt. Lebanon - Bellingham - West Roxbury

(City or Town)

DATE OF BURIAL January 29, 1950

7 NAME OF FUNERAL DIRECTOR Benjamin Birnbach

ADDRESS 10 Washington St. Woburn

Received and filed FEB 2 1950

(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 Morris Taplin
(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: Housework
(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) Russia

17 NAME OF FATHER Samuel Gorodsky

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

19 MAIDEN NAME OF MOTHER Ruth - cannot be learned

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

21 Informant (Address) Rebecca Sprince
47 Nevada St. Winthrop

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

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

Health Officer (Official Designation) 1/29/50
(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
VITAL CERTIFICATEIn giving
STATE 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, ashenia,
etc. means the disease,
implications which
lead to death.

Under torbid conditions,
giving rise to the
cause (a) stating the
underlying cause

Under conditions contrib-
uting to the death but not
causing death.

50M-2-49-25666

PLACE OF DEATH

1

Suffolk
(County)
Whittrop
(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.

14

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

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

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

1506 North Shore Rd St. *Revere* *Mass.*

(If nonresident, give city or town and State)

Length of stay: In place of death..... years..... months. *6* days. In place of residence. *44* years..... months..... days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH *JANUARY 30 1950*
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from
JANUARY 20 1950 to *JANUARY 30 1950*

I last saw him alive on *JANUARY 30 1950* death is said to
have occurred on the date stated above, at *6.50 A.M.*

DISEASE OR CONDITION

DIRECTLY LEADING

TO DEATH (a) *CEREBRAL HEMORRHAGE 10 DAYS*

ANTECEDENT
CAUSES

Due To
(c)

OTHER
SIGNIFICANT
CONDITIONS

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? *NO*

If so, specify.....

(Signed) *Harold H. Maygrave* M. D.
(Address) *670 Beach St. Revere, 1-31* 1950

6 *Cedar Grove Cemetery, Milton Mass*
Place of Burial or Cremation (City or Town)

DATE OF BURIAL *February 2* 1950

7 NAME OF FUNERAL DIRECTOR *Caith M. Merwin*

ADDRESS *305 Beach St. Revere Mass.*

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

FEB 2 1950

(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 *Maude B. Sagar*
(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: *Steward*
(Kind of work done during most of working life)

14 Industry or Business: *South Station*

15 Social Security No. *012-05-1774*

16 BIRTHPLACE (City)
(State or country) *Essex*
England

17 NAME OF FATHER *William Johnston*

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

19 MAIDEN NAME OF MOTHER *Barbara Edwards*

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

21 Informant *Mrs Maude B. Sagar*
(Address) *1506 N. Shore Rd. Revere*

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) *3/1/50* (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

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 STATISTICS

COPY OF

CERTIFICATE OF DEATH

Danvers

(City or town making return)

Registered No.

15

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 Verna Burns
(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 Charles St., Winthrop, Mass.
(Usual place of abode)

(If nonresident, give city or town and State)

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

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH January 1 1950
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
Dec. 19 19 49, to Jan. 1 19 50I last saw her alive on Jan. 1 19 50, death is said to
have occurred on the date stated above, at 12:45 p.m.DISEASE OR CONDITION
DIRECTLY LEADING TO DEATH (a) BronchopneumoniaINTERVAL BE-
TWEEN ONSET
AND DEATH

5 days

ANTE 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) Francis X. Sullivan, M. D.
(Address) Hathorne, Mass. Date 1/4 19 50

6 Cambridge Cemetery Cambridge

Place of Burial or Cremation (City or Town)

DATE OF BURIAL January 4 19 50

7 NAME OF FUNERAL DIRECTOR David Fudge & Son

ADDRESS Somerville, Mass.

Received and filed.....19

FEB 11 1950

(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
or DIVORCED

10a If married, widowed, or divorced

HUSBAND of (Give maiden name of wife in full)

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

11 IF STILLBORN, enter that fact here.

12 AGE 47 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. None

16 BIRTHPLACE (City) Lockport Nova Scotia
(State or country)17 NAME OF FATHER Cannot be learned
(Stevens)18 BIRTHPLACE OF FATHER (City) Nova Scotia
(State or country)

19 MAIDEN NAME OF MOTHER Emily Wilson

20 BIRTHPLACE OF MOTHER (City) Nova Scotia
(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 Jan. 5 19 50



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

Waived by Medical Examiner 1/12-50 (P.L.)

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. 313 16

No. The Childrens Hospital

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

2 FULL NAME Boyer, Lewis Charles

(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. 11 Wave Way, Winthrop, Mass. 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.....years.....months.....days.

6 hours and 20 minutes

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH Jan. 12th. 1950

(Month)

(Day)

(Year)

4 I HEREBY CERTIFY, That I attended deceased from

1-12-50 19....., to 1-12-50 19.....

I last saw him alive on 1-12-50 19....., death is said to

have occurred on the date stated above, at 1:20 p.m.

INTERVAL BE-
TWEEN ONSET
AND DEATHDISEASE OR CONDITION
DIRECTLY LEADINGTO DEATH (a) Laryngotrachea
bronchitisANTE
CEDENT
CAUSES

Due To (b) influenzal, acute

Due To
(c)OTHER
SIGNIFICANT
CONDITIONS None

Major findings:

Of operations Tracheotomy

Date of operation 1/12-50 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) Joseph J. Maher

(Address) 300 Longwood Ave Date 19..... M. D.

6 Mt. Lebanon-Sons of Abraham-W. Fox
Place of Burial or Cremation (City or Town)

DATE OF BURIAL January 13, 1950 19.....

7 NAME OF FUNERAL DIRECTOR Benjamin Birnbach

ADDRESS 10 Washington St. Dorch.

Received and filed Jan. 16, 1950 19.....

FEB 17 1950

(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX

9 COLOR OR RACE

10 SINGLE (write the word)

Male

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 2 Years 7 Months 14 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 Mass.
(State or country)17 NAME OF
FATHER

Max Boyer

18 BIRTHPLACE OF

FATHER (City) Boston, Mass.
(State or country)

19 MAIDEN NAME

OF MOTHER Betty Goldberg

20 BIRTHPLACE OF

MOTHER (City) Boston, Mass.
(State or country)

21

Informant
(Address)

Max Boyer

11 Wave Way Ave. Winthrop.

A TRUE COPY

ATTEST:

Charles H. Mackie
(Registrar of City or Town where death occurred)

DATE FILED 19.....

RECEIVED



FEB 17 1950 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)



OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

COPY OF
CERTIFICATE OF DEATH

Danvers

(City or town making return)

Registered No.

17

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

(a) Residence. No. 57-A Beacon St., Winthrop, Mass.
(Usual place of abode) (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.....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH January 13 1950
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from
Jan. 5 19 50 to Jan. 13 19 50

I last saw her alive on Jan. 13 19 50 death is said to
have occurred on the date stated above, at 7:05 p.m.

DISEASE OR CONDITION

DIRECTLY LEADING

TO DEATH (a) Arteriosclerotic
heart disease

INTERVAL BE-
TWEEN ONSET
AND DEATH

2 yrs

ANTE CEDENT
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) Francis A. Sullivan M. D.
(Address) Hathorne, Mass Date 1/20 1950

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

DATE OF BURIAL January 16 19 50

7 NAME OF FUNERAL DIRECTOR Reynolds Funeral Home
ADDRESS Winthrop, Mass.

Received and filed FEB 11 1950

(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 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.

12 AGE 83 Years 4 Months 21 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. None

16 BIRTHPLACE (City) Stockholm Sweden
(State or country)

17 NAME OF FATHER Forentine Lindquist

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

19 MAIDEN NAME Sophie Lundgren
OF MOTHER

20 BIRTHPLACE OF MOTHER (City) Sweden
(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 January 25 19 50



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. 328 18

1 PLACE OF DEATH No. Beth Israel Hospital (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Max Slater (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. 117 Shore Drive St. Winthrop (If nonresident, give city or town and State)

Length of stay: In place of death years months 5 days. In place of residence 40 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH Jan 13 1950
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from Jan 9, 19 50, to Jan 13, 19 50

I last saw him alive on Jan 13, 19 50, death is said to

have occurred on the date stated above, at 8:15 A.m.

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Acute myocardial infarction (b) sev das

ANTE CEDENT CAUSES Due To (b)

Due To (c)

OTHER SIGNIFICANT CONDITIONS Ruptured gall bladder with abscess formation

Major findings: Of operations

Date of operation Was autopsy performed? yes Autopsy confined gall bladder pathology

What test confirmed diagnosis?

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

If so, specify

(Signed) F A Malkinson M. 50

(Address) BIR Date 1/13 19 50

6 Winthrop Tifereth Israel Everett

Place of Burial or Cremation (City or Town)

DATE OF BURIAL Jan 15 1950 19

7 NAME OF FUNERAL DIRECTOR H J Torf

ADDRESS Chelsea

Received and filed JAN 1 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 Bella Lippman (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 Months Days If under 24 hours Hours Minutes

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

14 Industry or Business: Real estate

15 Social Security No. none

16 BIRTHPLACE (City) (State or country) Poland

17 NAME OF FATHER Samuel Slater

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

19 MAIDEN NAME OF MOTHER Rebecca Rachwalska

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

21 Informant Gertrude Slater (Address)

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

DATE FILED Jan 16 1950 19

RECEIVED



FEB 17 1950 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)

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

(a) Residence. No. 129 River Rd., Winthrop, Mass.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of stay: In place of death 7 years 11 months 27 days. In place of residence years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH January 23 1950
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
Sept. 11 1944, to Jan. 23 1950I last saw him alive on Jan. 23 1950 death is said to
have occurred on the date stated above, at 6:15 p.m.DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a) BronchopneumoniaINTERVAL BETWEEN ONSET
AND DEATH

4 days

ANTE Due To
CEDENT (b)
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) Julius W. Fryer M. D.
(Address) Hathorne, Mass. Date 1/27 19506 Walnut Grove Cemetery, Danvers
Place of Burial or Cremation (City or Town)

DATE OF BURIAL January 27 1950

7 NAME OF FUNERAL DIRECTOR William H. Crosby
ADDRESS Danvers, Mass.

Received and filed FEB 11 1950 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

Danvers

(City or town making return)

Registered No. 19

(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 Divorced10a If married, widowed, or divorced
HUSBAND of Corrine Francisco
(Give maiden name or wife in full)

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

11 IF STILLBORN, enter that fact here.

12 AGE 63 Years 5 Months 1 Days If under 24 hours
Hours Minutes13 Usual Occupation Carpenter
(Kind of work done during most of working life)14 Industry
or Business

15 Social Security No.

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

17 NAME OF FATHER John H. Campbell

18 BIRTHPLACE OF FATHER (City) Washington
(State or country) D.C.

19 MAIDEN NAME OF MOTHER Rachel Woods

20 BIRTHPLACE OF MOTHER (City) England
(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 Feb. 1 19 50



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. 20

- 1 PLACE OF DEATH No. en route to Winthrop Community Hosp. death occurred in a hospital or institution, give its NAME instead of street and number
- 2 FULL NAME Nathan Strauses
(If deceased is a married, widowed or divorced woman, give also maiden name.)
- (a) Residence. No. 44 Underhill 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.....years.....months.....days.

PHYSICIAN — IMPORTANT

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

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH Feb - 1 - 1950
(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.)

hypertensive heart disease
chronic coronary sclerosis
chronic myocarditis

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 Elapsed while working in

(How did injury occur?)

Nature of injury street on evening night

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

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

If so, specify Mr. J. Brickley, M.D.

(Signed) M. D.

(Address) Boston, Mass. Date - 2 - 1950

Place of Burial, or Cremation, City or Town

DATE OF BURIAL Feb 3/1950

8 NAME OF FUNERAL DIRECTOR

ADDRESS 1272 Blue Hill St. Boston

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

FEB 9 1950

(Registrar)

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 Bora Marcus (Give maiden name of wife in full)

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

12 IF STILL BORN, enter that fact here.

13 AGE 65 Years Months Days If under 24 hours Hours Minutes

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

15 Industry or Business Shipper

16 Social Security No. 073-201-0518

17 BIRTHPLACE (City) Russia (State or country)

18 NAME OF FATHER Morris (STRAUSS) O.K.

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

20 MAIDEN NAME OF MOTHER Pearl unknown

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

22 Informant (Address) Moritz Straus

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

91m J. Kane 13372 (Signature of Agent of Board of Health or other)

Dep Comm (and) Feb 2, 1950 (Official Designation) (Date of Issue of Permit)

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.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

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

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

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

death certificate contains a recital, as required by section ten of that the deceased served in the army, navy or marine corps of in any war in which it has been engaged, such recital shall appear. The board of health, or its agent, upon receipt of such statement shall forthwith countersign it and transmit it to the clerk of the town. The person to whom the permit is so given and the person to whom the cause of death shall thereafter furnish for registration an information which can be obtained as to the deceased, or as to the cause of the death, which the clerk or registrar may require. 45, G. L. as amended by Chap. 48, Acts of 1927 and Chap. 49, Acts of 1928.

No undertaker or other person shall bury a human body or remove it from the commonwealth until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is buried or the funeral is to be held, or from a person appointed by the board of health to issue such permits, in which the interment is made. Sec. 46, G. L., as amended.

Medical examiners shall make examination upon the view of persons as are supposed to have died by violence, or by chemical, thermal or electrical agents or following abortion, resulting from injury or infection relating to occupation, or from a disease which is not recognizable as such, or when any person is found dead. Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1928. 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 to whom they have given bedside care during a last illness from the death to any form of injury.

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

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

STATEMENT OF CAUSE OF DEATH

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

If disease or injury was related to occupation, specify, and show the death to have been due to disease, specify: (1) Under cause the nature of the disease, and (2) under manner, indicate the circumstances of the death, and the medico-legal inquiry. For example: "Hemorrhage spontaneous (basal ganglia) (found dead in bed)." "Heart disease, presenile arteriosclerosis. (Sudden death)."

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

Telephone Bluehills 8-5700

Night Telephone Bluehills 8-5701

B. Schlossberg and Sons

Funeral Directors

Chapel: 1272 Blue Hill Avenue

Mattapan 26, Mass.

3-1-50

Town Clerk
Town Hall
Winthrop Mass.

Dear Sir:

On Feb. 3rd a death certificate was recorded for the late Nathan Strauss of 44 Underhill St Winthrop Mass. in the filling out of said paper an error was made by our office in his age, the correct age should be 65 years and we would be very appreciative if you could correct the same.

Very truly yours
B. Schlossberg & Sons
By *Louis Schlossberg*

RECEIVED



MAR - 1 1950 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

SUFFOLK
BOSTON

(City or Town)

Jewish Mem Hosp

No.

Frieda Levine

2 FULL NAME

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

(a) Residence. No.

36 Cutler

(Usual place of abode)

St.

Winthrop

(If nonresident, give city or town and State)

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

MEDICAL CERTIFICATE OF DEATH

3 DATE OF
DEATH

Feb 6 1950

(Month)

(Day)

(Year)

4 I HEREBY CERTIFY, That I attended deceased from

Jan 31 19 50, to Feb 6 19 50

I last saw her alive on Feb 6 19 50 death is said to

have occurred on the date stated above, at 12:10P m.

DISEASE OR CONDITION

DIRECTLY LEADING

TO DEATH (a) Uremia

INTERVAL BE-
TWEEN ONSET
AND DEATH

3das

ANTE
CEDENT
CAUSES

Due To Chr nephritis

(b) Diabetes mellitus

7yrs

Due To Hypertension

(c)

5yrs

OTHER
SIGNIFICANT
CONDITIONSHypertensive & arterio
sclerotic heart dis

2yrs

Major findings:
Of operations.....

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

What test confirmed diagnosis? clin & lab

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

If so, specify

(Signed) C D Bonner

(Address) JMH

Date 2/6

M. D. 19 50

6 Int Workers Order Everett

Place of Burial or Cremation

(City or Town)

DATE OF BURIAL Feb 7 1950

7 NAME OF
FUNERAL DIRECTOR

L Schlossberg

ADDRESS

Mattapan

Received and filed MAR 10 1950

(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. 1103 21

(If death occurred in a hospital or institution,
give its NAME instead of street and number)(Was deceased a
U. S. War Veteran, none
if so specify WAR)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX

female

9 COLOR OR RACE

white

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

Anchel Levine

(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12

AGE 52 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).

(State or country)

Russia

17 NAME OF
FATHER

Nathan Lieb

18 BIRTHPLACE OF

FATHER (City)

(State or country) Russia

19 MAIDEN NAME

OF MOTHER

Mary Klayman

20 BIRTHPLACE OF

MOTHER (City)

(State or country) Russia

21

Informant

(Address)

Mark Levine

A TRUE COPY

ATTEST:

Charles E. Mackie
(Registrar of City or Town where death occurred)

DATE FILED

Feb 9 1950

19



PLACE OF DEATH

SUFFOLK

(County)

WINTHROP

(City or Town)



STANDARD

CERTIFICATE OF DEATH

Registered No. 22

1 No. 248 SHIRLEY (If death occurred in a hospital or institution, St. { give its NAME instead of street and number)
2 FULL NAME FRANCESCA ANTOCCI (GENTILE) (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. 248 SHIRLEY 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 years months days.

INSTRUCTIONS
FOR
CAL CERTIFICATE

In giving
SE OF DEATH

do not enter
more than one
use for each
a), (b) and (c)

This does not mean
mode of dying, such
as failure, asthenia,
means the disease,
implications which
death.

forbid conditions,
giving rise to the
cause (a) stating
underlying cause

conditions contrib-
to the death but not
to the disease or
on causing death.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH FEB. 7-1950 (Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from January 15, 1950 to February 7, 1950. I last saw her alive on February 7, 1950, death is said to

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

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Left ventricular failure 2 days

ANTECEDENT CAUSES Due To (b) Arterio sclerotic heart disease 2 years

Due To (c) Generalized arterio sclerosis 2 years

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 Paul P. Mansueti, M.D. (Signed) 238 South Drive (Address) Date 2/7/1950 M. D.

6 ST. GERNARD FITCHBURG (Place of Burial or Cremation) (City or Town)

DATE OF BURIAL FEB. 9 1950

7 NAME OF FUNERAL DIRECTOR HAROLD F. POOT ADDRESS FITCHBURG MASS

Received and filed FEB 9 1950

(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 PAUL ANTOCCI (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: HOMEMAKER (Kind of work done during most of working life)

14 Industry or Business: HOME

15 Social Security No. IVONE

16 BIRTHPLACE (City) (State or country) ITALY

17 NAME OF FATHER NICHOLAS GENTILE

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

19 MAIDEN NAME OF MOTHER JOSEPHINE P

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

21 Informant LUCIA MADONA (Address) 248 SHIRLEY ST

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

Walter S. Baker, Jr. (Signature of Agent of Board of Health or other)

Health Officer (Official Designation) 2/7/50 (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

Middlesex
(County)
Cambridge
(City or Town)



The Commonwealth of Massachusetts

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

Cambridge
(City or town making return)
Registered No. 181 23

No. Holy Ghost Hospital
(If death occurred in a hospital or institution, give its NAME instead of street and number)
2 FULL NAME Margaret Newman
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(a) Residence. No. 63 Waldemar Ave. St. Winthrop
(Usual place of abode) (If nonresident, give city or town and State)
Length of stay: In place of death.....years.....months. 34 days. In place of residence.....years.....months.....days. 24

MEDICAL CERTIFICATE OF DEATH			
3 DATE OF DEATH	February 7, 1950 (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 Fractured right hip			
5 Accident, suicide, or homicide (specify)..... Accident Date and hour of injury..... November 30 19 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? At Home (Specify type of place) Manner of injury Fell from a stool (How did injury occur?) Nature of injury Fracture of right hip While at work? no Was autopsy performed? no			
6 Was disease or injury in any way related to occupation of deceased?..... If so, specify..... Leo T. Myles (Signed) (Address) Cambridge, Mass. Date 2-7 19 50 M. D.			
7 Port Hood-Cape Breton, N.S. (City or Town) DATE OF BURIAL Feb. 13, 19 50			
8 NAME OF FUNERAL DIRECTOR Alice M. Kelly ADDRESS 11 Meridian St., East Boston			
Received and filed..... 1950 (Registrar of City or Town where deceased resided)			

PERSONAL AND STATISTICAL PARTICULARS		
9 SEX	10 COLOR OR RACE	11 SINGLE (write the word) MARRIED WIDOWED or DIVORCED
Female	white	widowed
11a If married, widowed, or divorced HUSBAND of..... (Give maiden name of wife in full) Bernard D. Newman (or) WIFE of..... (Husband's name in full)		
12 IF STILLBORN, enter that fact here.		
13 AGE	82 Years 11 Months 19 Days	If under 24 hoursHours.....Minutes
14 Usual Occupation..... Housewife (Kind of work done during most of working life)		
15 Industry or Business..... own home		
16 Social Security No..... -		
17 BIRTHPLACE (City)..... Guysboro County (State or country) Nova Scotia		
PARENTS	18 NAME OF FATHER Donald R. Gillis	
	19 BIRTHPLACE OF FATHER (City) Cape Breton (State or country) Nova Scotia	
	20 MAIDEN NAME OF MOTHER Sarah Donnell	
	21 BIRTHPLACE OF MOTHER (City) Guysboro County (State or country) Nova Scotia	
22 Infantant Leonard B. Newman (Address) 63 Waldemar Ave., Winthrop		
A TRUE COPY.		
ATTEST: Frederick H. Bole (Registrar of City or Town where death occurred)		
DATE FILED February 9, 19 50		

INSTRUCTIONS
FOR
CERTIFICATEIn giving
OF DEATH

not 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
leath.

erbid conditions.
giving rise to the
ause (a) stating
derlying cause

ditions contrib-
the death but not
o the disease or
n causing death.

PLACE OF DEATH

Suffolk
(County)Winthrop
(City or Town)

No. 51 Fremont Street

2 FULL NAME Bertha Madlyn Smith
(If deceased is a married, widowed or divorced woman, give also maiden name.)(a) Residence. No. 51 Fremont 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 February 7 1950
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
Sept 10, 1949, to Feb 7, 1950.

I last saw her alive on Feb 1, 1950, death is said to

have occurred on the date stated above, at 4 a.m.

DISEASE OR CONDITION

DIRECTLY LEADING

TO DEATH (a) Chronic myocarditis 2 yrs.

ANTECEDENT
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) Louis F. Salerno M. D.
(Address) 125 Pleasant St. Date Feb 10, 19506 Woodlawn Crematory Everett, Mass.
Place of Burial or Cremation (City or Town)

DATE OF BURIAL February 11, 1950

7 NAME OF FUNERAL DIRECTOR Alfred B. Marsh

ADDRESS 174 Winthrop Street, Winthrop, Mass.

Received and filed..... FEB 14 1950

(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. 24

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

PHYSICIAN — IMPORTANT

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

(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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 Louis C. Smith
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 77 Years 5 Months 29 Days If under 24 hours
Hours Minutes13 Usual Occupation: Science practitioner
(Kind of work done during most of working life)

14 Industry or Business: Christian Science Church

15 Social Security No. none
16 BIRTHPLACE (City) Manchester
(State or country) England

17 NAME OF FATHER John Holden

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

19 MAIDEN NAME OF MOTHER Margaret (?)

20 BIRTHPLACE OF MOTHER (City) Manchester
(State or country) England21 Informant: Eugene P. Whittier, Adm.
(Address)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)

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

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

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

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

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

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.)

25m-(b)-11-49-900,475

PLACE OF DEATH

SUFFOLK

(County)

BOSTON

(City or Town)



The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH

DIVISION OF VITAL STATISTICS

COPY OF

CERTIFICATE OF DEATH

(City or town making return)

Registered No. 1242 25

No. St Elizabeth's Hosp

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

2 FULL NAME Mary M Nolan

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

30 Cross

Winthrop

(Was deceased a U. S. War Veteran, none (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 2 years.....months.....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH Feb 9 1950

(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from Feb 4, 1950, to Feb 9, 1950

I last saw her alive on Feb 9, 1950, death is said to have occurred on the date stated above, at 12:05P.m.

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a)

Respiratory failure

INTERVAL BETWEEN ONSET AND DEATH

mos

ANTE Due To CEDENT (b) CAUSES

(b) Carcinoma of breast with multiple metastases

Due To (c)

OTHER SIGNIFICANT CONDITIONS Operation Feb 6 1950 pre frontal lobotomy

Major findings: Of operations.

Date of operation 2/6/50 Was autopsy performed? no

What test confirmed diagnosis?

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

If so, specify

G McManama

(Signed)

(Address)

St E H

Date 2/9

M. D. 1950

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

DATE OF BURIAL Feb 13 1950 19

7 NAME OF FUNERAL DIRECTOR F J Magrath

ADDRESS E Boston

Received and filed MAR 10 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 married

10a If married, widowed, or divorced

HUSBAND of (Give maiden name of wife in full)

(or) WIFE of James R Nolan

(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 57 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.

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

17 NAME OF FATHER James Darmody

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

19 MAIDEN NAME OF MOTHER Margaret Deneefe

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

21 Informant James R Nolan (Address)

A TRUE COPY

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

DATE FILED Feb 14 1950 19

INSTRUCTIONS
FOR
VITAL CERTIFICATEIn giving
E OF DEATH

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

is does not mean
of dying, such
failure, asthenia,
means the disease,
lications which
death.

orbid conditions,
giving rise to the
cause (a) stating
underlying cause

nditions contrib-
the death but not
to the disease or
n causing death.

50M-2-19-25666

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. 26

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

No. 163 Cottage Park Road St. (If death occurred in a hospital or institution,
give its NAME instead of street and number)

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

(a) Residence. No. 163 Cottage Park Road St. Winthrop
(Usual place of abode) (If nonresident, give city or town and State)

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

PHYSICIAN — IMPORTANT

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

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH Feb 12 1950
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from
June 1948 to February 12 1950

I last saw her alive on Feb 10 1950, death is said to
have occurred on the date stated above, at 12:15 P.M.

DISEASE OR CONDITION
DIRECTLY LEADING

TO DEATH (a) Carcinoma of the
uterus

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? Biopsy at Mass Gen'l Hosp.

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

If so, specify

(Signed) Miss Greenfield M. D.
(Address) 447 Shady St. Winthrop Date Feb 13 1950

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

DATE OF BURIAL February 15 1950

7 NAME OF FUNERAL DIRECTOR John C. Kelly
ADDRESS 286 Meridian St. B.

Received and filed. 19

FEB 27 1950
(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

(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 67 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: own home

15 Social Security No.

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

17 NAME OF FATHER James D. Glynn

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

19 MAIDEN NAME OF MOTHER Lena Lutz

20 BIRTHPLACE OF MOTHER (City) Bangor
(State or country) Maine

21 Informant (Address) Francis J. Conley
163 Cottage Park Rd. 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)

Health Officer 2/14/50
(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

M R-301A

PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)

No. 129 Main Street

2 FULL NAME

James Smith

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

(a) Residence. No. 129 Main Street

(Usual place of abode)

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

Registered No. 27

To be filed for burial permit
with Board of Health
or its Agent.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.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 February 13 1950
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
July 19 49 to February 13 1950

I last saw him alive on Feb. 13 1950, death is said to

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

DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a)Carcinoma of
stomachINTERVAL BE-
TWEEN ONSET
AND DEATH

3 1/2 yr

ANTECEDENT (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) Paul C. Weusaff

(Address) 238 Shore Dr. W. W. Winthrop Mass

6 Winthrop

Place of Burial or Cremation

Winthrop

(City or Town)

DATE OF BURIAL

Feb 16

19 50

7 NAME OF
FUNERAL DIRECTOR

ADDRESS

Received and filed

FEB 21 1950

(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 Florence Beaumont
(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 6

Months 12

Days

If under 24 hours

Hours Minutes

13 Usual

Occupation:

Machinist

(Kind of work done during most of working life)

14 Industry

or Business:

Shoe Machine

15 Social Security No.

None

16 BIRTHPLACE (City)

(State or country)

Scotland

17 NAME OF

FATHER

Thomas Smith

18 BIRTHPLACE OF

FATHER (City)

(State or country)

Scotland

19 MAIDEN NAME

OF MOTHER

Jane Gilchrist

20 BIRTHPLACE OF

MOTHER (City)

(State or country)

Scotland

21

Informant

(Address)

Florence Smith

129 Main St. Winthrop

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

Walter S. Bailey

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

100M (ID)-10-48-24988

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

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

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

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

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

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

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

is does not mean
le of dying, such
failure, asthenia,
means the disease,
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leath.

rbid conditions,
giving rise to the
use (a) stating
derlying cause

ditions contrib-
the death but not
o the disease or
n causing death.

50M-2-19-25666

PLACE OF DEATH

Suffolk
(County)Winthrop
(City or Town)

No. 51 Birch Road

2 FULL NAME James Gillies
(If deceased is a married, widowed or divorced woman, give also maiden name.)(a) Residence. No. 51 Birch Road
(Usual place of abode)

Length of stay: In place of death..... years..... months..... days. In place of residence 31 years..... months..... days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH February 24, 1950
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
November 3, 1948 to February 24, 1950
I last saw him alive on February 23, 1950, death is said to

have occurred on the date stated above, at 6:30 A.M.

DISEASE OR CONDITION
DIRECTLY LEADING

TO DEATH (a) Benign nephrosclerosis 18 months

ANTE DUE TO
CEDENT (b) Generalized Arteriosclerosis 2 yearsDue To
(c)OTHER
SIGNIFICANT
CONDITIONS

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
(Signed) James T. Gagnier M. D.
(Address) 562 Thuley St. Winthrop, Mass. Date Feb 24, 19506 Winthrop Cemetery Winthrop, Mass.
Place of Burial or Cremation (City or Town)

DATE OF BURIAL February 27, 1950

7 NAME OF FUNERAL DIRECTOR Alfred B. Marsh

ADDRESS 174 Winthrop St. Winthrop, Mass.

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

MAR 2 1950
(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. 28

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

PHYSICIAN — IMPORTANT

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

(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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 Esther Maria Bellingham
(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 1 Months 14 Days If under 24 hours
Hours Minutes13 Usual Occupation: store manager (ret)
(Kind of work done during most of working life)

14 Industry or Business: retail grocery chain

15 Social Security No. 031-07-4293-A.

16 BIRTHPLACE (City) Glasgow Scotland
(State or country)

17 NAME OF FATHER James Gillies

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

19 MAIDEN NAME OF MOTHER Jean Hendrie

20 BIRTHPLACE OF MOTHER (City) Glasgow Scotland
(State or country)21 Informant Mrs. James Gillies
(Address) 51 Birch Road, Winthrop, Mass.I HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:

(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).

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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)-10-13-24658

PLACE OF DEATH

Worcester

(County)

Gardner

(City or Town)

No. Gardner State Hospital

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

COPY OF

CERTIFICATE OF DEATH

Gardner

(City or town making return)

Registered No.

29

2 FULL NAME Pliny Emerson, Jr.
(If deceased is a married, widowed or divorced woman, give also maiden name.)(a) Residence. No. 7 Washington Ave.
(Usual place of abode)St. Winthrop, Mass.
(If nonresident, give city or town and State)Length of stay: In place of death 22 years 7 months 12 days. In place of residence years months days.

(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 February 26, 1950
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
Jan. 9 1950 to Feb. 26 1950I last saw him alive on Feb. 26 1950, death is said to
have occurred on the date stated above, at 1:45 p.m.DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a) EmphysemaINTERVAL BE-
TWEEN ONSET
AND DEATH5
wks.ANTE Due To Bronchopneumonia
CEDENT (b) CAUSES5
wks.Due To
(c)OTHER
SIGNIFICANT
CONDITIONSMajor findings: No operation
Of operations.Date of operation. None Was autopsy performed? NoWhat test confirmed diagnosis? Clinical-Xray5 Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Harry Goodman, M. D.
(Address) E. Gardner, Mass. Date 2/26 19506 Woodlawn Cem., Everett, Mass.
Uxbridge Cem., Uxbridge, Mass.DATE OF BURIAL March 1, 19507 NAME OF FUNERAL DIRECTOR Alfred B. Marsh
ADDRESS 174 Winthrop St., WinthropReceived and filed 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
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 63 Years 3 Months 25 Days
If under 24 hours
Hours Minutes 13 Usual Occupation: Bricklayer
(Kind of work done during most of working life)14 Industry or Business: Building Contractor15 Social Security No. None16 BIRTHPLACE (City) Millbury, Mass.
(State or country)17 NAME OF FATHER Pliny Emerson18 BIRTHPLACE OF FATHER (City) Rhode Island
(State or country)19 MAIDEN NAME OF MOTHER Carrie Carter20 BIRTHPLACE OF MOTHER (City) Rhode Island
(State or country)21 Informant Gardner State Hospital
(Address) Records

A TRUE COPY.

ATTEST: Irish C. Bourgeois
(Registrar of City or Town where death occurred)DATE FILED February 27, 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.)

25m-(b)-11-49-900-475

SUFFOLK
BOSTON

(County)

PLACE OF DEATH

1

(City or Town)



The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH

DIVISION OF VITAL STATISTICS

COPY OF

CERTIFICATE OF DEATH

BOSTON

(City or town making return)

Registered No. **1510 30**

No. **Mass. Mem. Hospitals**

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

2 FULL NAME **Mary 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.

Bay View Rest Home

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.....**2**days. In place of residence.....**10**years.....months.....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH **Feb. 18/50**

(Month)

(Day)

(Year)

4 I HEREBY CERTIFY, That I attended deceased from **Jan. 16 19 50** to **Feb. 18 19 50**

I last saw h **er** alive on **Feb. 18 19 50** death is said to

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

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) **Peritonitis**

INTERVAL BETWEEN ONSET AND DEATH **36 Hrs**

ANTE CEDENT CAUSES Due To (b) **Perforating gastric ulcer**

1 Week

Due To (c)

OTHER SIGNIFICANT CONDITIONS **Pulmonary edema**

24 Hrs

Major findings: **Pyloric obstruction**

Of operations.....**Yes**

Date of operation **2-2-50** Was autopsy performed? **Yes**

What test confirmed diagnosis? **No**

5 Was disease or injury in any way related to occupation of deceased? **No**
If so, specify **J E Fuchs**
(Signed) **750 Harrison Ave.** **2-19 19 50**
(Address) **Holyhood-Brookline Mass.**

6 Place of Burial or Cremation (City or Town)

DATE OF BURIAL **Feb. 21/50** 19.....

7 NAME OF FUNERAL DIRECTOR **M W Kirby**
Winthrop Mass.

ADDRESS

Received and filed.....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) **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 **90** Years.....Months.....Days If under 24 hours
.....Hours.....Minutes

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

14 Industry or Business:

15 Social Security No. **None**

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

17 NAME OF FATHER **Callahan McCarthy**

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

19 MAIDEN NAME OF MOTHER **Elizabeth ----**

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

21 Informant.....**Mrs J L Wells**
(Address)

A TRUE COPY

ATTEST: **Charles J. McCarthy**
(Registrar of City or Town where death occurred)

DATE FILED **Feb. 23/50** 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.)

25m-(b)-11-49-900,475

PLACE OF DEATH

1

(County)

(City or Town)



The Commonwealth of Massachusetts

EDWARD J. CRONIN

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

(City or town making return)

Registered No. 1458.31

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

2 FULL NAME Katy Schwartz
(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. 39 Pearl Ave. St. Winthrop
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death 2 years 3 months days. In place of residence 2 years 3 months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH Feb. 18, 1950
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
July/48 19, to 2/18/50 19I last saw her alive on 2/18/50 19, death is said to
have occurred on the date stated above, at 5 35P m.DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a) Arteriosclerotic
heart disease yrsANTECEDENT (b) Generalized arterio-
sclerosisDue To
(c)OTHER
SIGNIFICANT
CONDITIONSMajor findings:
Of operations noneDate of operation Was autopsy performed? no
What test confirmed diagnosis? clin5 Was disease or injury in any way related to occupation of deceased?
If so, specify E G Margolin M. D.
(Signed) 45 Townsend St Date 2/18/50
(Address)6 Agudas Achim - Woburn
Place of Burial or Cremation (City or Town)

DATE OF BURIAL 2/19/50 19

7 NAME OF FUNERAL DIRECTOR H J Toff
ADDRESS Chelsea

Received and filed MAR 15 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 Wid.

10a If married, widowed, or divorced

HUSBAND of Isaac Schwartz
(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 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) Russia
(State or country)

17 NAME OF FATHER Myer Flaxman

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

19 MAIDEN NAME OF MOTHER Pearl ---

20 BIRTHPLACE OF MOTHER (City) Russia
(State or country)21 Informant Joseph Schwartz
(Address) 19 Maple St. Rox

A TRUE COPY

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

DATE FILED 2/21/50 19

Copies of returns of deaths which occurred in your city or town in case the deceased 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
BOSTON
(City or Town)



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

(City or town making return)

Registered No. 1542 32

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

2 FULL NAME Edward J Donahue (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. 37 Belcher 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 30 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH Feb. 20/50 (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? No

6 Was disease or injury in any way related to occupation of deceased? If so, specify Michael A Luongo M. D. 25 Shattuck St Date 2-21 1950 Winthrop Cem-Winthrop Mass.

7 Place of Burial, or Cremation. Feb. 24/50 (City or Town) DATE OF BURIAL 19

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

Received and filed MAR 16 1950 19

(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

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

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

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

12 IF STILLBORN, enter that fact here.

13 AGE 51 Years Months Days If under 24 hours Hours Minutes

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

15 Industry or Business U. S. Gov't.

16 Social Security No.

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

PARENTS 18 NAME OF FATHER Edward P Donahue 19 BIRTHPLACE OF FATHER (City) Boston Mass. (State or country) 20 MAIDEN NAME OF MOTHER Elizabeth Sullivan 21 BIRTHPLACE OF MOTHER (City) Ireland (State or country)

22 Informant R Gillespie (Address)

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

DATE FILED Feb. 23/50 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.)

25m-(b)-11-49-900,475

PLACE OF DEATH

SUFFOLK (County)

BOSTON

(City or Town)



The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH

DIVISION OF VITAL STATISTICS

COPY OF

CERTIFICATE OF DEATH

BOSTON

(City or town making return)

Registered No. 1666 33

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

2 FULL NAME John T Johnson
(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 Atlantic 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.....11 days. In place of residence.....years.....months.....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH Feb. 24/50
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from
Feb. 13, 19. 50, to Feb. 24, 19. 50
I last saw him alive on Feb. 24, 19. 50, death is said to
have occurred on the date stated above, at 3:29A M.

DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a) Uremia

INTERVAL BE-
TWEEN ONSET
AND DEATH
2 Mos.

ANTE Due To Carcinoma of Bladder
CEDENT (b) 2 1/2 Mos.
CAUSES

Due To
(c)

OTHER SIGNIFICANT CONDITIONS Generalized Arteriosclerosis

Major findings: Carcinoma of bladder
Of operations.
Date of operation. 1-5-50 Was autopsy performed? No
What test confirmed diagnosis? Operation & clinical

5 Was disease or injury in any way related to occupation of deceased?
If so, specify.
(Signed) P Bonnet
(Address) 750 Harrison Ave. 2-24 19. 50
Winthrop Cem-Winthrop Mass.

6 Place of Burial or Cremation (City or Town)
DATE OF BURIAL Feb. 27/50 19.

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

Received and filed. MAR 23 1950 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 Married

10a If married, widowed, or divorced Anna Stange
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 82 Years 5 Months 25 Days If under 24 hours
Hours Minutes

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

14 Industry or Business: Self Employed

15 Social Security No. None

16 BIRTHPLACE (City) Norway
(State or country)

17 NAME OF FATHER Christian Johnson

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

19 MAIDEN NAME OF MOTHER Johanna Tolleson

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

21 Informant Anna Johnson
(Address)

A TRUE COPY

ATTEST: Charles H. Mackie
(Registrar of City or Town where death occurred)

DATE FILED Feb. 28/50 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.)

25m-(b)-11-49-900,475

PLACE OF DEATH

Suffolk

(County)

Boston

(City or Town)

No. Carney Hospital

The Commonwealth of Massachusetts



EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

(City or town making return)

COPY OF
CERTIFICATE OF DEATH

Registered No. 1718 34

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

(a) Residence. No. 82 Waldemar 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...22days. In place of residence...32years.....months.....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH Feb. 26 1950
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from
Feb. 4 1950, to Feb. 26 1950

I last saw him alive on Feb. 26 1950, death is said to
have occurred on the date stated above, at 1:55p.m.

DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a) Uremia

INTERVAL BE-
TWEEN ONSET
AND DEATH

1 wk

ANTECEDENT CAUSES Due To (b) chronic
glomerulonephritis

2 yrs

Due To (c) hypersensitive
cardio vascular disease.

2 yrs

OTHER SIGNIFICANT CONDITIONS diabetes mellitus

20 yrs

Major findings:
Of operations.....

Date of operation..... Was autopsy performed? 2-26-50

What test confirmed diagnosis?.....

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

If so, specify.....

(Signed) William J. Clark M. D.
(Address) Carney Hosp Date 2-26 1950

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

DATE OF BURIAL March 1 1950

7 NAME OF FUNERAL DIRECTOR John F. O'Maley

ADDRESS Winthrop, Mass.

Received and filed MAR 23 1950

(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 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.

12 AGE 32 Years.....Months.....Days If under 24 hours
Hours.....Minutes

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

14 Industry or Business Rubber industry

15 Social Security No. 011-16-3060

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

17 NAME OF FATHER Matthew Lambert

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

19 MAIDEN NAME OF MOTHER Leonara Hammond

20 BIRTHPLACE OF MOTHER (City) Ellsworth
(State or country) Maine

21 Informant M. Lambert Brother
(Address)

A TRUE COPY

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

DATE FILED March 1/50 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.)

25m-(b)-11-49-900,475

PLACE OF DEATH

1

(County)
(City or Town)



The Commonwealth of Massachusetts

EDWARD J. CRONIN

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

(City or town making return)

Registered No. 1864 35

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

2 FULL NAME Blanch L. Pigeon (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. 190 Circuit Rd. St. Winthrop (Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death.....years.....months. 11 days. In place of residence 40 years.....months.....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH March 2, 1950 (Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from 2/19 1950 to 3/2 1950

I last saw her alive on 3/2 1950 Death is said to have occurred on the date stated above, at 10:52 A

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Multiple embolic phenomena with multiple infarctions hrs

ANTE Due To CEDENT (b) Hypertensive arterio yrs. CAUSES sclerotic heart disease with thrombi in left and right auri Due To (c)

OTHER SIGNIFICANT CONDITIONS Nephrosclerosis cerebral arterio sclerosis opr

Major findings: occluded arterial supply Of operations to right lung

Date of operation 3-1-50 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 R. L. O'Neil M. D. (Signed) Carney Hosp. Date 3/2/50 (Address)

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

DATE OF BURIAL March 4 1950

7 NAME OF FUNERAL DIRECTOR Howard Reynolds

ADDRESS Winthrop

Received and filed MAR 31 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 married

10a If married, widowed, or divorced

HUSBAND of (Give maiden name of wife in full)

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

11 IF STILLBORN, enter that fact here.

12 AGE 73 Years 9 Months 8 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) East Boston (State or country) Mass

17 NAME OF FATHER John Libbey

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

19 MAIDEN NAME OF MOTHER Gussie Stubbs

20 BIRTHPLACE OF MOTHER (City) Bangor (State or country) Maine

21 Informant Roy W. Pigeon (Address)

A TRUE COPY

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

DATE FILED March 6, 1950 19

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. 36

- 1 No. Rear of 519 Shirley St. (If death occurred in a hospital or institution, give its NAME instead of street and number)
- 2 FULL NAME John A. Darlow (If deceased is a married, widowed or divorced woman, give also maiden name.)
- (a) Residence. No. Rear of 519 Shirley St., Winthrop (In shack) (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.

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

MEDICAL CERTIFICATE OF DEATH

- 3 DATE OF DEATH March 3 1950
(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
Generalized arteriosclerosis
77

- 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 Michael Phungo
(Signed) Michael Phungo, M. D.
(A dress) 25 Seaboard St. Date 3/3 1950

- 7 Winthrop Winthrop
Place of Burial, or Cremation. (City or Town)
DATE OF BURIAL Feb 6 1950

- 8 NAME OF FUNERAL DIRECTOR Howard S. Reynolds
ADDRESS Winthrop Mass.

Received and filed 19

MAR 8 1950

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

- 9 SEX Male 10 COLOR OR RACE White 11 SINGLE (write the word) MARRIED WIDOWED or DIVORCED Divorced
- 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 79 Years Months Days If under 24 hours Hours Minutes
- 14 Usual Occupation: Plumber (Kind of work done during most of working life)
- 15 Industry or Business: Own shop
- 16 Social Security No. None
- 17 BIRTHPLACE (City) (State or country) England
- 18 NAME OF FATHER George Darlow
- 19 BIRTHPLACE OF FATHER (City) (State or country) England
- 20 MAIDEN NAME OF MOTHER Unable to obtain
- 21 BIRTHPLACE OF MOTHER (City) (State or country) France
- 22 Infant. Eugenie Darlow (Address) 27 Crystal Cove 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. Wacker
(Signature of Agent of Board of Health or other)
(Official Designation) (Date of Issue of Permit) 3/6/50

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. 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.....

PLACE OF DEATH

Suffolk
(County)
Winthrop
(City or Town)



The Commonwealth of Massachusetts

EDWARD J. CRONIN, SECRETARY
DIVISION OF VITAL STATISTICS

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

STANDARD

CERTIFICATE OF DEATH

Registered No. **37**

- 1 *Dead on Arrival at Winthrop Community Hospital* (If death occurred in a hospital or institution, give its NAME instead of street and number)
- 2 FULL NAME *Rose O' Kane* (If deceased is a married, widowed or divorced woman, give also maiden name.)
- (a) Residence. No. *85 Sunnyside Avenue* 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 *20* years months days.

PHYSICIAN — IMPORTANT

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

INSTRUCTIONS
FOR
CERTIFICATEgiving
OF DEATH

not 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 cause

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

MEDICAL CERTIFICATE OF DEATH

- 3 DATE OF DEATH *March 4, 1950*
(Month) (Day) (Year)
- 4 I HEREBY CERTIFY, That I attended deceased from
..... 19 to 19
I last saw *Presumed dead at* death is said to
have occurred on the date stated above, at *6:03 P. m.*

DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a) *Natural Causes*

ANTECEDENT CAUSES (b) *Presumably*

Due To (c) *Cardiac Failure*

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) *Edward J. Cronin* M. D.
(Address) *Winthrop Board of Health, 4 Ward*

6 *St. Mary's* Place of Burial or Cremation (City or Town)

DATE OF BURIAL *March 7, 1950*

7 NAME OF FUNERAL DIRECTOR *Kentwright & Hurley*

ADDRESS *15 no. Main St. Randolph*

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

MAR 8 1950

(Registrar)

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 *James O' Kane*
(Husband's name in full)

11 IF STILL BORN, enter that fact here.

12 AGE *46* Years *8* Months *1* 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) *Glasgow*
(State or country) *Scotland*

17 NAME OF FATHER *Jennies Sheehan* *SHEEHAN*

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

19 MAIDEN NAME OF MOTHER *Margaret M' Gaughey*

20 BIRTHPLACE OF MOTHER (City) *no name*
(State or country) *Ireland*

21 Informant *James O' Kane*
(Address) *So man at Randolph*

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) *3/5/50* (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:

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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. 109 Circuit Road

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.

38

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

109 Circuit Road

(a) Residence. No.
(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 38 years 4 months 23 days.

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

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH March 7, 1950
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
April 15, 1949, to March 7, 1950.I last saw him alive on March 5, 1950, death is said to
have occurred on the date stated above, at 4:15 A. M.DISEASE OR CONDITION
DIRECTLY LEADINGTO DEATH (a) Carcinoma of
transverse colonINTERVAL BE-
TWEEN ONSET
AND DEATH

1 yr.

ANTE Due To
CEDENT (b)
CAUSESDue To
(c)OTHER
SIGNIFICANT
CONDITIONSMajor findings: Metastasis to liver
Of operations.

Date of operation May 21, 1949. 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) G. Murray M. D.
(Address) Winthrop Mass. Date 7 March 1950

6 Winthrop Cemetery Winthrop

Place of Burial or Cremation (City or Town)

DATE OF BURIAL March 9 1950

7 NAME OF
FUNERAL DIRECTOR Alice M. Kelly

ADDRESS 11 Meridian St. East Boston

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

MAR 8 1950

(Registrar)

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 49 Years 4 Months 23 Days

If under 24 hours

Hours Minutes

13 Usual

Occupation: Chemical Lab. Asst

(Kind of work done during most of working life)

14 Industry

or Business:

Wholesale Oil

15 Social Security No.

093-10-8743

16 BIRTHPLACE (City)

St. Albans

(State or country)

Vermont

17 NAME OF

FATHER

Francis H. Foote

18 BIRTHPLACE OF

FATHER (City)

Quebec

(State or country)

Canada

19 MAIDEN NAME

OF MOTHER

Frances Lynch

20 BIRTHPLACE OF

MOTHER (City)

(State or country) Canada

21

Informant

(Address)

John E. F. Foote

8 Old Colony Road, Worcester

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)31 7 50
(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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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

INSTRUCTIONS
FOR
MEDICAL CERTIFICATE

In giving
USE OF DEATH

do not enter
more than one
cause for each
(a), (b) and (c)

This does not mean
mode of dying, such
as heart failure, asphyxia,
It means the disease,
complications which
lead to death.

Morbid conditions,
y, giving rise to the
cause (a) stating
underlying cause

Conditions contrib-
to the death but not
d to the disease or
tion causing death.

50M-2-19-25666

PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)

No. Winthrop Community Hospital

2 FULL NAME. Mabel E (Bennett) Ross

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

(a) Residence. No. 42 Lowell Rd.

(Usual place of abode)

Length of stay: In place of death..... years..... months 27..... days. In place of residence 6..... years..... months..... days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH March 10 1950

(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from February 10 1950 to March 10 1950

I last saw her alive on March 10 1950, death is said to

have occurred on the date stated above, at 11:45 AM

DISEASE OR CONDITION

DIRECTLY LEADING

TO DEATH (a) Cerebral Thrombosis

ANTE CEDENT CAUSES Due To (b) Acute Coronary Thrombosis

Due To (c)

OTHER SIGNIFICANT CONDITIONS Arteriosclerosis

Major findings: 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

(Signed) Jacob J. Adams M. D.

(Address) 562 Shirley St. Date 3/10/50

6 Winthrop, Mass Winthrop

(City or Town)

DATE OF BURIAL March 13 1950

7 NAME OF FUNERAL DIRECTOR Howard S. Reynolds

ADDRESS Winthrop Mass.

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

MAR 14 1950

(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. 39

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 DIVORCED Married

10a If married, widowed, or divorced

HUSBAND of (Give maiden name of wife in full)

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

11 IF STILLBORN, enter that fact here.

12 AGE 62 3 Months 2 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) Portland (State or country) Maine

17 NAME OF FATHER Robert E. Bennett

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

19 MAIDEN NAME OF MOTHER Ann Morris

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

21 Informant Thomas W. Ross (Address) 42 Lowell 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 G. Baker (Signature of Agent of Board of Health or other)

HO. (Official Designation) March 13/1950 (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

PLACE OF DEATH

Suffolk
(County)

Winthrop
(City or Town)

No. 36 Lewis Ave.

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

(a) Residence. No. 36 Lewis Ave.
(Usual place of abode)

Length of stay: In place of death years months days. In place of residence 65 years months days.

INSTRUCTIONS
FOR
CERTIFICATE

In giving
OF DEATH

do not enter
more than one
use for each
(a), (b) and (c)

his does not mean
ode of dying, such
failure, asthenia,
means the disease,
lications which
death.

orbid conditions,
giving rise to the
cause (a) stating
underlying cause

onditions contrib-
to the death but not
to the disease or
on causing death.



The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD
CERTIFICATE OF DEATH

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

Registered No.

40

(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 March 12 1950
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from
May 17 1945 to March 12, 1950

I last saw him alive on March 11 1950 Death is said to

have occurred on the date stated above, at 1 A.M.

DISEASE OR CONDITION

DIRECTLY LEADING

TO DEATH (a)

Acute Coronary
Thrombosis

ANTE CEDENT
CAUSES (b)

Cerebral
Hemorrhage

Due To

Atherosclerosis

OTHER
SIGNIFICANT
CONDITIONS

Major findings:
Of operations.

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. Aliquino M.D.
(Address) 562 Shirley St. Date 3/13/50

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

DATE OF BURIAL March 14 1950

7 NAME OF FUNERAL DIRECTOR Edward S. Pymble
ADDRESS Winthrop, Mass

Received and filed MAR 14 1950 19

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

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

10a If married, widowed or divorced
HUSBAND of Katherine Eaton
(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 11 Months 8 Days If under 24 hours
Hours Minutes

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

14 Industry or Business: Own Store

15 Social Security No. 027-14-4101

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

17 NAME OF FATHER Joseph Stover

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

19 MAIDEN NAME OF MOTHER Ellen Wing

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

21 Informant Katherine Stover
(Address) 36 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 J. Baker
(Signature of Agent of Board of Health or other)
Health Officer 3/14/50
(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.)

25m-(b)-11-49-900,475

PLACE OF DEATH

Suffolk

(County)

Boston

(City or Town)



The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

Boston

(City or town making return)

COPY OF
CERTIFICATE OF DEATH

Registered No. 22591

No. Peter Bent Brigham Hospital

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

2 FULL NAME Mary H 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. 49 Lewis 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 12 days. In place of residence 30 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH March 13/50
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from March 1 19 50 to March 13 19 50
I last saw her alive on March 13, 50, death is said to have occurred on the date stated above, at 6:45P m.

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Subtentorial hemorrhage Term.

ANTE CEDENT CAUSES Due To Acoustic neuroma

2 Mos.

OTHER SIGNIFICANT CONDITIONS

Major findings: Craniotomy-acoustic neuroma
Of operations
Date of operation 3-11-50 Was autopsy performed? 3-14-50
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) P. Bent Brigham Hospt 3-14 M. 50
(Address) Winthrop Cem-Winthrop Mass.

6 Place of Burial or Cremation (City or Town)
DATE OF BURIAL March 16/50 19

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

Received and filed MAR 31 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) William Wood
(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: Housewife
(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 David Harrigan

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

19 MAIDEN NAME OF MOTHER Elizabeth Fitzpatrick

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

21 Informant William Wood
(Address)

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

DATE FILED March 20/50 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. 40, Sec. 12, G. L.)

25m-(b)-11-49-900-475

PLACE OF DEATH

Suffolk

(County)

Chelsea

(City or Town)



The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH

DIVISION OF VITAL STATISTICS

COPY OF

CERTIFICATE OF DEATH

Chelsea

(City or town making return)

Registered No. 169 42

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

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

(a) Residence. No. 19 Locust 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 Mar. 14, 1950 (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) Stillborn

ANTE CEDENT CAUSES Due To (b)

Due To (c)

OTHER SIGNIFICANT CONDITIONS

Major 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?

If so, specify

(Signed) William P. Finnegan M. D.

(Address) 647 Bway, Chelsea Date 3/16/50

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

DATE OF BURIAL Mar. 18, 1950 19

7 NAME OF FUNERAL DIRECTOR Wm. F. Welsh

ADDRESS 718 Broadway, Chelsea, Mass.

Received and filed MAR 31 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 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 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 Thomas A.

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

19 MAIDEN NAME OF MOTHER Edna E. O'Brien

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

21 Informant (Address) Thomas A. Flaherty 19 Locust St. Winthrop

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

DATE FILED Mar. 18, 1950 19



PLACE OF DEATH

Suffolk *Chelsea*
(County) *4/10/50*
Winthrop
(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.

43

Registered No.

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

2 FULL NAME. Robert J. Saveriano
(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. 31 Clyde St. Project Chelsea
(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.

INSTRUCTIONS
FOR
MEDICAL CERTIFICATE

In giving
STATE 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,
etc. means the disease,
complications which
led to death.

Forbid conditions,
giving rise to the
cause (a) stating
underlying cause

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

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH Mar. 18, 1950
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from
Mar. 17, 1950 to Mar. 18, 1950

I last saw him alive on Mar. 18, 1950 death is said to
have occurred on the date stated above, at 12:30 P.M.

DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a) *Pneumonia*
Atelectasis

INTERVAL BETWEEN ONSET AND DEATH
1 day

ANTECEDENT (b) Due To CAUSES

Due To (c)

OTHER SIGNIFICANT CONDITIONS

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

5 Was disease or injury in any way related to occupation of deceased?
If so, specify *him injured*
(Signed) *W. H. Rocco* M. D.
(Address) *319 Broadway* Date *8/18* 1950

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

DATE OF BURIAL Mar. 21, 1950

7 NAME OF FUNERAL DIRECTOR Salvatore Rocco
ADDRESS 319 Broadway Everett

Received and filed MAR 21 1950

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX male 9 COLOR OR RACE white 10 SINGLE ☒ (circle 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:
(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 Joseph Saveriano

18 BIRTHPLACE OF FATHER (City) Everett
(State or country) Mass

19 MAIDEN NAME OF MOTHER Marie Acquaviva

20 BIRTHPLACE OF MOTHER (City) Revere
(State or country) Mass

21 Informant Joseph Saveriano
(Address) 31 Clyde St. Project, Chel.

I 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 3/20/50
(Official Designation) (Date of Issue of Permit)

50M-2-19-25666

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

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

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

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

Middlesex County

Cambridge City or Town

No. Holy Ghost Hospital

2 FULL NAME Julia Lepke
(If deceased is a married, widowed or divorced woman, give also maiden name.)(a) Residence. No. 95 Shirley St. 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.....12.....days. In place of residence.....37.....years.....months.....days.

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

Cambridge

(City or town making return)

COPY OF
CERTIFICATE OF DEATH

Registered No. 398 44

{(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)

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH March 20, 1950
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
Feb. 8, 50 March 20, 50I last saw him alive on March 20, 1950, death is said to
have occurred on the date stated above, at 12:20 A.m.DISEASE OR CONDITION
DIRECTLY LEADING TO DEATH (a) Primary lymphoma of
stomach with involvement of cervical,
hilar and retroperitoneal nodes. Pulmonary
congestion and edema with
ANTECEDENT CAUSES (b) hydrothoraxDue 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?

If so, specify Francis W. Drinan

(Signed) Holy Ghost Hosp. M. D. 1950

(Address) Winthrop Cem. Winthrop Mass.

6 Place of Burial or Cremation (City or Town)

DATE OF BURIAL March 23, 1950

7 NAME OF FUNERAL DIRECTOR Maurice W. Kirby

ADDRESS Winthrop, Mass.

Received and filed MAR 24 1950

(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 widow10a If married, widowed, or divorced
HUSBAND of (Give maiden name of wife in full)

(or) WIFE of Paul A. (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
(Kind of work done during most of working life)

14 Industry or Business

15 Social Security No.

16 BIRTHPLACE (City) Hungry
(State or country)

17 NAME OF FATHER John Hornyay

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

19 MAIDEN NAME OF MOTHER Unknown

20 BIRTHPLACE OF MOTHER (City) Hungry
(State or country)21 Informant Paul Lepke
(Address) 95 Shirley St. Winthrop, Mass.A TRUE COPY Frederick H. Bunker
ATTEST: (Registrar of City or Town where death occurred)

DATE FILED March 22, 1950



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

PLACE OF DEATH

Suffolk
(County)
Whitthorpe
(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. 45

1 No. *34 Surin St.* (If death occurred in a hospital or institution, St. { give its NAME instead of street and number)
2 FULL NAME *Mary F. E. Haskell* (If deceased is a married, widowed or divorced woman, give also maiden name.)
(a) Residence. No. *34 Surin St. Whitthorpe Mass* (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.

PHYSICIAN — IMPORTANT

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

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH *March 23 1950*
(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
Senility
Malnutrition*

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) *35 South Street Boston* Date *3-23-1950*
7 *Hollywood Boston Brookline*
Place of Burial or Cremation.....(City or Town)
DATE OF BURIAL *Mar 27 1950*
8 NAME OF FUNERAL DIRECTOR *Maurice W. Kirby*
ADDRESS *Whitthorpe*

Received and filed.....
MAR 30 1950
(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

9 SEX *Female* 10 COLOR OR RACE *White* 11 SINGLE (write the word) *Single*
MARRIED
WIDOWED
or DIVORCED

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 *51* Years.....Months.....Days If under 24 hours
Hours.....Minutes

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

15 Industry or Business:.....

16 Social Security No.

17 BIRTHPLACE (City).....*Chest. Boston*
(State or country)

18 NAME OF FATHER *Solomon Haskell*

19 BIRTHPLACE OF FATHER (City).....*Maine*
(State or country)

20 MAIDEN NAME OF MOTHER *Anora Murray*

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

22 Informant.....
(Address) *Raymond S. Haskell*

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Walter H. Baper
(Signature of Agent of Board of Health or other)
Health Officer (Official Designation) *7-27-50* (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 supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection 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

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

INSTRUCTIONS
FOR
CERTIFICATE

IN giving
OF DEATH

are not enter
more than one
use for each
(a), (b) and (c)

is does not mean
de of dying, such
failure, ashenia,
means the disease,
lications which
death.

orbid conditions,
giving rise to the
ause (a) stating
underlying cause

ditions contrib-
the death but not
to the disease or
n causing death.

100M-[D]-10-46-24656

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.

46

No. *Winthrop Convalescent Home* St. (If death occurred in a hospital or institution, give its NAME instead of street and number)
2 FULL NAME. *William A. Cruise* (If deceased is a married, widowed or divorced woman, give also maiden name.)
(a) Residence. No. *120 Halton St* St. *East Btwn* (If nonresident, give city or town and State)
Length of stay: In place of death..... years..... months *7* days. In place of residence *81* years..... months..... days.

PHYSICIAN — IMPORTANT
(Was deceased a U. S. War Veteran, if so specify WAR) *None*

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH *March 26 1950*
(Month) (Day) (Year)
4 I HEREBY CERTIFY, That I attended deceased from *July 1 1949* to *March 26 1950*
I last saw him alive on *March 25 1950* death is said to have occurred on the date stated above, at *6:45 A.M.*

DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a) *Carcinoma of urinary bladder*

ANTECEDENT CAUSES
Due To (b) *—*

Due To (c) *—*

OTHER SIGNIFICANT CONDITIONS

Major findings: *Carcinoma of Bladder*
Of operations: *Cystoscopic*
Date of operation: *—* Was autopsy performed? *No*
What test confirmed diagnosis? *Cystoscopes*

5 Was disease or injury in any way related to occupation of deceased?
If so, specify (Signed) *—* M. D. (Address) *—* Date *3-26-50*

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

DATE OF BURIAL *March 29 1950*

7 NAME OF FUNERAL DIRECTOR *Frederick J. Magrath*
ADDRESS *East Btwn*

Received and filed *MAR 30 1950* 19.

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX *Male* 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 *81* Years..... Months..... Days If under 24 hours Hours..... Minutes

13 Usual Occupation: *Operator M.T.G.* (Kind of work done during most of working life)

14 Industry or Business: *Retired*

15 Social Security No. *—*

16 BIRTHPLACE (City) *East Btwn* (State or country) *Mass*

17 NAME OF FATHER *Thomas Cruise*

18 BIRTHPLACE OF FATHER (City) *Cluland* (State or country)

19 MAIDEN NAME OF MOTHER *Joanna Toohy*

20 BIRTHPLACE OF MOTHER (City) *Cluland* (State or country)

21 Informant (Address) *Bladys Miller 120 Halton St E Btwn*

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

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

Walter H. Waver (Official Designation) *3/28/50* (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. 142 Pleasant Street

2 FULL NAME Ella Jane (Bond) Turpin

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

(a) Residence. No. 103 Falcon Street

(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 1 days. In place of residence 38 years..... months..... days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH March 29 1950

(Month)

(Day)

(Year)

4 I HEREBY CERTIFY, That I attended deceased from March 10, 1950, to March 29, 1950.

I last saw him alive on March 27, 1950, death is said to have occurred on the date stated above, at 150 P.M.

DISEASE OR CONDITION
DIRECTLY LEADING

TO DEATH (a) Chronic Myocarditis

INTERVAL BE-
TWEEN ONSET
AND DEATH

2 yrs

ANTE DECENT CAUSES Due To Chronic Nephritis

Due To
(c)

OTHER SIGNIFICANT CONDITIONS Bronchial Asthma

3 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) 175 Pleasant St. Date Mar 29 1950

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

DATE OF BURIAL April 1 1950

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

Received and filed..... APR 7 1950.....19

(Registrar)

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD
CERTIFICATE OF DEATH

Registered No.

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

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

PHYSICIAN — IMPORTANT

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

Length of stay: In place of death..... years..... months 1 days. In place of residence 38 years..... months..... days.

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 John E Turpin

(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 60 Years 0 Months 20 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) Woburn
(State or country) Mass

17 NAME OF FATHER Edward Bond

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

19 MAIDEN NAME OF MOTHER Mary E. Singer

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

21 Informant Robert Turpin
(Address) Winchester 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 only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith 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

INSTRUCTIONS
FOR
CERTIFICATE

In giving
OF DEATH

do not enter
more than one
cause for each
(a), (b) and (c)

his does not mean
mode of dying, such
failure, asthenia,
means the disease,
complications which
death.

orbid conditions,
giving rise to the
cause (a) stating
underlying cause

conditions contrib-
to the death but not
to the disease or
on causing death.

50M-2-19-25666

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 (Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from 1/1/47 to 3/30/50. I last saw him alive on 3/30/50. death is said to have occurred on the date stated above, at 2:15 P.M.

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a)

ANTECEDENT CAUSES Due To (b) (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) (Date) (M. D.)

6 (a) (b) (c) (d) (e) (f) (g) (h) (i) (j) (k) (l) (m) (n) (o) (p) (q) (r) (s) (t) (u) (v) (w) (x) (y) (z)

DATE OF BURIAL (City or Town) (Date) (Year)

7 NAME OF FUNERAL DIRECTOR (Address) (City or Town) (State or Country)

ADDRESS (City or Town) (State or Country)

Received and filed. (Date) (Year)

(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. 48

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

PHYSICIAN — IMPORTANT

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

(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.

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 54 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) (State or country) Lynn Mass

17 NAME OF FATHER Edward Kelly

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

19 MAIDEN NAME OF MOTHER Nora Kelley

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

21 Informant (Address) John P. O'Regan 635 Saratoga St. E. B.

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

(Signature of Agent 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 arcs 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

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

Norfolk
(County)Medfield
(City or Town)

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

Medfield

(City or town making return)

COPY OF
CERTIFICATE OF DEATH

Registered No. 23 49

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

2 FULL NAME Thomas A. Duffy (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. Winthrop (Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death 26 years 2 months 7 days. In place of residence years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH March 10, 1950
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from Mar. 10, 19 27, to Mar. 10, 19 50.

I last saw him alive on Mar. 9, 19 50, death is said to have occurred on the date stated above, 11:05a. m.

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

2/9/50

ANTE CEDENT
CAUSES (b)

Arteriosclerosis

5 yrs

Due To
(c)OTHER SIGNIFICANT
CONDITIONS Dementia praecox

39 yrs

Major findings:
Of operations.

Date of operation. Was autopsy performed? yes

What test confirmed diagnosis? Phys. Lab. & Aut.

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

If so, specify.

(Signed) Grace T. Cragg M. D.
(Address) Medfield, Mass. Date 3/10/ 19 506 Holy Cross Malden, Mass.
Place of Burial or Cremation (City or Town)

DATE OF BURIAL Mar. 14, 1950

7 NAME OF FUNERAL DIRECTOR John F. O. Maley
ADDRESS 79 Atlantic St. Winthrop

Received and filed 19.

APR 14 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 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 64 Years 1 Months 8 Days If under 24 hours Hours Minutes

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

14 Industry or Business:

15 Social Security No. None

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

17 NAME OF FATHER Bartholomew Duffy

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

19 MAIDEN NAME OF MOTHER Katherine O'Rourke

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

21 Informant Medfield St. Hosp. Records (Address)

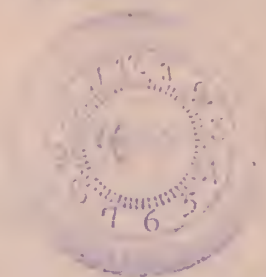
A TRUE COPY

ATTEST: Charles W. Keirstead (Registrar of City or Town where death occurred)

DATE FILED

April 10, 19 50.

RECEIVED



APR 12 1950 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

Suffolk
(County)

Revere
(City or Town)



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.

50

No. Revere Memorial Hosp.

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

2 FULL NAME John P. Kelley
(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 Beacon
(Usual place of abode)

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

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

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH March 10 1950
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from March 3, 1950, to March 10, 1950

I last saw him alive on March 10, 1950, death is said to have occurred on the date stated above, at 10:03 P.m.

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Bronchopneumonia terminal

INTERVAL BETWEEN ONSET AND DEATH
1 day

ANTE CEDENT CAUSES Due To Pulmonary fibrosis old healed

Due To Arteriosclerotic heart disease

OTHER SIGNIFICANT CONDITIONS hypertrophic arthritis

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? No.

If so, specify Joseph Gregorie
(Signed) 200 Washington Ave. 3/11/50
(Address) Winthrop

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

DATE OF BURIAL Mar. 13 1950

7 NAME OF FUNERAL DIRECTOR Maurice W. Kirby
ADDRESS Winthrop

Received and filed APR 25 1950

(Registrars 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 Married

10a If married, widowed, or divorced HUSBAND of Thresa Mellen
(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: Laborer Retired
(Kind of work done during most of working life)

14 Industry or Business: --

15 Social Security No. --

16 BIRTHPLACE (City) Ireland
(State or country)

17 NAME OF FATHER Unknown

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

19 MAIDEN NAME OF MOTHER Unknown

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

21 Informant John P. Kelley
(Address) 24 Underhill St., Winthrop

A TRUE COPY

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

DATE FILED March 15, 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.)

50m-(c)-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

Danvers

(City or town making return)

COPY OF
CERTIFICATE OF DEATH

Registered No. 51

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 Edward P. Meehan
(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. 73 Grover Ave., Winthrop, Mass.
(Usual place of abode)

(If nonresident, give city or town and State)

Length of stay: In place of death 2 years 3 months 19 days. In place of residence years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH March 10 1950
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from
Nov. 19 19 47 to March 10 19 50
I last saw him alive on March 10 19 50, death is said to

have occurred on the date stated above, at 9:05 a.m.

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION
DIRECTLY LEADING TO DEATH (a) Chronic Myocarditis 2 yrs

ANTE CEDENT CAUSES
(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 3/10 19 50

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

DATE OF BURIAL March 13 19 50

7 NAME OF FUNERAL DIRECTOR Maurice W. Kirby
ADDRESS Winthrop, Mass.

Received and filed 19

APR 11 1950

(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 Married (write the word)

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

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

11 IF STILLBORN, enter that fact here.

12 AGE 66 2 9
Years Months Days If under 24 hours Hours Minutes

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

14 Industry or Business:

15 Social Security No.

16 BIRTHPLACE (City) Philadelphia
(State or country) Pennsylvania

17 NAME OF FATHER Patrick Meehan

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

19 MAIDEN NAME OF MOTHER Margaret Boyle

20 BIRTHPLACE OF MOTHER (City) Ireland
(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 March 11 19 50



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.(6)-10-48-24658

PLACE OF DEATH

1



The Commonwealth of Massachusetts

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

(City or town making return)

Registered No. 257652

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

2 FULL NAME Leonard H. V. Stanton (If deceased is a married, widowed or divorced woman, give also maiden name.) (Was deceased a U. S. War Veteran, if so specify WAR) WW 1

(a) Residence. No. 56 Locust St. Winthrop, Mass. (Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death 0 years 0 months 10 days In place of residence 28 years months days

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH March 24, 1950 (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 skull; cerebral contusion and subdural hematoma; Pulmonary embolism; Head injury incurred in accidental fall downstairs at home

5 Accident, suicide, or homicide (specify) accident Date and hour of injury 6:30 PM 19 3/10/50

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 Fall downstairs (How did injury occur?)

Nature of Injury Fracture of skull

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 Luongo M. D. (Address) Boston Date 3/24/50

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

DATE OF BURIAL March 27, 1950 19

8 NAME OF FUNERAL DIRECTOR Richard C. Kirby

ADDRESS Boston

Received and filed APR 22 1950 19

(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

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

11a If married, widowed, or divorced HUSBAND of Mildred A. Hodgkins (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 5 Months 20 Days If under 24 hours Hours Minutes

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

15 Industry or Business: U.S. Gov't arsenal

16 Social Security No. 039-09-6960

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

18 NAME OF FATHER Patrick Stanton

19 BIRTHPLACE OF FATHER (City) CBL (State or country) North Carolina

20 MAIDEN NAME OF MOTHER Henrietta McIntyre

21 BIRTHPLACE OF MOTHER (City) Prince Edward Island (State or country) Canada

22 Informant Mrs. Mildred A. Stanton (Address)

A TRUE COPY Charles A. Stanton

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

DATE FILED March 28, 1950 19

RECEIVED



APR 22 1960 PM

Date of Entering Military Service 3-26-17
Date of Discharge 3-25-19
Rank, Rating Watertender
Organization and outfit U.S. Navy
Service number 193-84-65

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.)

25m-(b)-11-49-900,475

PLACE OF DEATH

SUFFOLK

(County)

BOSTON

(City or Town)



The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH

DIVISION OF VITAL STATISTICS

COPY OF

CERTIFICATE OF DEATH

BOSTON

(City or town making return)

Registered No. 2632 53

No. Palmer Memorial Hospital

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

2 FULL NAME Domenica Marmino

(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. 85 Quincy Ave

(Usual place of abode)

St. Winthrop, Mass.

(If nonresident, give city or town and State)

Length of stay: In place of death. 37 days. In place of residence 30 years. months. days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH March 25 1950
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from 2-16 1950, to 3-25 50

I last saw her alive on 3-24 1950, death is said to

have occurred on the date stated above, at 1:40 A. m.

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Metastatic Cancer of Brain

INTERVAL BETWEEN ONSET AND DEATH

6 mos

ANTE CEDENT CAUSES Due To Cancer of breast 2 yrs

Due To (c)

OTHER SIGNIFICANT CONDITIONS Acute cystitis 6 weeks

Major findings: Cancer of right breast

Of operations. 1948 Was autopsy performed? yes

Date of operation. 1948 What test confirmed diagnosis? Path. exam.

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

If so, specify

(Signed) William Stevens (Address) Longwood Ave. Date 3/25/50

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

DATE OF BURIAL March 28, 1950

7 NAME OF FUNERAL DIRECTOR Maurice W. Kirby Winthrop ADDRESS

Received and filed APR 22 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 Married

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

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

11 IF STILLBORN, enter that fact here.

12 AGE 63 Years Months Days If under 24 hours Hours Minutes

13 Usual Occupation: Home (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 Santo Pino

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

19 MAIDEN NAME OF MOTHER Poala Urbano

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

21 Informant John Marmino (Address)

A TRUE COPY

ATTEST: Charles A. Inack (Registrar of City or Town where death occurred)

DATE FILED MARCH 29, 1950 19

RECEIVED



APR 22 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.)

25m-(b)-11-49-900,475

PLACE OF DEATH

SUFFOLK

(County)

BOSTON

(City or Town)



The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH

DIVISION OF VITAL STATISTICS

COPY OF

CERTIFICATE OF DEATH

BOSTON

(City or town making return)

Registered No. 2790

54

No. New England Center Hospitals

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

2 FULL NAME Ann Long

(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. 28 Washington Ave.

(Usual place of abode)

St. Winthrop

(If nonresident, give city or town and State)

Length of stay: In place of death. years. months. 52 days. In place of residence 1 years. 6 months. days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH March 29, 1950

(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from Feb. 3, 1950, to March 29, 1950.

I last saw her alive on March 29, 1950, death is said to

have occurred on the date stated above, at 4:55 P. m.

INTERVAL BETWEEN ONSET AND DEATH

6 mo

DISEASE OR CONDITION

DIRECTLY LEADING

TO DEATH (a) Adeno Carcinoma

stomach with liver metastases

ANTE CEDENT (b) Due To

CAUSES

Due To

(c)

OTHER

SIGNIFICANT

CONDITIONS

Major findings:

Of operations.

Date of operation. Was autopsy performed? yes

What test confirmed diagnosis? Needle biopsy of liver

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

If so, specify

(Signed) Wm. A. Hodges Jr. M. D.

(Address) New Eng. Center Hos 3/29/50

6 Forest Hills Crem. Boston

Place of Burial or Cremation (City or Town)

DATE OF BURIAL 3/31/50 19

7 NAME OF FUNERAL DIRECTOR Benjamin Solomon

ADDRESS Brookline

Received and filed. APR 22 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 Widowed

10a If married, widowed, or divorced

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

(or) WIFE of Max Long (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: Housewife (Kind of work done during most of working life)

14 Industry or Business:

15 Social Security No. none

16 BIRTHPLACE (City) Russia (State or country)

17 NAME OF FATHER Jacob Schwartz

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

19 MAIDEN NAME OF MOTHER Rose (unknown)

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

21 Informant (Address) Florence Wagman

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

DATE FILED April 4, 1950 19

RECEIVED



APR 22 1960 PM

INSTRUCTIONS
FOR
CERTIFICATE

IN giving
OF DEATH

do not enter
more than one
use for each
(a), (b) and (c)

his does not mean
of dying, such
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.

PLACE OF DEATH

Suffolk
(County)
Winthrop
(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. *55*

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

2 FULL NAME *Leonard Cates*
(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. *55 Bellevue 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 *25* years. months. days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH *April 2, 1950*
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from
April 1, 1950 to April 2, 1950
I last saw him alive on *April 2, 1950* death is said to

have occurred on the date stated above, at *12 Noon*
DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a) *Bronchopneumonia 2 day*

INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES (b) *Cardiac Decompensation?*

Due To (c) *Arteriosclerosis*

OTHER SIGNIFICANT CONDITIONS *Malnutrition*

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. N. Caplan M.D.*

(Address) *186 Princeton St. C.B.* Date *4-2-50*

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

DATE OF BURIAL *April 5* 19 *50*

7 NAME OF FUNERAL DIRECTOR *Howard S. Reynolds*

ADDRESS *Winthrop Mass*

Received and filed *APR 10 1950* 19

(Registrar)

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 *Ida Pearl Palmer*
(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 *4* Months *2* Days If under 24 hours Hours Minutes

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

14 Industry or Business: *Mens Clothing*

15 Social Security No. *024-16-6907*

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

17 NAME OF FATHER *Loring Cates*

18 BIRTHPLACE OF FATHER (City) *Curtis*
(State or country) *Maine*

19 MAIDEN NAME OF MOTHER *Almyra Tibbetts*

20 BIRTHPLACE OF MOTHER (City) *Addison*
(State or country) *Maine*

21 Informant *Mary I. Cates*
(Address) *124 Brooks St. W. Medford*

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) *4/8/50* (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

Suffolk
(County)

Winthrop
(City or Town)

No. Winthrop Community Hospital

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

(a) Residence. No. 34 Thornton Park
(Usual place of abode)

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

Registered No.

56

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 years months 7 days. In place of residence 50 years months days.

INSTRUCTIONS FOR AL CERTIFICATE

in giving OF DEATH

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

is does not mean de of dying, such 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.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH April 5, 1950
(Month) (Day) (Year)

4 I HEREBY CERTIFY. That I attended deceased from about Oct 27, 1947 to April 5, 1950

I last saw him alive on April 5, 1950 death is said to

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

DISEASE OR CONDITION

DIRECTLY LEADING

TO DEATH (a) Carcinoma right lung 2 1/2 yrs

INTERVAL BETWEEN ONSET AND DEATH

ANTE CEDENT CAUSES

(b) Chronic vascular heart disease with cardiac de- 2 1/2 yrs

(c) Chronic pleurisy, poster- 2 1/2 yrs

OTHER

SIGNIFICANT

CONDITIONS Pulmonary asthma lifetime

Chronic arthritis about 6 years

Major findings: NONE

Of operations: NONE

Date of operation: Was autopsy performed? NONE

What test confirmed diagnosis? CLINICAL

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

If so, specify

(Signed) Sybil W. Dickinson M. D.
(Address) Winthrop, Mass. Date of issue 5, 1950

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

DATE OF BURIAL April 8, 1950

7 NAME OF FUNERAL DIRECTOR Alfred B. Marsh

ADDRESS 174 Winthrop St, Winthrop, Mass.

Received and filed... APR 20 1950

(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.

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 Agnes Eunice Abbott
(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 11 Months 27 Days If under 24 hours Hours Minutes

13 Usual Occupation Pres and Treas J. A. Kelso Co.
(Kind of work done during most of working life)

14 Industry or Business: Storage Warehouse

15 Social Security No 028-05-7472

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

17 NAME OF FATHER James Larkin

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

19 MAIDEN NAME OF MOTHER Rachel Warnock

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

21 Informant Mrs. Agnes Larkin (Address) 34 Thornton Park, 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)

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

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

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

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

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or 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)
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. 57

No. 362 Shirley St. { (If death occurred in a hospital or institution,
give its NAME instead of street and number)

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

(a) Residence. No. 362 Shirley St. (If nonresident, give city or town and State)
(Usual place of abode)

Length of stay: In place of death. 25 years.....months.....days. In place of residence 25 years.....months.....days.

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

INSTRUCTIONS
FOR
FILLING OUT
THIS CERTIFICATEIn giving
PLACE OF DEATH

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

does not mean
of dying, such
as failure, asthenia,
means the disease,
indications which
lead to death.

Under conditions,
giving rise to the
disease (a) stating
underlying cause

Under conditions contrib-
uting to the death but not
causing the disease or
causing death.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH April 8 1950
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from
February 1950, to April 8, 1950

I last saw her alive on April 8, 1950, death is said to
have occurred on the date stated above, at 7:30 P. M.

DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a) Carcinoma of the
gallbladder.

INTERVAL BE-
TWEEN ONSET
AND DEATH
2 years

ANTECEDENT
CAUSES
(b)

Due To
(c)

OTHER
SIGNIFICANT CONDITIONS
Carcinomatosis

Major findings:
Of operations Carcinoma of gallbladder

Date of operation 1948 Was autopsy performed? No

What test confirmed diagnosis? Pathologic Study

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

If so, specify

(Signed) Rose Greenfield M. D.
(Address) 447 Shirley St. Waltham Date 4-8-1950

6 Place of Burial or Cremation Obel Jacob Cohn - Woburn
(City or Town)

DATE OF BURIAL April 9, 1950

7 NAME OF FUNERAL DIRECTOR Hyman & Tof
ADDRESS 151 Washington Ave. Chelsea

Received and filed. APR 20 1950 19

(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 Harry Boiarsky
(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: Housewife
(Kind of work done during most of working life)

14 Industry or Business: none

15 Social Security No. none

16 BIRTHPLACE (City). Russia
(State or country)

17 NAME OF FATHER Simon Rubin

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

19 MAIDEN NAME OF MOTHER Jennie Goldie (c. b. l.)

20 BIRTHPLACE OF MOTHER (City). Russia
(State or country)

21 Informant (Address) Samuel H. Boiarsky
29 Levee St. Boston

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

Walter W. Baber

(Signature of Agent of Board of Health or other)

H. O. (Official Designation)

Apr. 8, 1950 (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

1

2 FULL NAME

(a) Residence. No.

(Usual place of abode)

Length of stay: In place of death 55 years months days. In place of residence 55 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH April 8 1950
(Month) (Day) (Year)

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

I last saw him alive on April 8, 1950. Death is said to have occurred on the date stated above, at 7:15 P.M.

DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a) coronary embolism

ANTE CEDENT CAUSES
(b)

Due To (c) M.E. wound
fracture

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

7 NAME OF FUNERAL DIRECTOR

ADDRESS

Received and filed

APR 10 1950

(Registrar)



The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD
CERTIFICATE OF DEATH

Registered No.

58

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,
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 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 Months Days If under 24 hours Hours Minutes

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

14 Industry or Business: Real Estate

15 Social Security No. None

16 BIRTHPLACE (City) (State or country) Canada

17 NAME OF FATHER Michael Cusack

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

19 MAIDEN NAME OF MOTHER Mary O'Brien

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

21 Informant (Address) Mary B. McKeon

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

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

Health Officer (Official Designation) 4/10/50 (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).

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

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

PLACE OF DEATH

Su Folk
(County)Winthrop
(City or Town)

No.

Winthrop Community Hospital

2 FULL NAME

John H. Steele

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

(a) Residence. No.

112 Washington Ave Winthrop

(Usual place of abode)

Length of stay: In place of death.....years.....months.....days. In place of residence. 60 years.....months.....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH

April - 8 - 1950
(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 including
Compound fractures Lt lower leg.
Fractured Pelvis
Internal Injuries.

5 Accident, suicide, or homicide (specify)

Presumably accidental

Date and hour of injury

Apr - 8 - 1950

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?

Highway -

Manner of

injury

Injured by an auto at Winthrop

Nature of

injury

Apr - 8 - 1950

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
Place of Burial, or Cremation

(City or Town)

DATE OF BURIAL

Apr 12 1950

8 NAME OF FUNERAL DIRECTOR

Maurice H. Ruby

ADDRESS

Winthrop

Received and filed

19

(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.

59

(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

9 SEX

10 COLOR OR RACE

11 SINGLE (write the word)

Male

White

MARRIED
WIDOWED
or DIVORCED Married

11a If married, widowed, or divorced

HUSBAND of

Claybrook Paquet

(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

Minutes

14 Usual

Occupation:

Carpenter

(Kind of work done during most of working life)

15 Industry

or Business:

Self

16 Social Security No.

17 BIRTHPLACE (City)

(State or country)

Prine Edward Island

18 NAME OF FATHER

John Steele

19 BIRTHPLACE OF FATHER (City)

(State or country)

P. C. I.

20 MAIDEN NAME OF MOTHER

Jenette McQuiliffe

21 BIRTHPLACE OF MOTHER (City)

(State or country)

P. C. I.

22

Informant

(Address)

Mrs. John H. Steele
112 Wash. 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 E. Baker

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

4/11/50

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 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. 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.

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

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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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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. 87 Winthrop Shore Drive

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

2 FULL NAME

Mrs Florence Cavaleri (MacWilliams)

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

(a) Residence. No.

(Usual place of abode)

87 Winthrop Shore Drive Winthrop

(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.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH

April - 9 - 1950
(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.)

Gas poisoning

5 Accident, suicide, or homicide (specify)

Suicidal

Date and hour of injury April - 9 - 1950

Where did

Injury occur?

Winthrop

(City or town and State)

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

(Specify type of place)

Manner of

Injury

Found dead in her gas filled apartment

(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)

(A dress)

Mr. J. Breiller

M. D.

B. Breiller

Apr. - 10 - 1950

7 Belfast Cemetery, Belfast P.E.I. (Canada)

Place of Burial, or Cremation.

DATE OF BURIAL

April 14 1950

8 NAME OF FUNERAL DIRECTOR

Walter H. Baker

ADDRESS

Waltham, Mass.

Received and filed

APR 16 1950

(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.

60

PHYSICIAN — IMPORTANT

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

PERSONAL AND STATISTICAL PARTICULARS

9 SEX
F10 COLOR OR RACE
W11 SINGLE (write the word)
MARRIED Married
WIDOWED
or DIVORCED

11a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

Henry B. Cavaleri

(Husband's name in full)

12 IF STILLBORN, enter that fact here.

13

AGE 34 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:

At Home

16 Social Security No.

811-24-0832

17 BIRTHPLACE (City)

Prince Edward Island

(State or country)

Canada

18 NAME OF FATHER

Alexander MacWilliams

19 BIRTHPLACE OF FATHER (City)

Prince Edward Island

(State or country)

Canada

20 MAIDEN NAME OF MOTHER

Isabel MacWilliams (O.K.)

21 BIRTHPLACE OF MOTHER (City)

Prince Edward Island

(State or country)

Canada

22

Informant

(Address)

Henry B. Cavaleri

87 Shore Drive, Winthrop Mass

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

Walter H. Baker

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

4/10/50

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

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SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

PLACE OF DEATH

1

Suffolk

(County)

Wintthrop

(City or Town)

No. 48 Wiltshire St.

2 FULL NAME

Frederick W. E. Farrand

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

(a) Residence. No.

48 Wiltshire St. Wintthrop

(Usual place of abode)

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

61

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

PHYSICIAN — IMPORTANT

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

(If nonresident, give city or town and State)

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH April — 12 — 1950
(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.)acute Cardiac Failure:
Probably Coronary Sclerosis;
gen. Arterio 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

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)

M. D.

(A dress)

7 PLACE OF BURIAL, or CREMATION.

(City or Town)

DATE OF BURIAL

1950

8 NAME OF FUNERAL DIRECTOR

ADDRESS

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

APR 17 1950

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

9 SEX Male 10 COLOR OR RACE White 11 SINGLE (write the word)
MARRIED
WIDOWED
or DIVORCED Married11a If married, widowed, or divorced
HUSBAND of William J. Jacobs
(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..... Months..... Days If under 24 hours
Hours..... Minutes14 Usual Occupation: Photo Engraver
(Kind of work done during most of working life)

15 Industry or Business: Book Globe Newspaper

16 Social Security No.

17 BIRTHPLACE (City) East Boston
(State or country)

18 NAME OF FATHER William Farrand

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

20 MAIDEN NAME OF MOTHER Emily Parker

21 BIRTHPLACE OF MOTHER (City) England
(State or country)22 Informant: Mrs. Helen Farrand
(Address) 48 Wiltshire 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)

(Date of Issue of Permit)

EXTRACTS
FROM THE LAWS OF THE

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GOVERNING THE

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SPACE FOR ADDITIONAL INFORMATION.....

DATE OF ENTERING MILITARY SERVICE.....

DATE OF DISCHARGE.....

RANK, RATING.....

ORGANIZATION AND OUTFIT.....

SERVICE NUMBER.....

PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)

No. 26 Elmwood Ave.



The Commonwealth of Massachusetts

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

Registered No. 62

(If death occurred in a hospital or institution,
St. { give its NAME instead of street and number)2 FULL NAME. George Ephriam Safford
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT

(Was deceased a
U. S. War Veteran,
if so specify WAR)(a) Residence. No. 26 Elmwood Ave.
(Usual place of abode)

(If nonresident, give city or town and State)

Length of stay: In place of death 38 years months days. In place of residence 78 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
terly ing causeditions contrib-
he death but not
o the disease or
causing death.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH April 17 1950
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
April 17 1950 to April 17 1950

I last saw him alive on April 17 1950, death is said to

have occurred on the date stated above, at 7:20 P.M.

DISEASE OR CONDITION

DIRECTLY LEADING TO DEATH (a) Coronary Occlusion

INTERVAL BE-
TWEEN ONSET
AND DEATH

3 hrs

ANTE Due To
CEDENT (b) Generalized
CAUSES arterio-Due To
(c) sclerosisOTHER
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) Arthur C. Murray M. D.
(Address) Winthrop, Mass Date April 18 19506 Winthrop Winthrop
Place of Burial or Cremation (City or Town)

DATE OF BURIAL April 20 1950

7 NAME OF FUNERAL DIRECTOR Edward S. Reynolds

ADDRESS Winthrop, Mass.

Received and filed APR 24 1950 19

(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 Emma 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 77 Years 6 Months 4 Days If under 24 hours
Hours Minutes13 Usual Occupation: Contractor Builder
(Kind of work done during most of working life)

14 Industry or Business: House

15 Social Security No. None

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

17 NAME OF FATHER George F Safford

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

19 MAIDEN NAME OF MOTHER Mary Cameron

20 BIRTHPLACE OF MOTHER (City) Nova Scotia
(State or country)21 Informant Syliva Wade
(Address) 35 Loring Rd. Weston, MassI 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) 4/20/50

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 only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith 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. Winthrop Hospital

2 FULL NAME

Louis E. Witter

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

(a) Residence. No.

37 Lawrence Road

(Usual place of abode)

St.

Medford

(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
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,
lications which
death.orbid conditions,
giving rise to the
cause (a) stating
underlying causenditions contrib-
the death but not
to the disease or
n causing death.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF
DEATH

April

17

1950

(Month)

(Day)

(Year)

4 I HEREBY CERTIFY, That I attended deceased from

April 3

1950

to April 17

1950

I last saw him alive on April 16, 1950, death is said to

have occurred on the date stated above, at 6:38 A.M.

DISEASE OR CONDITION

DIRECTLY LEADING TO DEATH (a) Coronary Thrombosis

INTERVAL BE-
TWEEN ONSET
AND DEATH

17 days

ANTE
CEDENT
CAUSES

Due To

Old Coronary

(b)

Thrombosis

Due To

Coronary Sclerosis

(c)

Oct 28

1949.

5 yrs

OTHER
SIGNIFICANT
CONDITIONSMajor findings:
Of operations.....

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

What test confirmed diagnosis? EKG.

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

If so, specify

(Signed)

(Address) 122 Denning Ter. St. B. 4/17

M. D.

1950

6

Place of Burial or Cremation

Medford

(City or Town)

DATE OF BURIAL

April

19

1950

7 NAME OF
FUNERAL DIRECTOR

Joseph Russo

ADDRESS

42 Green St. Boston

Received and filed..... 19.

APR 24 1950

(Registrar)

The Commonwealth of Massachusetts

EDWARD J. CRONIN, SECRETARY

DIVISION OF VITAL STATISTICS

STANDARD
CERTIFICATE OF DEATHTo be filed for burial permit
with Board of Health
or its Agent.

Registered No.

63

{(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

INSTRUCTIONS
FOR
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,
lications which
death.orbid conditions,
giving rise to the
cause (a) stating
underlying causenditions contrib-
the death but not
to the disease or
n causing death.

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 Alfreda Forzese

(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:

Photographer

(Kind of work done during most of working life)

14

Industry

or Business:

Self

15

Social Security No.

none

16

BIRTHPLACE (City)

(State or country)

Italy

17 NAME OF

FATHER

Andrew Witter

18

BIRTHPLACE OF

FATHER (City)

(State or country)

Italy

19

MAIDEN NAME

OF MOTHER

Antonette-unknown

20

BIRTHPLACE OF

MOTHER (City)

(State or country)

Italy

21

Informant

(Address)

Mrs. Alfreda Witter

37 Lawrence Rd. 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. Baker

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

4/18/50

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 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

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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

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

X

PLACE OF DEATH

Middlesex

(County)

1

Arlington

(City or Town)

Ring Sanatorium & Hosp.-163 Hillside Avenue

No.



The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

Arlington

(City or town making return)

COPY OF

CERTIFICATE OF DEATH

Registered No. 149 64

2 FULL NAME

Charles L. Hazelton

(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.

245 Cottage Park 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.....days. In place of residence.....years.....months.....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH

April

18

1950

(Month)

(Day)

(Year)

4 I HEREBY CERTIFY, That I attended deceased from

Feb. 21, 19 50, to April 18, 19 50.

I last saw him alive on April 17, 19 50.

death is said to have occurred on the date stated above, at 4:45A. m.

DISEASE OR CONDITION

DIRECTLY LEADING

TO DEATH (a).

Broncho pneumonia

ANTE CEDENT CAUSES

Due To

Cardio vascular

(b)

Disease

Due To

(c)

OTHER SIGNIFICANT CONDITIONS

Left Hemiplegia

INTERVAL BETWEEN ONSET AND DEATH

5 dys

Unknown

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)

(Address)

Charles E. White

163 Hillside Ave.

Date

4-18-

19 50

6 Holy Cross

Place of Burial or Cremation

Malden

(City or Town)

DATE OF BURIAL

April

20

19 50

7 NAME OF FUNERAL DIRECTOR

Richard C. Kirby

ADDRESS

11 Bennington St., E. Boston

Received and filed.....

MAY 9 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

or DIVORCED

Married

10a If married, widowed, or divorced

HUSBAND of

Mae Clair Berry

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE

63

Years

8

Months

22

Days

If under 24 hours

Hours..... Minutes

13 Usual Occupation:

Stevadore

(Kind of work done during most of working life)

14 Industry or Business:

Business

15 Social Security No.

034-24-4519

16 BIRTHPLACE (City)

Nova Scotia

(State or country)

Canada

17 NAME OF FATHER

Charles L. Hazelton

18 BIRTHPLACE OF FATHER (City)

Digby

(State or country)

Nova Scotia, Canada

19 MAIDEN NAME OF MOTHER

Mary Ellen Ross

20 BIRTHPLACE OF MOTHER (City)

New Brunswick

(State or country)

Nova Scotia, Canada

21 Informant (Address)

Mae Clair Berry Hazelton-Wife

245 Cottage Park Rd., Winthrop

A TRUE COPY

ATTEST:

(Registrar of City or Town where death occurred)

DATE FILED

April

20

19 50



PLACE OF DEATH

SUFFOLK

(County)

Boston

(City or Town)



The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH

DIVISION OF VITAL STATISTICS

COPY OF

CERTIFICATE OF DEATH

Boston

(City or town making return)

Registered No. 3420 65

No. Carney Hospital

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

2 FULL NAME James H. Jenness

(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 Cora

St. Winthrop

(If nonresident, give city or town and State)

Length of stay: In place of death. years. months. 4 days. In place of residence 30 years. months. days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH April 18, 1950

(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from April 14, 50 to April 18, 50

I last saw him alive on April 18, 1950 death is said to

have occurred on the date stated above, at 1:30P m.

DISEASE OR CONDITION

DIRECTLY LEADING

TO DEATH (a) Uremia due to renal failure

INTERVAL BETWEEN ONSET AND DEATH

1 wk

ANTE CEDENT CAUSES Due To associated with cardiac decompensation

Due To arteriosclerotic heart disease

OTHER SIGNIFICANT CONDITIONS Arterial thrombosis approx 6 days ft. lower extremity

Major findings: no operation

Of operations. 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) James Ferrucci M. D.

(Address) Carney Hosp. Date April 18, 50

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

DATE OF BURIAL April 21, 1950 19

7 NAME OF FUNERAL DIRECTOR John O'Maley

ADDRESS Winthrop

Received and filed. 19

APR 27 1950

(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

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

Male White MARRIED WIDOWED or DIVORCED Widowed

10a If married, widowed or divorced HUSBAND of Julia Murphy

(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 Meter man (Kind of work done during most of working life)

14 Industry or Business Consolidated Gas Co.

15 Social Security No.

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

17 NAME OF FATHER Samuel Jenness

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

19 MAIDEN NAME OF MOTHER Belle Daly

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

21 Informant Irene Jenness (Address)

A TRUE COPY

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

DATE FILED APRIL 24, 1950 19



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.

66

Registered No.

No. 241 Washington Ave St. { (If death occurred in a hospital or institution,
give its NAME instead of street and number)

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

PHYSICIAN — IMPORTANT

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

(a) Residence. No. 241 Washington Ave 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 years months days.

INSTRUCTIONS
FOR
CERTIFICATE

in giving
E OF DEATH

not enter
more than one
cause 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 cause

ditions contrib-
the death but not
o the disease or
a causing death.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH April 18 1950
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from
May 29, 1948, to April 18, 1950.

I last saw him alive on April 18, 1950, death is said to
have occurred on the date stated above, at 7:20 A. M.

DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a) Congestive heart failure

INTERVAL BE-
TWEEN ONSET
AND DEATH

? 5 years

ANTE Due To
CEDENT (b)
CAUSES

Due To
(c)

OTHER
SIGNIFICANT
CONDITIONS
Angina pectoris

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 447 Shirley St Woburn 4-18 1950

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

DATE OF BURIAL April 21 1950

7 NAME OF
FUNERAL DIRECTOR Frederick J. Magrath

ADDRESS East Boston

Received and filed APR 24 1950

(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 Edna M. Telford
(Give maiden name of wife in full)

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

11 IF STILLBORN, enter that fact here.

12 AGE 54 Years Months Days If under 24 hours
Hours Minutes

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

14 Industry or Business: Penal Dept

15 Social Security No.

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

17 NAME OF FATHER Timothy O'Keefe

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

19 MAIDEN NAME OF MOTHER Mary Glavin

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

21 Informant Edna M. O'Keefe
(Address) 241 Washington 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 J. Baker
(Signature of Agent of Board of Health or other)

Health Officer 4/20/50
(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).

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SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

Sept 23 1917
Feb 28 1919
Private
1st Co Cavalry 1st Gr Infantry Co B 11th M. G. Bn
165-6364

INSTRUCTIONS
FOR
MEDICAL CERTIFICATE

In giving
USE OF DEATH

do not enter
more than one
cause for each
(a), (b) and (c)

This does not mean
mode of dying, such
as heart failure, asthenia,
etc. means the disease,
or complications which
led to death.

Morbid conditions,
if giving rise to the
cause (a) stating
underlying cause

Conditions contrib-
uting to the death but not
causal to the disease or
condition causing death.

50m-(b)-11-49-090,560

PLACE OF DEATH		The Commonwealth of Massachusetts		EDWARD J. CRONIN		SECRETARY OF THE COMMONWEALTH		DIVISION OF VITAL STATISTICS		To be filed for burial permit with Board of Health or its Agent.	
1		Suffolk (County)		Winthrop (City or Town)		STANDARD		CERTIFICATE OF DEATH		Registered No. 67	
2 FULL NAME.		Bay View Nursing Home		FLORENCE MARGIL		(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.		55 Wave Way Ave.		Winthrop		(Usual place of abode)		(If nonresident, give city or town and State)			
Length of stay: In place of death		2 years		8 months		13 days		In place of residence		12 years months days	
MEDICAL CERTIFICATE OF DEATH						PERSONAL AND STATISTICAL PARTICULARS					
3 DATE OF DEATH						8 SEX		9 COLOR OR RACE		10 SINGLE (write the word)	
April 20, 1950						Female		White		MARRIED WIDOWED or DIVORCED Widowed	
4 I HEREBY CERTIFY, That I attended deceased from January 19 40. to April 20, 1950.						10a If married, widowed, or divorced					
I last saw her alive on April 20, 1950, death is said to have occurred on the date stated above, at 12:00 A.M.						HUSBAND of (Give maiden name of wife in full)					
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Uremia						(or) WIFE of Simon Margil (Husband's name in full)					
INTERVAL BETWEEN ONSET AND DEATH 1 wk.						11 IF STILLBORN, enter that fact here.					
ANTECEDENT CAUSES (b) Chronic Hepatitis 3 yrs.						12 AGE 83 Years Months Days If under 24 hours Hours Minutes					
Due To (c) Generalized Atherosclerosis, 10 yrs.						13 Usual Occupation: House-wife (Kind of work done during most of working life)					
OTHER SIGNIFICANT CONDITIONS Atherosclerotic heart disease 10 yrs.						14 Industry or Business: At home					
Major findings: Of operations...						15 Social Security No.					
Date of operation: Was autopsy performed? No						16 BIRTHPLACE (City) (State or country) Russia					
What test confirmed diagnosis: Clinical & laboratory						17 NAME OF FATHER Pinkus Guss					
5 Was disease or injury in any way related to occupation of deceased? No						18 BIRTHPLACE OF FATHER (City) (State or country) Russia					
If so, specify (Signed) Charles Liberman M. D. (Address) 26 Wave Way Ave. Date 4/29/50						19 MAIDEN NAME OF MOTHER Sarah (unknown)					
6 Place of Burial or Cremation Dorchester, Helping Hand (City or Town) Everett						20 BIRTHPLACE OF MOTHER (City) (State or country) Russia					
DATE OF BURIAL April 20, 1950						21 Informant Samuel Margil (Address) 43 Maple St., Roxbury					
7 NAME OF FUNERAL DIRECTOR Henry Levine ADDRESS 470 Harvard St., Brookline						I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:					
Received and filed APR 24 1950 (Registrar)						Walter E. Baker (Signature of Agent of Board of Health or other) (Official Designation) Health Officer (Date of Issue of Permit) 4/20/50					

EXTRACTS

FROM THE LAWS OF THE

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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

EXTRACTS

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GOVERNING THE

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SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

PLACE OF DEATH

Suffolk
(County)

Winthrop

(City or Town)

No. 35 Fremont Street

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

2 FULL NAME Eva Melvina Corinha

(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. Corinha Beach

(Usual place of abode)

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

Length of stay: In place of death years months 14 days. In place of residence 75 years months days.

INSTRUCTIONS
FOR
CAL CERTIFICATEIn giving
SE OF DEATHo not enter
ore than one
use for each
a), (b) and (c)his does not mean
ode of dying, such
rt failure, asthenia,
means the disease,
mplications which
death.orbid conditions,
giving rise to the
cause (a) stating
nderlying causeonditions contrib-
o the death but not
to the disease or
on causing death.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH April 23, 1950

(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from

April 18 19 50 to April 23 19 50

I last saw her alive on April 23 19 50, death is said to

have occurred on the date stated above, at 3:00 P. m.

DISEASE OR CONDITION

DIRECTLY LEADING

TO DEATH (a) Cerebral Thrombosis

INTERVAL BE-
TWEEN ONSET
AND DEATH

7 days

ANTE Due To
CEDENT (b) Generalized arterio-
CAUSES sclerosisDue 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? no

If so, specify

(Signed) M. D.

(Address) Date 24 April 1950

6 Winthrop Cemetery Winthrop

Place of Burial or Cremation (City or Town)

DATE OF BURIAL April 25 1950 19

7 NAME OF
FUNERAL DIRECTOR Alfred B. Marsh

ADDRESS 174 Winthrop St, Winthrop

Received and filed MAY 2 1950 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. 69

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 William Corinha
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 75 Years 5 Months 17 Days If under 24 hours
Hours Minutes13 Usual Occupation: at home
(Kind of work done during most of working life)

14 Industry or Business: housewife

15 Social Security No. none

16 BIRTHPLACE (City) Winthrop
(State or country) Mass.17 NAME OF
FATHER George Bemis18 BIRTHPLACE OF
FATHER (City) Weston
(State or country) Mass.19 MAIDEN NAME
OF MOTHER Sarah Melvina20 BIRTHPLACE OF
MOTHER (City) Weston
(State or country) Mass.21 Informant Charles W. Fullerton
(Address) 35 Fremont 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) 4/24/50

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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).

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)



The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD
CERTIFICATE OF DEATH

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

Registered No. *70*

1 No. *71 Washington Ave (Bay View Rest)* St. { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME *Eva H. (Chamberlin) Thompson* { **PHYSICIAN — IMPORTANT**
(If deceased is a married, widowed or divorced woman, give also maiden name.) { (Was deceased a U. S. War Veteran, if so specify WAR)

(a) Residence. No. *817 Shirley St.* St. (If nonresident, give city or town and State)

Length of stay: In place of death *7* years *7* months *7* days. In place of residence *47* years *7* months *7* days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH *April 24, 1950*
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from *March 10, 1950* to *April 3, 1950*

I last saw her alive on *April 22, 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) *Pneumo - Pneumonia*

ANTECEDENT CAUSES
Due To (b) *Carcinoma of breast*

Due To (c)

OTHER SIGNIFICANT CONDITIONS *none*

Major findings:
Of operations *none*

Date of operation *none* Was autopsy performed? *no*

What test confirmed diagnosis? *Clinical 51995*

5 Was disease or injury in any way related to occupation of deceased? *no*
If so, specify *no*
(Signed) *J. H. Quinn M.D.*
(Address) *Winthrop* Date *April 24, 1950*

6 Place of Burial or Cremation *Winthrop Cemetery, Winthrop* (City or Town)
DATE OF BURIAL *April 27, 1950*

7 NAME OF FUNERAL DIRECTOR *Maurice H. Kirby*
ADDRESS *210 Winthrop St. Winthrop*

Received and filed *MAY 2 1950*
(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

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

10a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full)
(or) WIFE of *Joseph F. Thompson* (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE *84* Years *84* Months *84* Days If under 24 hours *84* Hours *84* Minutes

13 Usual Occupation: *House work*
(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) *Mass*

17 NAME OF FATHER *Samuel Chamberlin*

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

19 MAIDEN NAME OF MOTHER *Unknown*

20 BIRTHPLACE OF MOTHER (City) (State or country) *N.Y.*

21 Informant (Address) *Mrs. Stephen D. McCallum 817 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) *4/25/50*

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 only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith 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

EDWARD J. CRONIN, SECRETARY
DIVISION OF VITAL STATISTICS

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

STANDARD
CERTIFICATE OF DEATH

Registered No.

71

PLACE OF DEATH

Suffolk
(County)

Winthrop
(City or Town)

No. 26 Beacon St.

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

2 FULL NAME. Olive Regina Irons
(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. 26 Beacon St.
(Usual place of abode)

(If nonresident, give city or town and State)

Length of stay: In place of death 25 years months days. In place of residence 25 years months days.

INSTRUCTIONS
FOR
MEDICAL CERTIFICATE

In giving
USE OF DEATH

do not enter
more than one
cause for each
(a), (b) and (c)

This does not mean
mode of dying, such
heart failure, asthenia,
means the disease,
implications which
death.

Morbid conditions,
giving rise to the
cause (a) stating
underlying cause

Conditions contrib-
to the death but not
to the disease or
ion causing death.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH April 28, 1950
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from
July 1943 to April 28, 1950
I last saw her alive on 4/28/1950 death is said to
have occurred on the date stated above, at 10:15 A.m.

DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a) Cocoonary Infection

ANTECEDENT CAUSES Due To (b) Hypertension

Due To (c)

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?

If so, specify Charles Liberman M. D.
(Signed) 26 Waverley Ave Date 4/28/1950
(Address)

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

DATE OF BURIAL May 1, 1950

7 NAME OF FUNERAL DIRECTOR Alfred B. Marsh

ADDRESS 174 Winthrop St, Winthrop

Received and filed 19

MAY 2 1950

(Registrar)

MAY 2 1950

PERSONAL AND STATISTICAL PARTICULARS

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

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

(or) WIFE of William Edwin Irons
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 60 Years 6 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) Bonerville
(State or country) Mass.

17 NAME OF FATHER Alexander Willson

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

19 MAIDEN NAME OF MOTHER Mary Blackman

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

21 Informant William E. Irons
(Address) 26 Beacon 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)
Health Officer (Official Designation) 5/1/50
(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
MEDICAL CERTIFICATE

In giving
USE OF DEATH

do not enter
more than one
cause for each
(a), (b) and (c)

This does not mean
mode of dying, such
heart failure, assthenia,
it means the disease,
complications which
d death.

Morbid conditions,
giving rise to the
cause (a) stating
underlying cause

Conditions contrib-
to the death but not
d to the disease or
ion causing death.

SOM-2-19-25666

PLACE OF DEATH

Suffolk
(County)
Winthrop
(City or Town)

No. 41 Washington Avenue

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

(a) Residence. No. 132 Main Street
(Usual place of abode)

Length of stay: In place of death years 1 months 7 days. In place of residence 70 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH April 29 1950
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from
April 1, 1950 to April 29, 1950

I last saw him alive on April 29, 1950 Death is said to
have occurred on the date stated above, at 1:15 P. m.

DISEASE OR CONDITION
DIRECTLY LEADING TO DEATH (a) Myocarditis

ANTECEDENT CAUSES Due To (b) Anterior infarction

Due To (c)

OTHER SIGNIFICANT CONDITIONS hypostatic 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) (Address) 4 Washington St, W. D. Date 5-1-1950

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

DATE OF BURIAL May 2, 1950

7 NAME OF FUNERAL DIRECTOR Alfred B. Marsh

ADDRESS 174 Winthrop St, Winthrop, Mass.

Received and filed. MAY 4 1950

(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. 72

(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 Married

10a If married, widowed, or divorced
HUSBAND of Eliza Carletta Haskell
(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 Years 6 Months 12 Days If under 24 hours
Hours Minutes

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

14 Industry or Business: self employed

15 Social Security No. 034-16-4643-A

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

17 NAME OF FATHER Benjamin Whipple Glibby

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

19 MAIDEN NAME OF MOTHER Lucy Amanda Rice

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

21 Informant Washburn Weston
(Address) 161 Oakley Drive, Syracuse, NY

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

Walter F. Bakers
(Signature of Agent of Board of Health or other)

Health Officer 4/2/50
(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.

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

Middlesex (County)

Tewksbury, Mass. (City or Town)



The Commonwealth of Massachusetts

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

Registered No. 46 73

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

2 FULL NAME George Bryan (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. 104 Bay View Avenue St. Winthrop (Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death 2 years 0 months 9 days. In place of residence years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH March 20 1950
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from March 11 1948 to March 20 1950

I last saw him alive on March 20 1950, death is said to have occurred on the date stated above, at 9:15 a.m.

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Bronchopneumonia 7 Days
Arteriosclerotic Hypertensive

ANTE CEDENT CAUSES Due To Heart Dis., Chronic Auricular fibrillation

(c) Due To Cardiomegaly, Cerebral and Gen. Arteriosclerosis

OTHER SIGNIFICANT CONDITIONS Parkinsonism-Arteriosclerotic etiol.

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) E. P. Myhree M. D.
(Address) T. S. H. & I. Tewksbury Date 3/20 1950

6 Place of Burial or Cremation Pine Grove Lynn (City or Town)

DATE OF BURIAL March 22 1950

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

Received and filed MAY 24 1950

(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 Married

10a If married, widowed, or divorced HUSBAND of Agnes Sumerford (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 4 Months 31 Days If under 24 hours Hours Minutes

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

14 Industry or Business:

15 Social Security No. None

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

17 NAME OF FATHER Albert Bryan

18 BIRTHPLACE OF FATHER (City) Not learned
(State or country) Nova Scotia

19 MAIDEN NAME OF MOTHER Sarah Young

20 BIRTHPLACE OF MOTHER (City) Not learned
(State or country) Nova Scotia

21 Informant Hospital Records (Address)

A TRUE COPY ATTEST: E. Winthrop Houghton M.D.

(Registrar of City or Town where death occurred) Supr.

DATE FILED March 20 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.)

25m-(b)-11-49-900.475

PLACE OF DEATH

Suffolk

(County)

Boston

(City or Town)

No. Mass. General Hospt

2 FULL NAME Alexander H Smith

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

64 Temple Ave.

(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 3 days. In place of residence 15 years months days.

The Commonwealth of Massachusetts



EDWARD J. CRONIN

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

Boston

(City or town making return)

Registered No.

360774

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)

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH April 23/50

(Month)

(Day)

(Year)

4 I HEREBY CERTIFY, That I attended deceased from
April 20 19 50 to April 23 19 50I last saw him alive on April 23 19 50 death is said to
have occurred on the date stated above, at 2:51p m.

DISEASE OR CONDITION

DIRECTLY LEADING

TO DEATH (a) Subarachnoid hemorrhage 1 Day

ANTECEDENT CAUSES Due To Chronic lymphatic leukemia

Due To
(c)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)

(Address)

C L Clay

Mass. General Hospt

4-24 19 50

6 Place of Burial or Cremation Winthrop Cem-Winthrop Mass.

DATE OF BURIAL April 26/50

7 NAME OF FUNERAL DIRECTOR H S Reynolds

ADDRESS Winthrop Mass.

Received and filed. 19

MAY 10 1950

(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 Annie C Telfer

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

11 IF STILLBORN, enter that fact here.

AGE 73

Years

7

Months

24

Days

If under 24 hours

Hours Minutes

13 Usual

Occupation:

Woodworker

(Kind of work done during most of working life)

14 Industry
or Business:

Mill

15 Social Security No.

None

16 BIRTHPLACE (City)
(State or country)

Nova Scotia

17 NAME OF
FATHER

Nathaniel Smith

18 BIRTHPLACE OF

FATHER (City)

Nova Scotia

(State or country)

19 MAIDEN NAME
OF MOTHER

Adeliade Harlow

20 BIRTHPLACE OF

MOTHER (City)

Nova Scotia

(State or country)

21

Informant
(Address)

Percy Smith

A TRUE COPY

ATTEST:

(Registrar of City or Town where death occurred)

DATE FILED

April 27/50

19



PLACE OF DEATH

Suffolk

(County)

Winthrop

(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.

75

No. Winthrop Community Hospital

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

2 FULL NAME Margaret Villa (Whitford) Root

(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. 21 Prescott Street

(Usual place of abode)

St.

(If nonresident, give city or town and State)

Length of stay: In place of death years months 1 days. In place of residence 6 years months days.

INSTRUCTIONS
FOR
MEDICAL CERTIFICATEIn giving
USE OF DEATHdo not enter
more than one
cause for each
(a), (b) and (c)This does not mean
mode of dying, such
as heart failure, asthma,
etc. It means the disease,
complications which
led to death.Morbidity conditions,
giving rise to the
cause (a) stating
underlying causeConditions contrib-
uting to the death but not
causing death.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH May 12, 1950
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
May 10, 1950, to May 12, 1950
I last saw her alive on May 12, 1950, death is said to

have occurred on the date stated above, at 2:45 A.M.

DISEASE OR CONDITION

DIRECTLY LEADING

TO DEATH (a) Cerebral Hemorrhage 4 hours

ANTECEDENT CAUSES Due To (b) Essential Hypertension 2 years

Due To (c) Atherosclerosis 2 years

OTHER SIGNIFICANT CONDITIONS None

Major findings: Of operations. None

Date of operation. Was autopsy performed? No

What test confirmed diagnosis? Clinical & Laboratory No

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

If so, specify

(Signed) Physician, Dr. M. D. May 12, 1950
(Address) 562 Shirley St. Winthrop6 Woodlawn Crematory, Everett
Place of Burial or Cremation (City or Town)

DATE OF BURIAL May 15, 1950

7 NAME OF FUNERAL DIRECTOR Howard S. Reynolds

ADDRESS Winthrop, Mass.

Received and filed. MAY 15 1950

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Female 9 COLOR OR RACE White 10 SINGLE MARRIED (write the word)
WIDOWED or DIVORCED Widowed10a If married, widowed, or divorced
HUSBAND of (Give maiden name of wife in full)(or) WIFE of Louis S Root
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 67 Years 4 Months 2 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) England
(State or country)

17 NAME OF FATHER Whitford

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

19 MAIDEN NAME OF MOTHER Villa

20 BIRTHPLACE OF MOTHER (City) Unable to obtain
(State or country)21 Informant Bertha Smith
(Address) 20 Bartlett Parkway 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 5/15/50
(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

(County)

WINTHROP
(City or Town)

No. BAY VIEW REST HOME 41 WASHINGTON AVE

The Commonwealth of Massachusetts
EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS



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

STANDARD
CERTIFICATE OF DEATH

Registered No.

76

2 FULL NAME BRIDGET (O'MALLEY) BUTLER
(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.
(Usual place of abode)

44 ST ANDREW ROAD

S. EAST BOSTON

MASS

(If nonresident, give city or town and State)

Length of stay: In place of death..... years months 22 days. In place of residence 20 years months days.

INSTRUCTIONS
FOR
FILLING OUT
CERTIFICATE

In giving
USE OF DEATH

do not enter
more than one
cause for each
(a), (b) and (c)

This does not mean
mode of dying, such
as heart failure, asphyxia,
It means the disease,
complications which
led to death.

Morbid conditions,
giving rise to the
cause (a) stating
underlying cause

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

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH May 13 1950
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from
May 12 1950 to May 13 1950

I last saw her alive on May 13 1950 death is said to
have occurred on the date stated above, at 2:30 P. M.

DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a)

Cerebral hemorrhage

INTERVAL BE-
TWEEN ONSET
AND DEATH

20 hrs

ANTE CEDENT
CAUSES

Due To

Hypertension
Hypertensive heart disease
decompensated
Right hemiplegia

32 days
1 year

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. Baker M. D.
(Address) 138 Shore Blvd Wintthrop, Mass. Date 5/15/50

6 HOLY CROSS MALDEN MASS
Place of Burial or Cremation (City or Town)

DATE OF BURIAL MAY 17 1950 19

7 NAME OF FUNERAL DIRECTOR FRANK H CARR

ADDRESS 79 ELM ST CHARLESTOWN MASS.

Received and filed..... 19

MAY 18 1950

(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 WILLIAM JAMES BUTLER
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 60 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: OWN HOME

15 Social Security No. NONE

16 BIRTHPLACE (City) DUBLIN
(State or country) IRELAND

17 NAME OF FATHER PETER O'MALLEY

18 BIRTHPLACE OF FATHER (City) DUBLIN
(State or country) IRELAND

19 MAIDEN NAME OF MOTHER MARY FLAHERTY

20 BIRTHPLACE OF MOTHER (City) DUBLIN
(State or country) IRELAND

21 Informant EDWARD F BUTLER
(Address) 44 ST ANDREW RD EAST BOSTON

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

Walter J. Baker
(Signature of Agent of Board of Health or other)
Health Officer 5/15/50
(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

INSTRUCTIONS
FOR
VITAL CERTIFICATE

In giving
STATE 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,
implications which
death.

torbid conditions,
giving rise to the
cause (a) stating
underlying cause

conditions contrib-
ing to the death but not
to the disease or
on causing death.

50M-2-49-25666

PLACE OF DEATH		The Commonwealth of Massachusetts		EDWARD J. CRONIN, SECRETARY DIVISION OF VITAL STATISTICS		To be filed for burial permit with Board of Health or its Agent.	
1	Suffolk Winthrop (County) (City or Town)	STANDARD CERTIFICATE OF DEATH		Registered No. 37			
2	No. Winthrop Corn Husk Full Name Philip H. Lundberg (If deceased is a married, widowed or divorced woman, give also maiden name.) (a) Residence. No. 43 Bellevue Ave (Usual place of abode) Length of stay: In place of death years months 18 days. In place of residence 30 years months days.			St. (If death occurred in a hospital or institution, give its NAME instead of street and number) (If nonresident, give city or town and State)		PHYSICIAN — IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR) no	
MEDICAL CERTIFICATE OF DEATH				PERSONAL AND STATISTICAL PARTICULARS			
3 DATE OF DEATH May 18 1950 (Month) (Day) (Year)				8 SEX Male 9 COLOR OR RACE White 10 SINGLE (write the word) MARRIED MARRIED			
4 I HEREBY CERTIFY, That I attended deceased from May 1, 1950 to May 18, 1950 I last saw him alive on May 17, 1950, death is said to have occurred on the date stated above, at 6:15 A. M.				10a If married, widowed, or divorced HUSBAND of Camella Norling (Give maiden name of wife in full) (or) WIFE of Camella (Husband's name in full)			
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Cerebral hemorrhage with left hemiplegia				11 IF STILLBORN, enter that fact here.			
ANTECEDENT CAUSES (b) Hyper tension				12 AGE 63 Years Months Days 13 Usual Occupation: Engineer (Kind of work done during most of working life)			
Due To (c) Arteriosclerosis				14 Industry or Business: Building Contractors			
OTHER SIGNIFICANT CONDITIONS None.				15 Social Security No. 011-07-2304			
Major findings: Of operations: None				16 BIRTHPLACE (City) Sweden (State or country)			
Date of operation: No. Was autopsy performed? No				17 NAME OF FATHER Arrin Lundberg			
What test confirmed diagnosis? Clinical & Laboratory				18 BIRTHPLACE OF FATHER (City) Sweden (State or country)			
5 Was disease or injury in any way related to occupation of deceased? No				19 MAIDEN NAME OF MOTHER Ingra (Unknown)			
If so, specify (Signed) Maurice Trautwein Jr. M. D. (Address) 562 Phinney St. Wintthrop May 18, 1950				20 BIRTHPLACE OF MOTHER (City) Sweden (State or country)			
6 Winthrop Winthrop (City or Town)				21 Informant (Address) Mr. Philip H. Lundberg 43 Bellevue			
DATE OF BURIAL May 19 1950				I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued: Walter H. Baker (Signature of Agent of Board of Health or other) Health Officer (Official Designation)			
7 NAME OF FUNERAL DIRECTOR Maurice H. Ruby ADDRESS Winthrop				(Date of Issue of Permit) 5/19/50			
Received and filed MAY 25 1950 (Registrar)							

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

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

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

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

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

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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

X

1 PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)

Winthrop Community Hospital

No.

The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS



STANDARD

CERTIFICATE OF DEATH

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

Registered No.

78

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

2 FULL NAME Annie E. Guilfoyle Hanley

(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.

894 Shirley 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..... 5 years..... months..... days.

INSTRUCTIONS
FOR
MEDICAL CERTIFICATE

In giving
USE OF DEATH

do not enter
more than one
cause for each
(a), (b) and (c)

This does not mean
mode of dying, such
as heart failure, asthenia,
etc. means the disease,
its complications which
led to death.

Morbid conditions,
giving rise to the
cause (a) stating
underlying cause

Conditions contrib-
ing to the death but not
causing the disease or
condition causing death.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH May 20 1950
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from
January 19 49 to May 20 19 50
I last saw her alive on May 16 19 50 death is said to

have occurred on the date stated above, at 5:35 P.M.

DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a) Cerebral thrombosis 12 hours

ANTECEDENT CAUSES Due To (b) Arteriosclerosis and Hypertensive heart disease 2 years

Due To (c) Generalized Arteriosclerosis 2 years

OTHER SIGNIFICANT CONDITIONS Diabetes mellitus. 2 yrs.

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 (Signed) Maurice T. Guilfoyle, Jr. M. D. (Address) 562 Shirley St. Winthrop Date May 20 19 50

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

DATE OF BURIAL May 24 19 50

7 NAME OF FUNERAL DIRECTOR John F. O'Malley

ADDRESS Winthrop

Received and filed MAY 25 1950

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

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

10a If married, widowed, or divorced HUSBAND of

(Give maiden name of wife in full)

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

11 IF STILLBORN, enter that fact here.

12 AGE 74 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) So. Boston (State or country) Mass

17 NAME OF FATHER Michael Guilfoyle

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

19 MAIDEN NAME OF MOTHER Catherine Scott

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

21 Informant Katherine Durkin (Address) 894 Shirley St

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

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

(Official Designation) (Date of Issue of Permit) 5/22/50

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.

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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

PLACE OF DEATH

Suffolk
(County)

Winthrop
(City or Town)

No. 15 Thornton Park

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

(a) Residence. No. 15 Thornton Park
(Usual place of abode)

Length of stay: In place of death years months days. In place of residence 60 years months days.

INSTRUCTIONS
FOR
CERTIFICATE

In giving
SE 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,
etc. means the disease,
complications which
lead to death.

Underlying conditions,
giving rise to the
cause (a) stating
underlying cause

Conditions contrib-
uting to the death but not
causing the disease or
condition causing death.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH May 21 1950
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from April 1, 1950 to May 21, 1950

I last saw him alive on May 20, 1950 death is said to have occurred on the date stated above, at 5 A. M.

DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a) cerebral embolism

ANTE CEDENT CAUSES Due To arterial sclerosis

Due To (c)

OTHER SIGNIFICANT CONDITIONS Paget's disease

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. Charles J. Mahoney, M. D.

(Signed) (Address) 4 Winthrop Ave Date 5-11-1950

6 Winthrop Winthrop

Place of Burial or Cremation (City or Town)

DATE OF BURIAL May 24 1950

7 NAME OF FUNERAL DIRECTOR Edward S. Reynolds

ADDRESS Winthrop Mass.

Received and filed MAY 25 1950

19

(Registrar)

The Commonwealth of Massachusetts
EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS



STANDARD
CERTIFICATE OF DEATH

Registered No.

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

79

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 DIVORCED Widowed

10a If married, widowed, or divorced

HUSBAND of (Give maiden name of wife in full)

(or) WIFE of George F Payne

(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 80 Years 7 Months 3 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) Detroit

(State or country) Michigan

17 NAME OF FATHER John Peirce

18 BIRTHPLACE OF FATHER (City) Detroit

(State or country) Michigan

19 MAIDEN NAME OF MOTHER Emma Ashley

20 BIRTHPLACE OF MOTHER (City) Detroit

(State or country) Michigan

21 Informant Hilda Broberg

(Address) 14 Belcher St. Winthrop, Mass

I HEREBY CERTIFY that a satisfactory standard certificate of death was

filed with me BEFORE the burial or transit permit was issued:

Walter S. Baker

(Signature of Agent of Board of Health or other)

Health Officer

(Official Designation)

5/24/50

(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

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.)

25m-(b)-11-49-900-475

PLACE OF DEATH

1

Suffolk

(County)

Boston

(City or Town)

No. Long Island Hospt

2 FULL NAME Warren A Wilson

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

(a) Residence. No. 88 Cliff St

(Usual place of abode)

St. Winthrop Mass.

(If nonresident, give city or town and State)

Length of stay: In place of death 22 years 6 months 4 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 Feb. 3 19 34 to May 21 19 50

I last saw h. im alive on May 21 19 50, death is said to

have occurred on the date stated above, at 2:25P m.

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a)

Arterio sclerotic heart disease

INTERVAL BETWEEN ONSET AND DEATH

Years

ANTE CEDENT CAUSES (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) James V Sacchetti M. D. (Address) Long Island Hospt 5-21 19 50

6 Place of Burial or Cremation Mt. Wollaston Cem-Quincy Mass. (City or Town)

DATE OF BURIAL May 23/50 19

7 NAME OF FUNERAL DIRECTOR A B Marsh

ADDRESS Winthrop Mass.

Received and filed. 19

MAY 29 1950 (Registrar of City or Town where deceased resided)

The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH DIVISION OF VITAL STATISTICS

COPY OF CERTIFICATE OF DEATH

Boston

(City or town making return)

Registered No. 4436

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)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX M

9 COLOR OR RACE W

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.

12 AGE 93 Years 0 Months 15 Days If under 24 hours Hours Minutes

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

14 Industry or Business: Unknown

15 Social Security No. None

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

17 NAME OF FATHER James L Wilson

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

19 MAIDEN NAME OF MOTHER Christina E Hayden

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

21 Informant Long Island Hospt (Address)

A TRUE COPY

ATTEST: Charles H. Mackie (Registrar of City or Town where death occurred)

May 24/50 DATE FILED 19

INSTRUCTIONS
FOR
CERTIFICATE

In giving
OF DEATH

do not enter
more than one
cause for each
(a), (b) and (c)

his does not mean
of dying, such
failure, asthenia,
means the disease,
applications which
death.

orbid conditions,
giving rise to the
cause (a) stating
underlying cause

conditions contrib-
to the death but not
to the disease or
on causing death.

PLACE OF DEATH

SUFFOLK (County)

WINTHROP (City or Town)

No. WINTHROP COMMUNITY HOSPITAL St.

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

(a) Residence. No. 15 LIBRARY ST CHELSEA 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 25 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH May 22 1950
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from February 27/50 May 22 1950
I last saw him alive on May 22, 1950, death is said to

have occurred on the date stated above, at 5 P. m.

DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a) Chronic lymphatic leukemia
3 1/2 mos

ANTE CEDENT CAUSES
Due To (b) 14 mos

Due To (c)

OTHER SIGNIFICANT CONDITIONS
Uremia 2 mos.

Major findings: Bone marrow - Jan 1947 -
Date of operation Jan 1947. Was autopsy performed? No

What test confirmed diagnosis? Path. clinical blood & stains

5 Was disease or injury in any way related to occupation of deceased? No
If so, specify (Signed) Jacob J. Obregon M.D.
(Address) 562 Shirley St. Wintthrop, Mass

6 PURITANLAWN MEMORIAL PARK 122/50
Place of Burial or Cremation (City or Town) BOSTON

DATE OF BURIAL MAY 24, 1950

7 NAME OF FUNERAL DIRECTOR Wendell M. Lybman
ADDRESS 23 Carey Ave Chelsea

Received and filed MAY 25 1950

(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. 31

{(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 MARRIED

10a If married, widowed, or divorced
HUSBAND of PAULINE B. NIELSON
(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: RETIRED ROOPER
(Kind of work done during most of working life)

14 Industry or Business: OWN BUSINESS

15 Social Security No. NONE

16 BIRTHPLACE (City) DENMARK
(State or country)

17 NAME OF FATHER HANS TANGARD

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

19 MAIDEN NAME OF MOTHER ANNA NIELSON

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

21 Informant MRS. PAULINE TANGARD
(Address) 15 LIBRARY ST CHELSEA

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

Walter H. Bahago
Health Officer (Signature of Agent of Board of Health or other)
5/23/50 (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., (Tercenary 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., (Tercenary Edition).

RULES OF PRACTICE

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

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

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance 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.

142 Pleasant

2 FULL NAME

Angelo Faro

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

(a) Residence. No.

352 Shirley

(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
AL CERTIFICATEIn giving
E 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.rbrid conditions,
giving rise to the
ause (a) stating
derlying causenditions contrib-
the death but not
to the disease or
n causing death.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH May 23 19 50
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
Jan 23 19 50 to May 23 19 50I last saw h. alive on May 23 19 50 death is said to
have occurred on the date stated above, at 11:20 pmDISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a) Central Hemiplegia 8 daysANTECEDENT CAUSES
Due To Chronic Myocarditis 3 1/2 yrs

Due To Cerebral Hemiplegia 8 yrs.

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) J. J. Russo M. D.

(Address) 25 Saratoga St. Date May 2 19 50

6 Place of Burial or Cremation St. Michael Boston (City or Town)

DATE OF BURIAL May 27 19 50

7 NAME OF FUNERAL DIRECTOR Joseph Russo

ADDRESS 42 Green Street Boston

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

MAY 20 1950

(Registrar)

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICSSTANDARD
CERTIFICATE OF DEATH

Registered No. 82

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) no

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 Ventura Intagliata
(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 Months Days If under 24 hours
Hours Minutes13 Usual Occupation Laborer-Retired
(Kind of work done during most of working life)

14 Industry or Business:

15 Social Security No. 022-16-7873

16 BIRTHPLACE (City) Italy
(State or country)17 NAME OF FATHER Sebastiano Noe
(Foster father)18 BIRTHPLACE OF FATHER (City) Italy
(State or country)19 MAIDEN NAME OF MOTHER Guiseppea Petrazzella
(Foster mother)20 BIRTHPLACE OF MOTHER (City) Italy
(State or country)21 Informant Sebastiano Faro
(Address) 94 Sunnyside 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 Office (Official Designation) 5/25/50 (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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Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith 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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SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

INSTRUCTIONS
FOR
CERTIFICATEIn giving
SE OF DEATH

do not enter
more than one
use for each
a), (b) and (c)

This does not mean
mode of dying, such
as failure, ashenia,
means the disease,
implications which
death.

Underlying conditions,
giving rise to the
cause (a) stating
underlying cause

Conditions contrib-
to the death but not
to the disease or
ion causing death.

PLACE OF DEATH

Suffolk
(County)1 Winthrop, Mass.
(City or Town)

No. 103 Summitt Avenue

2 FULL NAME Henry James Pugsley
(If deceased is a married, widowed or divorced woman, give also maiden name.)(a) Residence. No. 103 Summitt Avenue
(Usual place of abode)

Length of stay: In place of death. years months days. In place of residence 20 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH May 23 1950
(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 6 P. m.DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a)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

(Signed)

(Address)

6 Woodlawn Cemetery Everett Mass
Place of ~~XXXX~~ Cremation (City or Town)DATE OF ~~XXXX~~ Cremation May 25 19 50

7 NAME OF FUNERAL DIRECTOR Alfred B. Marsh

ADDRESS 174 Winthrop Street
Winthrop, Mass.

Received and filed MAY 26 1950

(Registrar)

The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD

CERTIFICATE OF DEATH

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

Registered No. 83

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)

(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 Edith Hammond
(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 5 Months 5 Days If under 24 hours
Hours Minutes13 Usual Occupation: Retired
John Hancock Life Ins.

14 Industry or Business: Clerk, Mailing Dept.

15 Social Security No. 023 09 8481

16 BIRTHPLACE (City). Bath England
(State or country)

17 NAME OF FATHER James Pugsley

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

19 MAIDEN NAME OF MOTHER Mary Gibbis

20 BIRTHPLACE OF MOTHER (City) Cornwall England
(State or country)21 Informant Mrs. Henry J. Pugsley wife
(Address) 103 Summitt 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)

(Official Designation) Health Officer (Date of Issue of Permit) 5/25/50

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 supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection 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. 75 Temple Avenue

2 FULL NAME Robert Carroll Daly
(If deceased is a married, widowed or divorced woman, give also maiden name.)(a) Residence. No. 75 Temple Avenue
(Usual place of abode)

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

INSTRUCTIONS
FOR
CERTIFICATEIn giving
OF DEATHdo not enter
more than one
cause for each
(a), (b) and (c)his does not mean
mode of dying, such
as failure, asphemia,
means the disease,
complications which
death.orbid conditions,
giving rise to the
cause (a) stating
underlying causeconditions contrib-
to the death but not
to the disease or
on causing death.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH May 26 1950
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
Nov 30 19 47 to May 26 19 50

I last saw him alive on May 22 19 50 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 Pulmonary
EdemaANTE DUE TO
CEDENT (b) Hypertensive
Heart DiseaseDUE TO
(c) HypertensiveINTERVAL BE-
TWEEN ONSET
AND DEATH
one
half
hour

3 years

4 years

OTHER
SIGNIFICANT
CONDITIONSMajor 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. Behr

(Signed) (Address) None Mass Date 25 May 1950 M. D.

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

DATE OF BURIAL May 29 19 50

7 NAME OF FUNERAL DIRECTOR Alfred B. Wansk

ADDRESS 174 Winthrop St. Winthrop Mass.

Received and filed JUN 6 1950 19

(Registrar)

The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD

CERTIFICATE OF DEATH

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

Registered No. 84

{(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

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Male 9 COLOR OR RACE White 10 SINGLE (write the word)
MARRIED
WIDOWED
or DIVORCED Divorced10a If married, widowed, or divorced
HUSBAND of Elizabeth Nagle
(Give maiden name of wife in full)

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

11 IF STILLBORN, enter that fact here.

12 AGE 59 Years 9 Months 25 Days If under 24 hours
Hours Minutes13 Usual Occupation: Salesman
(Kind of work done during most of working life)

14 Industry or Business: Raytheon Production Corp

15 Social Security No. 023-07-7607

16 BIRTHPLACE (City) Boston, Suffolk Mass
(State or country)

17 NAME OF FATHER Richard W. Daly

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

19 MAIDEN NAME OF MOTHER Grace Carroll

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

PARENTS

21 Informant Marion Irene DeRoo
(Address) daughter 78 main st, WeymouthI 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) 5/29/50

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:

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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

1

Suffolk

(County)

Wintthrop -

(City or Town)

No. St. 1st Church Wintthrop.

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

2 FULL NAME

William Francis Fanning

(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. 31 River Road Wintthrop

(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.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH

May - 28 - 1950

(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.)

a cute cardiac failure:

Probably Coronary Sclerosis!
chronic myocarditis

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 in church & died

Nature of

injury

(How did injury occur?)

quickly

While at work?.....Was autopsy performed?.....no

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

If so, specify

(Signed) John J. Brickley M.D. M. D.

(A dress)

B. 1st Church May 28 - 1950

7 Place of Burial, or Cremation.

(City or Town)

DATE OF BURIAL

1950

8 NAME OF FUNERAL DIRECTOR

ADDRESS 405 Massachusetts St. Boston

Received and filed.....19

JUN - 5 1950

(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.

85

PERSONAL AND STATISTICAL PARTICULARS

9 SEX

10 COLOR OR RACE

11 SINGLE

(write the word)

Male

White

MARRIED

WIDOWED

or DIVORCED

11a If married, widowed, or divorced

HUSBAND of

Mary S. Sullivan

(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

Months

Days

If under 24 hours

Hours

Minutes

14 Usual

Occupation

Salesman
(Kind of work done during most of working life)

15 Industry

or Business

Retired

16 Social Security No.

016-18-5570

17 BIRTHPLACE (City)

Boston, Mass

(State or country)

18 NAME OF

FATHER

John Fanning

19 BIRTHPLACE OF

FATHER (City)

Boston, Mass

(State or country)

20 MAIDEN NAME

OF MOTHER

Anne Kennedy

21 BIRTHPLACE OF

MOTHER (City)

Boston, Mass

(State or country)

22

Informant

(Address)

Mary Fanning - Wife
31 River Road Wintthrop

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

William J. Kane

(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. 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

PLACE OF DEATH

Suffolk
(County)

Winthrop
(City or Town)



The Commonwealth of Massachusetts
EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

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

STANDARD
CERTIFICATE OF DEATH

Registered No. 86

No. Washington Rest Home (If death occurred in a hospital or institution, give its NAME instead of street and number)

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

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

(a) Residence. No. 24 Belcher Street
(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 25 years... months... days.

INSTRUCTIONS
FOR
CERTIFICATE

In giving
OF DEATH

do not enter
more than one
cause for each
(b) and (c)

this does not mean
of dying, such
failure, asthenia,
means the disease,
applications which
death.

orbid conditions,
giving rise to the
cause (a) stating
underlying cause

conditions contrib-
to the death but not
to the disease or
on causing death.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH May 28 1950
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from
May 1 1950 to May 28 1950
I last saw him alive on May 27 1950 death is said to

have occurred on the date stated above, at 2 A. M.

DISEASE OR CONDITION
DIRECTLY LEADING TO DEATH (a) hematomas

INTERVAL BE-
TWEEN ONSET
AND DEATH

ANTE CEDENT CAUSES Due To my habits

Due To
(c)

OTHER
SIGNIFICANT
CONDITIONS

Major findings:
Of operations...

Date of operation... Was autopsy performed? u

What test confirmed diagnosis?

5 Was disease or injury in any way related to occupation of deceased?
If so, specify...
(Signed) Charles J. McMahon M. D.
(Address) Winthrop Date 5-29-1950

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

DATE OF BURIAL May 31 1950

7 NAME OF FUNERAL DIRECTOR Alfred B. Marsh

ADDRESS 174 Winthrop St, Winthrop

Received and filed JUN - 5 1950

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX female 9 COLOR OR RACE white 10 SINGLE MARRIED (write the word) 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 94 Years 3 Months 24 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) Boston
(State or country) Mass.

17 NAME OF FATHER Charles Jensen Hanson

18 BIRTHPLACE OF FATHER (City) Oslo
(State or country) Norway

19 MAIDEN NAME OF MOTHER Henrietta Thursen

20 BIRTHPLACE OF MOTHER (City) Oslo
(State or country) Norway

Informant Christian W. Moore Nephew
(Address) 605 Highland Ave. Malden, 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) 5/31/50

(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

INSTRUCTIONS
FOR
CERTIFICATEIn giving
SE 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, ashenia,
means the disease,
implications which
death.

Underlying conditions,
giving rise to the
cause (a) stating
underlying cause

Underlying conditions contrib-
uting to the death but not
causing death.

50m-(b)-11-49-970 560

PLACE OF DEATH

Suffolk
(County)
Winthrop
(City or Town)

No. 48 Trident Ave.

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

(a) Residence. No. 48 Trident Ave.
(Usual place of abode)

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

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH May 29 1950
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from
May 26 1950 to May 29 1950
I last saw him alive on May 29 1950, death is said to

have occurred on the date stated above, at 2:30 P. M.

DISEASE OR CONDITION

DIRECTLY LEADING

TO DEATH (a) Coronary occlusion

INTERVAL BE-
TWEEN ONSET
AND DEATH

1 day

ANTECEDENT (b) Due To Arterio sclerotic heart disease

Due To
(c)

OTHER SIGNIFICANT CONDITIONS Carcinoma rt. lung with pleurisy

Major findings:
Of operations.

Date of operation. Was autopsy performed?

What test confirmed diagnosis? X-ray of chest

5 Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Myron D. King M. D.
(Address) 25 Sargent St. Winthrop Date 5/29 1950

6 Mt. Lebanon - W. Roxbury
Place of Burial or Cremation (City or Town)

DATE OF BURIAL May 30, 1950

7 NAME OF FUNERAL DIRECTOR Benjamin Birnbach

ADDRESS 10 Washington St., Dorchester

Received and filed JUN 6 1950 19

(Registrar)

The Commonwealth of Massachusetts
EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS



STANDARD
CERTIFICATE OF DEATH

Registered No. 87

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

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

PHYSICIAN - IMPORTANT

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

No

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 Widowed

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

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

11 IF STILLBORN, enter that fact here.

12 AGE 85 Years Months Days If under 24 hours
Hours Minutes

13 Usual Occupation: Presser
(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 Waretnick

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

19 MAIDEN NAME OF MOTHER Cannot be learned

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

21 Informant Emily Waratt
(Address) 48 Trident 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 E. Baker
(Signature of Agent of Board of Health or other)
Health Officer 5/29/50
(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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death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or 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:

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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

INSTRUCTIONS
FOR
CERTIFICATE

IN giving
OF DEATH

to not enter
more than one
use for each
(a), (b) and (c)

his does not mean
of dying, such
failure, asthenia,
means the disease,
applications which
death.

orbid conditions,
giving rise to the
cause (a) stating
underlying cause

conditions contrib-
to the death but not
to the disease or
on 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... days. In place of residence... years... months... days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH May 31 1950 (Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from May 13 1950 to May 31 1950

I last saw her alive on May 31 1950 death is said to

have occurred on the date stated above, at 6:18 P.m.

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

ANTECEDENT CAUSES Due To Hypertensive Heart Disease

Due To Arterial Hypertension

OTHER SIGNIFICANT CONDITIONS Carcinoma of Bowel

Major findings: 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 (Signed) John H. Baker M. D. (Address) 556 Cambridge St Boston Date May 31 1950

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

DATE OF BURIAL June 3 1950

7 NAME OF FUNERAL DIRECTOR John H. Baker ADDRESS 556 Cambridge St Boston

Received and filed... JUN - 5 1950

(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. 88

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

PHYSICIAN - IMPORTANT

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

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

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Female 9 COLOR OR RACE Y 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 69 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: Own Home

15 Social Security No.

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

17 NAME OF FATHER Robert Howley

18 BIRTHPLACE OF FATHER (City) St. Sylvester (State or country) Quebec Canada

19 MAIDEN NAME OF MOTHER Mary A. Norton

20 BIRTHPLACE OF MOTHER (City) Allston (State or country) Mass

21 Informant Gertrude M. S. Figueira Sister (Address) 39 Winthrop St Winthrop

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

Walter J. Baker Health Officer (Signature of Agent of Board of Health or other) (Official Designation) 6/2/50 (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

INSTRUCTIONS
FOR
DEATH CERTIFICATE

not giving
E OF DEATH

not enter
re than one
se for each
, (b) and (c)

as does not mean
le of dying, such
failure, asthenia,
means the disease,
lications which
death.

rbid conditions,
giving rise to the
ause (a) stating
derlying cause

ditions contrib-
the death but not
to the disease or
n causing death.

PLACE OF DEATH

1

NON-RESIDENT

MARGIN RESERVED FOR BINDING
TYPE OR PRINT (EXCEPT SIGNATURES) IN BLACK INK—THIS IS A PERMANENT RECORD

No. (County) (City or Town) (City or town making return) Registered No. 89

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

2 FULL NAME LEWIS C. BRIGGS (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. 145 Bartlett Road 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.

#1566

CERTIFICATE OF DEATH

MICHIGAN DEPARTMENT OF HEALTH
Vital Records Section

State File No. 407999
Local File No. 3560

BIRTH No.

1. PLACE OF DEATH
a. COUNTY DETROIT, WAYNE COUNTY
b. CITY OR VILLAGE Detroit
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION FORT WAYNE HOTEL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE Mass.
b. COUNTY
c. TOWNSHIP, CITY OR VILLAGE Winthrop, Mass.
d. STREET ADDRESS 408 Temple St.

3. NAME OF DECEASED
a. First LEWIS C.
b. Middle
c. Last Briggs
d. DATE OF DEATH 3. 27 1950

4. SEX Male
5. COLOR OR RACE White
6. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
7. AGE (In years, last birthday) 62
8. AGE (In years, last birthday) 62
9. BIRTHPLACE (State or foreign country) Massachusetts
10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman
11. KIND OF BUSINESS OR INDUSTRY Desmond Publishing
12. CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME Lewis C. Briggs
14. MOTHER'S MAIDEN NAME Mary Mannix

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Unknown
16. SOCIAL SECURITY NO.
17. INFORMANT'S SIGNATURE Lewis C. Briggs Winthrop, Mass. ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)
a. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH CORONARY THROMBOSIS
b. ANTECEDENT CAUSES
c. DUE TO
d. OTHER SIGNIFICANT CONDITIONS

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
19c. AUTOPSY Yes ☐ No ☒

20a. ACCIDENT SUICIDE HOMICIDE
20b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20c. CITY, VILLAGE, OR TOWNSHIP Winthrop, Mass. (COUNTY) (STATE)

21a. TIME OF INJURY (Month) (Day) (Year) (Hour)
21b. INJURY OCCURRED While at Work ☐ Not While at Work ☐
21c. HOW DID INJURY OCCUR

22. I hereby certify that I attended the deceased from on 19 19 19, and that death occurred at m. from the cause and on the date stated above.

23a. SIGNATURE ALBERT E. HARRIS, M. D. CORONER
23b. ADDRESS W. Humphrey Clark
23c. DATE SIGNED MAR 28 1950

24a. BURIAL, CREMATION, REMOVAL Removal
24b. DATE 5-28-50
24c. NAME OF CEMETERY, OR CREMATORY Unknown
24d. LOCATION (City, village, town, or county) Winthrop, Mass. (State)

25. FURNERAL DIRECTOR'S SIGNATURE John P. M... 17311 Fenkell

ARTICULARS

E (write the word)

IED

WED

WED

FORCED

wife in full)

in full)

if under 24 hours

Hours Minutes

most of working life)

d certificate of death was issued:

or other)

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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(3) **Medical Examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection 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 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-(e)-10-48-24658

PLACE OF DEATH

Middlesex
(County)

Framingham
(City or Town)



The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

COPY OF
CERTIFICATE OF DEATH

Framingham
(City or town making return)

Registered No. 90

No. Cushing VA Hospital

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

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

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

(a) Residence. No. 37 Wilshire
(Usual place of abode)

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

Length of stay: In place of death 4 years 15 months 15 days. In place of residence 30 years 30 months 30 days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH May 11, 1950
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from Dec. 29, 19 49 to May 11, 19 50

I last saw him alive on May 11, 19 50, death is said to have occurred on the date stated above, at 7:40AM.

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Carcinoma of caecum w/ generalized metastases mos.

ANTE CEDENT CAUSES Due To (b)

Due To (c)

OTHER SIGNIFICANT CONDITIONS Massive atelectasis right lung days

Major findings: Metastatic carcinoma to spine Of operations

Date of operation 12/7/49 Was autopsy performed? yes

What test confirmed diagnosis? Pathological specimens

5 Was disease or injury in any way related to occupation of deceased? no If so, specify (Signed) Joseph W. O'Neill M. D. (Address) Cushing VA Hosp Date 5/11/50

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

DATE OF BURIAL May 13, 1950 19

7 NAME OF FUNERAL DIRECTOR Cookson Funeral Home ADDRESS Framingham, Mass.

Received and filed 19

MAY 9 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 OR DIVORCED Married

10a If married, widowed, or divorced HUSBAND of Lillian J. Ramsey (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 1 Months 4 Days If under 24 hours Hours Minutes

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

14 Industry or Business: Boston Beer Co.

15 Social Security No.

16 BIRTHPLACE (City) Charlestown, Mass. (State or country)

17 NAME OF FATHER Harvey R. Hanson

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

19 MAIDEN NAME OF MOTHER Ella Alhorn

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

21 Informant Mrs. Lillian J. Hanson (Address) 37 Wilshire St. Winthrop

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

DATE FILED May 12, 1950 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.)

25m-(b)-11-49-900,475

PLACE OF DEATH

SUFFOLK

(County)

BOSTON

(City or Town)



The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH

DIVISION OF VITAL STATISTICS

COPY OF
CERTIFICATE OF DEATH

BOSTON

(City or town making return)

Registered No. 4538 91

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

2 FULL NAME Anna Kleeman
(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. 92 Quincy Avenue St. Winthrop, Mass.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death. years. months. 8 days. In place of residence. 38 years. months. days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH May 23, 1950
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from May 15, 1950 to May 23, 1950

I last saw her alive on May 23, 1950, death is said to have occurred on the date stated above, at 8:00A.M.

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Embolism, cerebral inst

ANTECEDENT CAUSES Due To Rheumatic heart disease (b) 28 yrs

Due To (c)

OTHER SIGNIFICANT CONDITIONS Cholecystitis- Colloid goitre 6 yrs

Major findings: Of operations.

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) Joseph A. Lichty M. D.

(Address) Mass. Gen. Hosp. Date 24 May 1950

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

DATE OF BURIAL May 26, 1950 19

7 NAME OF FUNERAL DIRECTOR Alfred B. Marsh

ADDRESS Winthrop, Mass.

Received and filed JUN 9 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 Married

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

(or) WIFE of Hans Carl Kleeman (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 59 Years 1 Months 7 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, housewife

15 Social Security No. None

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

17 NAME OF FATHER Frederick Puseman

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

19 MAIDEN NAME OF MOTHER Anna L. Rump

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

21 Informant Hans C. Kleeman (Address)

A TRUE COPY

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

DATE FILED May 29, 1950 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.)

25m-(b)-11-49-900,475

PLACE OF DEATH

Suffolk

(County)

Boston

(City or Town)



The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH

DIVISION OF VITAL STATISTICS

COPY OF
CERTIFICATE OF DEATH

Boston

(City or town making return)

Registered No. 454692

No. Peter Bent Brigham Hospital

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

2 FULL NAME William H O'Brien
(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 Herman 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 12 days. In place of residence 28 years.....months.....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH May 23/50
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
May 11, 19 50, to May 23, 19 50

I last saw him alive on May 23, 19 50 death is said to

have occurred on the date stated above, at 3:50P m.

DISEASE OR CONDITION

DIRECTLY LEADING

TO DEATH (a) Hypertensive
arterio scleroticANTE Due To
CEDENT (b)
CAUSES

heart disease

INTERVAL BE-
TWEEN ONSET
AND DEATH

Yrs

Due To
(c)OTHER
SIGNIFICANT
CONDITIONSCancer descending
colon

Mos.

Major findings:
Of operations Left colectomy

Date of operation 5-17-50 Was autopsy performed? 5-23-50

What test confirmed diagnosis? autopsy

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

If so, specify

(Signed) N A Wilhelm

(Address) Boston Mass. Date 5-24 19 50

Holy Cross-Walden Mass.

6 Place of Burial or Cremation (City or Town)

DATE OF BURIAL May 26/50

7 NAME OF FUNERAL DIRECTOR R C Kirby

ADDRESS East Boston Mass.

Received and filed JUN 9 1950 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 Helen L Gleeson
(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 4 Months 20 Days If under 24 hours
Hours Minutes13 Usual Occupation: Own Business
(Kind of work done during most of working life)

14 Industry or Business: Real Estate

15 Social Security No. None

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

17 NAME OF FATHER John O'Brien

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

19 MAIDEN NAME OF MOTHER Margaret McGovern

20 BIRTHPLACE OF MOTHER (City) New Brunswick Can.
(State or country)21 Informant Mrs Helen L O'Brien
(Address) WifeA TRUE COPY
ATTEST: Charles H. Mackie
(Registrar of City or Town where death occurred)

DATE FILED May 29/50 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 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)-11-49-900,475

PLACE OF DEATH

SUFFOLK

(County)

WEST ROXBURY

(City or Town)



The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH

DIVISION OF VITAL STATISTICS

COPY OF

CERTIFICATE OF DEATH

BOSTON

(City or town making return)

Registered 4579 93

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

2 FULL NAME George F. Nolan (If deceased is a married, widowed or divorced woman, give also maiden name.) (Was deceased a U. S. War Veteran, if so specify WAR) WWI

(a) Residence. No. 61 Read 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 20 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH May 25, 1950 (Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from May 23, 1950, to May 25, 1950.

I last saw him alive on ---, 1950, death is said to

have occurred on the date stated above, at 12:25 A

DISEASE OR CONDITION

DIRECTLY LEADING

TO DEATH (a) Cerebral thrombosis

left middle cerebral artery with right

hemiplegia

caused by Hypertensive cardio

CAUSES vascular disease

Due To

(c)

OTHER SIGNIFICANT CONDITIONS

Major findings: Of operations

Date of operation Was autopsy performed? no

What test confirmed diagnosis? clinical and laboratory

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

If so, specify

(Signed) Eric Stone

(Address) VAH West Roxbury Date 5-25-50

6 Winthrop Cemetery, Winthrop, Mass.

Place of Burial or Cremation (City or Town)

DATE OF BURIAL May 27, 1950

7 NAME OF FUNERAL DIRECTOR John F. O'Maley

ADDRESS Winthrop

Received and filed JUN 9 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 or DIVORCED Married

10a If married, widowed, or divorced HUSBAND of Mary F. O'Brien (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 9 Months 25 Days If under 24 hours Hours Minutes

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

14 Industry or Business Newspaper

15 Social Security No. 010-07-8049

16 BIRTHPLACE (City) Salem, Mass. (State or country)

17 NAME OF FATHER Martin Nolan

18 BIRTHPLACE OF

FATHER (City) (State or country)

19 MAIDEN NAME OF MOTHER Mary Hannon

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

21 Hospital records, VAH West Roxbury, Mass. Informant (Address)

A TRUE COPY

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

DATE FILED May 31, 1950

DATE OF ENTERING MILITARY SERVICE 5-27-18

DATE OF DISCHARGE 4-3-19 Hon

RANK, RATING Pvt.

ORGANIZATION AND OUTFIT 8th Co. 2nd Bn 151st Depot
Brigade

SERVICE NUMBER 3191375

PLACE OF DEATH

Suffolk
(County)Winthrop, Mass.
(City or Town)

No. Winthrop Convalescing Home

2 FULL NAME. **Essie Mae (Parker) Kinnear**
(If deceased is a married, widowed or divorced woman, give also maiden name.)(a) Residence. No. **231 Princeton**
(Usual place of abode)

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

East Boston, Mass.

(If nonresident, give city or town and State)

Length of stay: In place of death. **4** years **70** months **70** days. In place of residence **70** years **70** months **70** days.INSTRUCTIONS
FOR
CERTIFICATEn giving
OF DEATHnot enter
than one
for each
, (b) and (c)s does not mean
e of dying, such
ailure, ashenia,
means the disease,
lications which
eath.rbid conditions,
iving rise to the
se (a) stating
derlying causeditions contrib-
the death but not
o the disease or
a causing death.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH **June 9 1950**
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
April 1, 1950, to June 9, 1950I last saw her alive on **June 9, 1950**, death is said tohave occurred on the date stated above, at **1030 P. M.**

DISEASE OR CONDITION

DIRECTLY LEADING
TO DEATH (a) **Acute Pulmonary Edema**INTERVAL BE-
TWEEN ONSET
AND DEATH
1 dayANTE
CEDENT
CAUSESDue To **Chronic Hypertension**Due To **Chronic Malnutrition**
hypertension. Malignant
old cerebral thrombosisMajor 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 **Woodlawn Cemetery Everett Mass.**
Place of Burial or Cremation (City or Town)DATE OF BURIAL **June 12 1950**7 NAME OF FUNERAL DIRECTOR **Victoria A. Reynolds**
180 Winthrop St. Winthrop
ADDRESSReceived and filed. **19****JUN 14 1950**

(Registrar)

The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD

CERTIFICATE OF DEATH

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

Registered No.

94

PHYSICIAN — IMPORTANT

(Was deceased a
U. S. War Veteran,
if so specify WAR)INSTRUCTIONS
FOR
CERTIFICATEn giving
OF DEATHnot enter
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the death but not
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a causing death.

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 **George Edmund Kinnear**
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE **75** Years **5** 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:

15 Social Security No.

16 BIRTHPLACE (City) **Shelburne**
(State or country) **Nova Scotia**17 NAME OF FATHER **William Parker**18 BIRTHPLACE OF FATHER (City) **Unable to obtain**
(State or country) **Nova Scotia**19 MAIDEN NAME OF MOTHER **Sophia Smith**20 BIRTHPLACE OF MOTHER (City) **unable to obtain**
(State or country) **Nova Scotia**21 Informant **Mrs. Pauline Baker**
(Address) **55 Edghill 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. 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

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

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

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

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

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.)

25m-(b)-11-49-900, 475

PLACE OF DEATH

SUFFOLK
(County)BOSTON
(City or Town)

The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

BOSTON

(City or town making return)

95

COPY OF
CERTIFICATE OF DEATH

Registered No. 5005

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

2 FULL NAME Thomas 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. 9 Johnson Avenue St. Winthrop, Mass.
(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 23 years _____ months _____ days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH June 9, 1950
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
June 7, 1950, to June 9, 1950

I last saw him alive on June 9 1950. Death is said to

have occurred on the date stated above, at 9:35 A.M.

DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a)Pulmonary embolism 2 wks²INTERVAL BE-
TWEEN ONSET
AND DEATHANTECEDENT CAUSES Due To Arteriosclerotic
(b) heart disease

9 yrs

Due To
(c)

OTHER SIGNIFICANT CONDITIONS coronary occlusions old

Major 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 M. D.
(Address) MASS. GEN. HOSP. Date 6-9-506 Spring St. Cem. Essex
Place of Burial or Cremation (City or Town)

DATE OF BURIAL June 12, 1950 19

7 NAME OF FUNERAL DIRECTOR H. L. Richardson
ADDRESS Lynn

Received and filed JUN 19 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
or DIVORCED Married10a If married, widowed, or divorced
HUSBAND of Alice Haskell
(Give maiden name of wife in full)(or) WIFE of _____
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

AGE 45 Years 7 Months 10 Days If under 24 hours
Hours Minutes13 Usual Occupation: Purchasing Agent, (ret)
(Kind of work done during most of working life)

14 Industry or Business: Industrial lighting

15 Social Security No. _____

16 BIRTHPLACE (City) Lynn, Mass.
(State or country)

17 NAME OF FATHER Henry L. Wood

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

19 MAIDEN NAME OF MOTHER Nettie L. Gardiner

20 BIRTHPLACE OF MOTHER (City) Herkimer, N.Y.
(State or country)21 Informant WIFE
(Address)

A TRUE COPY

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

DATE FILED June 12, 1950 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.)

25m-(b)-11-49-900,475

PLACE OF DEATH

SUFFOLK

(County)

BOSTON

(City or Town)



The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH

DIVISION OF VITAL STATISTICS

COPY OF

CERTIFICATE OF DEATH

BOSTON

(City or town making return)

Registered No. 5151 96

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

2 FULL NAME John Snyder (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. 953 Shirley St. Winthrop, Mass. (Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death. years. months. 31 days. In place of residence. 35 years. months. days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH June 11, 1950 (Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from May 11, 1950, to June 11, 1950

I last saw him alive on June 11, 1950, death is said to

have occurred on the date stated above, at 12:40P m.

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Gastro intestinal hemorrhage

INTERVAL BETWEEN ONSET AND DEATH

3 mos

ANTE CEDENT CAUSES Due To Ulcertative lesion of stomach (b) mos

(c) Abdominal tumor with metastases mos

OTHER SIGNIFICANT CONDITIONS

Major findings: Abdominal exploration Of operations.

Date of operation. 6-6-50 Was autopsy performed? 6-11-50

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) P. B. Brigham M. D.

(Address) Date 6-11-50

6 Winthrop Cemetery Winthrop

Place of Burial or Cremation June 14, 1950 (City or town)

DATE OF BURIAL 19

7 NAME OF FUNERAL DIRECTOR A. B. Marsh

ADDRESS 174 Winthrop St.

Received and filed. JUN 26 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 or DIVORCED Married

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

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

11 IF STILLBORN, enter that fact here.

12 AGE 66 11 12 If under 24 hours AGE Years Months Days Hours Minutes

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

14 Industry or Business P. I. Ruby Plumbing Co.

15 Social Security No. 012-07-7861

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

17 NAME OF FATHER John Snyder

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

19 MAIDEN NAME OF MOTHER Mary Fraser

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

21 Informant (Address) John Snyder, son

A TRUE COPY

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

DATE FILED June 15, 1950 19

PLACE OF DEATH

Suffolk
(County)
Winthrop
(City or Town)



The Commonwealth of Massachusetts
EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH

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

Registered No. 97

No. 200 Lincoln St. (If death occurred in a hospital or institution, St. give its NAME instead of street and number)

2 FULL NAME Frank J. Orpin
(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. 200 Lincoln 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 1 years months days.

INSTRUCTIONS
FOR
FILLING OUT
CERTIFICATE

In giving
OF DEATH

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

This does not mean
of dying, such
as failure, asthenia,
means the disease,
complications which
death.

Under morbid conditions,
giving rise to the
cause (a) stating
underlying cause

Under conditions contrib-
uting to the death but not
to the disease or
in causing death.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH June 13 1950
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from
Jan. 19 50 to June 9 19 50.

I last saw him alive on June 9 19 50 death is said to
have occurred on the date stated above, at 8 30 P. m.

DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a) Cancer of Bladder

INTERVAL BE-
TWEEN ONSET
AND DEATH
7y.

ANTE DUE TO
CEDENT (b)
CAUSES

Due To
(c)

OTHER
SIGNIFICANT
CONDITIONS

Arteriosclerosis with
Coronary occlusion - 1 hour

Major findings:
Of operations. Cystectomy -

Date of operation Apr. 19 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) Walter S. Baker Jr. M. D.
(Address) 262 Beacon St. Date 6/14 19 50

6 New Calvary Boston
Place of Burial or Cremation (City or Town)

DATE OF BURIAL June 16, 1950

7 NAME OF FUNERAL DIRECTOR John J. O'Malley

ADDRESS Winthrop Massachusetts

Received and filed JUN 14 1950

(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 Annie McDonough
(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 Months Days If under 24 hours
Hours Minutes

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

14 Industry or Business: Printing

15 Social Security No. 023-07-7642

16 BIRTHPLACE (City) South Boston
(State or country) Massachusetts

17 NAME OF FATHER William Orpin

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

19 MAIDEN NAME OF MOTHER Mary Sullivan

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

21 Informant John D. Ryan
(Address) 200 Lincoln St Winthrop

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

Walter S. Baker Jr.
(Signature of Agent of Board of Health or other)
Health Officer 6/14/50
(Official Designation) (Date of Issue of Permit)

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

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

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

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

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

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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.)

25m-(b)-11-49-900,475

PLACE OF DEATH

SUFFOLK

(County)

BOSTON

(City or Town)



The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH

DIVISION OF VITAL STATISTICS

COPY OF

CERTIFICATE OF DEATH

BOSTON

(City or town making return)

Registered No. 5165 98

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

2 FULL NAME Mrs. Dinah (FREEDMAN) Weinberg (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. 43 Floyd St. Winthrop Mass. (Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death 10 hrs. 10 min. In place of residence 16 years. months. days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH June 14, 1950 (Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from Nov. 19 49 to June 14 19 50

I last saw her alive on June 14 19 50 death is said to have occurred on the date stated above, at 10:10A m.

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Dermatomyositis with myocarditis and pericarditis

ANTECEDENT 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? Biopsy, E.K.G.

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

If so, specify

(Signed) T. B. Baylea M. D.

(Address) Brookline Date 6-14-50

6 Workmen's Circle - Cem. Melrose Place of Burial or Cremation (City or Town)

DATE OF BURIAL June 15, 1950 19

7 NAME OF FUNERAL DIRECTOR Hyman J Torf Chelsea

ADDRESS

Received and filed JUN 26 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 Married

10a If married, with HUSBAND of (Give maiden name of wife in full)

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

11 IF STILLBORN, enter that fact here.

12 AGE 39 Years 10 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 no

15 Social Security No.

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

17 NAME OF FATHER Abraham Freedman

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

19 MAIDEN NAME OF MOTHER Rose Piatak

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

21 Informant (Address) Harold Weinberg

A TRUE COPY

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

DATE FILED June 16, 1950 19

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

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

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

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

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

Medical examiners shall make examination upon the view of the dead bodies of 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

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.)

25m-(b)-11-49-900,475

PLACE OF DEATH

SUFFOLK

(County)

BOSTON

(City or Town)



The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH

DIVISION OF VITAL STATISTICS

COPY OF

CERTIFICATE OF DEATH

BOSTON

(City or town making return)

5165 98

Registered No.

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

2 FULL NAME Mrs. Dinah (FREEDMAN) Weinberg (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. 43 Floyd St. Winthrop Mass. (Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death 10 hrs. 10 min. In place of residence 16 years. months. days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH June 14, 1950 (Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from Nov. 1949 to June 14, 1950

I last saw her alive on June 14, 1950, death is said to have occurred on the date stated above, at 10:10A m.

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Dermatomyositis with myocarditis and pericarditis 11 mon

ANTECEDENT 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? Biopsy, E.K.G.

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

If so, specify

(Signed) T. B. Baylea M. D. (Address) Brookline Date 6-14-50

6 Workmen's Circle - Cem. Melrose Place of Burial or Cremation (City or Town)

DATE OF BURIAL June 15, 1950

7 NAME OF FUNERAL DIRECTOR Hyman J Torf ADDRESS Chelsea

Received and filed JUN 26 1950

(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 Married

10a If married, wid HUSBAND of (Give maiden name of wife at marriage)

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

11 IF STILLBORN, enter that fact here.

12 AGE 39 Years 10 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 no

15 Social Security No.

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

17 NAME OF FATHER Abraham Freedman

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

19 MAIDEN NAME OF MOTHER Rose Piatak

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

21 Informant (Address) Harold Weinberg

A TRUE COPY

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

DATE FILED June 16, 1950



INSTRUCTIONS
FOR
VITAL CERTIFICATE

In giving
STATE 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,
implications which
death.

Underlying conditions,
giving rise to the
cause (a) stating
underlying cause

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

PLACE OF DEATH

1

(County)
Winthrop
(City or Town)

No. *Winthrop Gen. Hospital*

2 FULL NAME

Mary Caristo

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

(a) Residence. No. *280 North St*
(Usual place of abode)

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

PHYSICIAN — IMPORTANT

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

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

Length of stay: In place of death..... years..... months. *19* days. In place of residence years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH *June 15 1950*
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from
April 1950 to *June 15 1950*

I last saw him alive on *June 15 1950* death is said to

have occurred on the date stated above, at *7:40 p. m.*

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

ANTECEDENT (b) *Undermined*
CAUSES *obstructions*

(c) *Circulatory collapse*

OTHER
SIGNIFICANT
CONDITIONS

Major findings:
Of operations.....

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

What test confirmed diagnosis? *Biopsy*

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

If so, specify.....

(Signed) *Dr. Samuel* M. D.

(Address) *305 Cambridge St* Date *2-15-50*

6 *St. Michael's* *Boston*
Place of Burial or Cremation (City or Town)

DATE OF BURIAL *Monday June 19-50* 19

7 NAME OF FUNERAL DIRECTOR *Francis Lapina*

ADDRESS *9 Chelsea St E. B.*

Received and filed.....

JUN 21 1950

(Registrar)

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD
CERTIFICATE OF DEATH

Registered No. *99*

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

PERSONAL AND STATISTICAL PARTICULARS

8 SEX *F* 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 *James Caristo*
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE *43* 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.....

16 BIRTHPLACE (City) *New York*
(State or country)

17 NAME OF FATHER *Charles Romano*

18 BIRTHPLACE OF FATHER (City) *Italy*
(State or country)

19 MAIDEN NAME OF MOTHER *Julia Menna*

20 BIRTHPLACE OF MOTHER (City) *Italy*
(State or country)

21 Informant *husband James Caristo*
(Address) *280 North St Boston*

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

Walter S. Baker

(Signature of Agent of Board of Health or other)

Health Officer (Official Designation)

6/16/50 (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. 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

INSTRUCTIONS
FOR
MEDICAL CERTIFICATE

In giving
CAUSE OF DEATH

do not enter
more than one
cause for each
(a), (b) and (c)

This does not mean
mode of dying, such
as heart failure, asphyxia,
etc. It means the disease,
or combination of diseases,
or complications which
led to death.

Marbid conditions,
such as diabetes,
giving rise to the
cause (a) stating
underlying cause

Conditions contrib-
uting to the death but not
causing the disease or
condition causing death.

50M-2-19-25666

PLACE OF DEATH

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Boston 7/5/50
Suffolk
(County)
Winthrop
(City or Town)

No.

Winthrop Community Hosp.
Michael Hugh O'Meara
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 156 Lexington St.
(Usual place of abode)

St.

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

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

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH June 18, 1950
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from Jan 12, 1934, to June 18, 1950.

I last saw him alive on June 18, 1950 death is said to have occurred on the date stated above, at 7:35 A.M.

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Cerebral Hemorrhage 2 days

ANTECEDENT CAUSES (b) Hypertension. Atherosclerosis 5 yrs

Due To (c)

OTHER SIGNIFICANT CONDITIONS Duodenal Ulcer 10 yrs

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) M. Caplan M. D.

(Address) 186 Princeton St. B. Date 6-18-50

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

DATE OF BURIAL June 21, 1950

7 NAME OF FUNERAL DIRECTOR J. E. Parker

ADDRESS 726 Jamaica St. E. B.

Received and filed JUN 21 1950

19

20

The Commonwealth of Massachusetts

EDWARD J. CRONIN, SECRETARY
DIVISION OF VITAL STATISTICS



STANDARD
CERTIFICATE OF DEATH

Registered No.

100

(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))

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 Harriet M. Barr (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 5 Months 13 Days If under 24 hours Hours Minutes

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

14 Industry or Business: Eastman Heat Control

15 Social Security No.

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

17 NAME OF FATHER Michael O'Meara

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

19 MAIDEN NAME OF MOTHER Mary O'Hanlon

20 BIRTHPLACE OF MOTHER Wexham (State or country) Ireland

21 Informant Harriet M. O'Meara (Address) 156 Lexington St. E. Boston

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

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

Health Officer (Official Designation) 6/30/50 (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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Chap. 114, Sec.46, G. L., (Tercentenary Edition).

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

Statement of Cause of Death.—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.)

25m-(b)-11-49-900,475

PLACE OF DEATH

Suffolk
(County)

Chelsea
(City or Town)



The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

Chelsea
(City or town making return)

COPY OF
CERTIFICATE OF DEATH

Registered No. 37501

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 Max Wolk (If deceased is a married, widowed or divorced woman, give also maiden name.) (Was deceased a U.S. War Veteran, if so specify WAR) Spanish American

(a) Residence. No. 15 Cross 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 20 years. months. days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH June 18, 1950 (Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from 6/18 19 50 to June 18 19 50

I last saw him alive on June 18 19 50 death is said to

have occurred on the date stated above, at 1:55A. am.

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Valvular heart disease mitral and aortic

ANTE CEDENT CAUSES Due To (b) Congestive heart failure

Due To (c)

OTHER SIGNIFICANT CONDITIONS

Major findings: not operated 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?

If so, specify. (Signed) J. Lerman M. D.

(Address) 37501 Chelsea Date 6/18 19 50

6 Place of Burial or Cremation (City or Town)

DATE OF BURIAL June 18, 1950 19

7 NAME OF FUNERAL DIRECTOR Benjamin Birnbach

ADDRESS 10 Washington St. Dorchester

Received and filed. JUL 7 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 or DIVORCED Married

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

(or) WIFE of (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: Shipper (Kind of work done during most of working life)

14 Industry or Business: Army Base, So. Boston

15 Social Security No.

16 BIRTHPLACE (City) (State or country) Russia

17 NAME OF FATHER Aaron Wolk

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

19 MAIDEN NAME OF MOTHER Jeannette-cannot be learned

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

21 Informant Martin Frank (Address) 31 Sewall Ave. Winthrop, Mass.

A TRUE COPY

ATTEST: Joseph A. Truitt (Registrar of City or Town where death occurred)

DATE FILED June 18, 1950 19

Entered Service Oct.17,1903

Discharged Oct.16,1906

Private

Troop I 5th Regiment Cavalry

INSTRUCTIONS
FOR
MEDICAL CERTIFICATE
In giving
USE OF DEATH

do not enter
more than one
cause for each
(a), (b) and (c)

This does not mean
mode of dying, such
heart failure, asthma,
It means the disease,
complications which
d death.

Morbid conditions,
y, giving rise to the
cause (a) stating
underlying cause

Conditions contrib-
to the death but not
d to the disease or
tion causing death.

50m-(b)-11-49-090,560

PLACE OF DEATH

Suffolk
(County)
Winthrop
(City or Town)



The Commonwealth of Massachusetts
EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH

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

Registered No. 102

No. 428 Revere St.

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

2 FULL NAME. Lena A. Gaffny
(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. 428 Revere 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 4 years... months... days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH June 23 1950
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from
June 12 1950 to June 23 1950
I last saw her alive on June 22 1950 Death is said to
have occurred on the date stated above, at 3:28 A. m.

DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a) cerebral hemorrhage

INTERVAL BE-
TWEEN ONSET
AND DEATH

17 days

ANTE Due To
CEDENT (b) Anterior cerebral artery

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) J. F. Dineley M. D.
(Address) Winthrop Date 6-13-1950

6 Winthrop Winthrop
Place of Burial or Cremation June 26 1950
DATE OF BURIAL (City or Town)

7 NAME OF FUNERAL DIRECTOR John F. Dineley
ADDRESS Winthrop Massachusetts

Received and filed JUN 26 1950

(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 Patrick H. Gaffny
(Husband's name in full)

11 IF STILLBORN, enter that fact here.
12 84
AGE 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) Blackstone
(State or country) Massachusetts

17 NAME OF FATHER Michael Miskell

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

19 MAIDEN NAME OF MOTHER Mary Mulvey

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

21 Informant Patrica Gray
(Address) 428 Revere St

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 6/23/50
(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 supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection 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
DEATH CERTIFICATEIn giving
REASON 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,
applications which
death.

Underlying conditions,
giving rise to the
cause (a) stating
underlying cause

Underlying conditions contrib-
uting to the death but not
to the disease or
causing death

PLACE OF DEATH

1

Suffolk
(County)
Wentham
(City or Town)

No. *H 76*

2 FULL NAME

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

(a) Residence. No. *H 76*
(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*

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 24 58
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from

June 24, 1958 to June 24, 1958

I last saw him alive on *June 24, 1958* death is said to

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

DISEASE OR CONDITION

DIRECTLY LEADING

TO DEATH (a) *Coronary Thrombosis*INTERVAL BE-
TWEEN ONSET
AND DEATH*20 min*

ANTE Due To
CEDENT (b) *Coronary Insufficiency*
CAUSES *8 yrs*

Due To *Arteriosclerosis*
(c) *generalized* *4 yrs*

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) *James P. Baker*(Address) *556 Summer St. Boston*Date *6-20-58*M. D. *1958*

6 Place of Burial or Cremation

St. Michael's Bm Boston

(City or Town)

DATE OF BURIAL *June 28 58*

19

7 NAME OF FUNERAL DIRECTOR

*James P. Baker*ADDRESS *556 Summer St. Boston*

Received and filed

JUN 28 1950

(Registrar)

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICSSTANDARD
CERTIFICATE OF DEATHRegistered No. *103*

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*

10a If married, widowed or divorced

HUSBAND of *Ysela Pastore*

(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

Minutes

13 Usual

Occupation: *Supervisor*

(Kind of work done during most of working life)

14 Industry

or Business: *Whitings Milk Co.*15 Social Security No. *013-03-5891*

16 BIRTHPLACE (City)

(State or country) *Italy*

17 NAME OF FATHER

Agostino De Cristofaro

18 BIRTHPLACE OF FATHER (City)

(State or country) *Italy*

19 MAIDEN NAME OF MOTHER

Louisa (Mann)

20 BIRTHPLACE OF MOTHER (City)

(State or country) *Italy*

21

Informant

(Address) *Ysela De Cristofaro**H 76 Wentham St. Boston*

I HEREBY CERTIFY that a satisfactory standard certificate of death was

filed with me BEFORE the burial or transit permit was issued:

Walter S. Baker

(Signature of Agent of Board of Health or other)

(Official Designation)

6/28/50

(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)



The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD
CERTIFICATE OF DEATH

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

Registered No. 101

No. 18 Crescent St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME ADOLPH RUTTER
(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.I.

(a) Residence. No. 18 Crescent 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 12 years months days.

INSTRUCTIONS
FOR
MEDICAL CERTIFICATE

In giving
SE 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, asphemia,
means the disease,
implications which
death.

torbid conditions,
giving rise to the
cause (a) stating
underlying cause

onditions contrib-
to the death but not
to the disease or
on causing death.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH June 28 1950
(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 1-40 P.M.

DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a) coronary
embolism

ANTE CEDENT CAUSES Due To (b) M.E. removed
jurisdiction

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) J. F. Rutter M. D.
(Address) 10 W. Washington St. Dor.

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

DATE OF BURIAL June 30, 1950

7 NAME OF FUNERAL DIRECTOR Benjamin Birnbach
ADDRESS 10 W. Washington St. Dor.

Received and filed JUL 5 1950

(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 Florence Rudnitsky
(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: Electrician
(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 Wolf Rutter

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

19 MAIDEN NAME OF MOTHER Sarah (cannot be learned)

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

21 Informant Florence Rutter
(Address) 18 Crescent St. Winthrop

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

Walter S. Baker

(Signature of Agent of Board of Health or other)
Health officer (Official Designation) 6/29/50 (Date of Issue of Permit)

100M-(D)-10-48-24650

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

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

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

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

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

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

1/27/13
8/29/20
Master Sgt
Eugene
588.303

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)

Natick

(City or Town)



The Commonwealth of Massachusetts

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

Natick

(City or town making return)

Registered No.

105

No.

3 Dartmouth

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

2 FULL NAME

Emma S. Betts (Pommet)

(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.

259 Bowdion

(Usual place of abode)

St.

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

MEDICAL CERTIFICATE OF DEATH

3 DATE OF
DEATH

June 13, 1950

(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

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? viewed

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

If so, specify.....

(Signed) M. F. Burke, M. D.

(Address) Natick Date 6-13 19 50

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

DATE OF BURIAL June 16, 19 50

8 NAME OF FUNERAL DIRECTOR A. H. Doherty

ADDRESS Natick

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

JUL 13 1950

(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

9 SEX

F.

10 COLOR OR RACE

W.

11 SINGLE (write the word)
MARRIED
WIDOWED Widowed
or DIVORCED

11a If married, widowed, or divorced

HUSBAND of.....
(Give maiden name of wife in full)(or) WIFE of George L. Betts
(Husband's name in full)

12 IF STILLBORN, enter that fact here.

13

AGE 68 Years 5 Months 3 Days

If under 24 hours

Hours..... Minutes

14 Usual

Occupation.....

Hswf.

(Kind of work done during most of working life)

15 Industry

or Business.....

16 Social Security No. none

17 BIRTHPLACE (City) Paris
(State or country) France

18 NAME OF

FATHER

Joseph Pommet

19 BIRTHPLACE OF

FATHER (City).....

(State or country)

France

20 MAIDEN NAME

OF MOTHER

Mary S. DeGange

21 BIRTHPLACE OF

MOTHER (City).....

(State or country)

France

22

Informant

(Address)

George L. Morgan

Natick

A TRUE COPY.

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

DATE FILED June 14, 19 50

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.)

25m-(b)-11-49-900,475

PLACE OF DEATH

1

Suffolk

(County)

Revere

(City or Town)



The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH

DIVISION OF VITAL STATISTICS

COPY OF

CERTIFICATE OF DEATH

REVERE

(City or town making return)

Registered No. 106

No. Resthavne

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

2 FULL NAME Annie T. 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

St.

Winthrop

(Usual place of abode)

(If nonresident, give city or town and State)

Length of stay: In place of death. 9 years. 9 months. days. In place of residence 30 years. months. days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH

June 21 1950
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from Jan. 1 19 50 to June 21 19 50

I last saw her alive on June 20 19 50 death is said to

have occurred on the date stated above, at 11:45 P.m.

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION

DIRECTLY LEADING

TO DEATH (a) Cerebral embolism

ANTE CEDENT CAUSES

Due To (b) Arteriosclerosis

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

(Address) 4 Washington Ave. Date 6/22 19 50

6 Calvary Winthrop, Mass. Boston

Place of Burial or Cremation (City or Town)

DATE OF BURIAL June 23 19 50

7 NAME OF FUNERAL DIRECTOR John F. O'Maley

ADDRESS Winthrop

Received and filed JUL 20 1950 19

(Registrar of City or Town where deceased resided)

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 82 Years Months Days If under 24 hours Hours Minutes

13 Usual

Occupation: Housekeeper (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

John Brooks

18 BIRTHPLACE OF

FATHER (City)

(State or country) Ireland

19 MAIDEN NAME

OF MOTHER Catherine Morgan

20 BIRTHPLACE OF

MOTHER (City)

(State or country) Ireland

21

Informant Mrs. M. F. Brooks (Address) 31 Cross St., Winthrop

A TRUE COPY

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

DATE FILED July 5, 19 50



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

NORFOLK
(County)BROOKLINE
(City or Town)

No. Booth Memorial Hospital



The Commonwealth of Massachusetts

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

BROOKLINE

(City or town making return)

Registered No. 439

107

(If death occurred in a hospital or institution,
St. give its NAME instead of street and number)2 FULL NAME Baby Girl - Patricia Martin
(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. 328 Pleasant
(Usual place of abode)St. Winthrop, Massachusetts
(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 22 1950
(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) Premature separation of
PlacentaINTERVAL BE-
TWEEN ONSET
AND DEATHANTE DUE TO Pre-eclamptic Toxemia
CEDENT (b) of pregnancy in mother
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 Daniel C Goldfarb
(Signed) 483 Beacon St. Boston June 22 M. D.
(Address) Date 19506 Woodlawn Cemetery, Everett, Massachusetts
Place of Burial or Cremation (City or Town)

DATE OF BURIAL June 24 1950

7 NAME OF FUNERAL DIRECTOR Edmund J Carafa
ADDRESS 389 Washington Av. Chelsea, Mass.

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

JUL 12 1950
(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 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. STILLBORN

12 AGE.....Years.....Months.....Days If under 24 hours
.....Hours.....Minutes13 Usual Occupation:.....
(Kind of work done during most of working life)14 Industry
or Business:

15 Social Security No.

16 BIRTHPLACE (City) Brookline
(State or country) Massachusetts

17 NAME OF FATHER Jackson Martin

18 BIRTHPLACE OF FATHER (City) Somerville
(State or country) Massachusetts

19 MAIDEN NAME OF MOTHER Ina Strain

20 BIRTHPLACE OF MOTHER (City) St. Thomas
(State or country) Canada21 Informant Ina Martin
(Address) 328 Pleasant St., Winthrop, Mass.

A TRUE COPY

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

DATE FILED June 30, 1950 Town Clerk



Office of the Director
Department of Education

Division Office - Manila

Memorandum for the Director

Subject: [Illegible]

Reference is made to the [Illegible]

It is recommended that [Illegible]

Very truly yours,

[Illegible Signature]

[Illegible Title]

[Illegible Text]

[Illegible Text]

[Illegible Text]

[Illegible Text]

[Illegible Text]

[Illegible Text]

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.)

25m-(b)-11-49-900.475

PLACE OF DEATH

1

Suffolk

(County)

Boston

(City or Town)



The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH

DIVISION OF VITAL STATISTICS

COPY OF
CERTIFICATE OF DEATH

Boston

(City or town making return)

Registered No.

5550

108

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 Petralia

(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. 88 Putnam
(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.

2 Hrs

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH June 25/50

(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from June 25 19 50 to June 25 19 50

I last saw him alive on June 25 19 50, death is said to

have occurred on the date stated above, at 6:15A m.

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Coronary occlusion

INTERVAL BETWEEN ONSET AND DEATH 3 Hrs

ANTE Due To Arterio sclerotic
CEDENT (b) heart disease
CAUSES

6 Mos Plus

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) Date 6-25 19 50

(Address) Winthrop Cem-Winthrop Mass.

6 Place of Burial or Cremation (City or Town)

DATE OF BURIAL June 28/50

7 NAME OF FUNERAL DIRECTOR M Kirby
ADDRESS Winthrop Mass.

Received and filed. JUL 10 1950 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 Petrina Muscara
(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: Barber
(Kind of work done during most of working life)

14 Industry or Business: Retired

15 Social Security No. None

16 BIRTHPLACE (City) Italy
(State or country)

17 NAME OF FATHER Paul Petralia

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

19 MAIDEN NAME OF MOTHER Josephine ---

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

21 Informant Mrs P Petralia
(Address)

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

DATE FILED June 29/50 19

PLACE OF DEATH

Suffolk
(County)Winthrop
(City or Town)

No. 59 Park Avenue



The Commonwealth of Massachusetts
EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD
CERTIFICATE OF DEATH

Registered No. 109

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

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

(a) Residence. No. 59 Park 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)

INSTRUCTIONS
FOR
MEDICAL CERTIFICATE

In giving
USE 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,
etc. It means the disease,
complications which
led to death.

Morbid conditions,
giving rise to the
cause (a) stating
underlying cause

Conditions contrib-
uting to the death but not
due to the disease or
condition causing death.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH July 3 1950
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from
Nov. 23, 1948, to July 3, 1950

I last saw him alive on July 3, 1950, 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 Occlusion 72 hrs

ANTECEDENT CAUSES Due To (b) Arterio-sclerotic heart disease years

Due To (c) Generalized arterio-sclerosis year

OTHER SIGNIFICANT CONDITIONS Chronic Bronchiectasis 7 years

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) Arthur S. Murray M. D.
(Address) Winthrop, Mass Date July 6 1950

6 Walnut Hill Brookline
Place of Burial or Cremation (City or Town)

DATE OF BURIAL July 6 1950

7 NAME OF FUNERAL DIRECTOR Edward S. Murray

ADDRESS Winthrop, Mass.

Received and filed JUL 10 1950

(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 Alice Shaw
(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 5 Days If under 24 hours
Hours Minutes

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

14 Industry or Business Roof

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

17 NAME OF FATHER Joseph Farquhar

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

19 MAIDEN NAME OF MOTHER Annie Williams

20 BIRTHPLACE OF MOTHER (City) Providence
(State or country) R.I.

21 Informant Alice S. Farquhar
(Address) 59 Park Avenue 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. Dancy
(Signature of Agent of Board of Health or other)

Walter A. Dancy
(Official Designation) (Date of Issue of Permit) 7/6/50

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

PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)

No. 19 Moore Street

2 FULL NAME Mary Ann (McAskill) Howard

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

(a) Residence. No. 19 Moore Street

(Usual place of abode)

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

INSTRUCTIONS
FOR
MEDICAL CERTIFICATEIn giving
USE OF DEATHdo not enter
more than one
cause for each
(a), (b) and (c)This does not mean
mode of dying, such
as failure, assthenia,
it means the disease,
complications which
led death.Morbid conditions,
giving rise to the
cause (a) stating
underlying causeConditions contrib-
to the death but not
to the disease or
ion causing death.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH July 3, 1950
(Month) (Day) (Year)I HEREBY CERTIFY, That I attended deceased from
July 12, 1947 to July 3, 1950
I last saw her alive on July 2, 1950 death is said to

have occurred on the date stated above, at 3:15 A.M.

DISEASE OR CONDITION

DIRECTLY LEADING
TO DEATH (a) Carcinoma of the
Urinary BladderANTE Due To
CEDENT (b)
CAUSESDue To
(c)OTHER
SIGNIFICANT
CONDITIONS

Major findings:

Of operations:

Date of operation:

What test confirmed diagnosis:

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

If so, specify:

(Signed) Maurice Trautman, Jr.

(Address) 562 Shirley St., Winthrop

Winthrop

6 Place of Burial or Cremation

(City or Town)

DATE OF BURIAL

7 NAME OF

FUNERAL DIRECTOR

ADDRESS

Received and filed

JUL 10 1950

(Registrar)



The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD

CERTIFICATE OF DEATH

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

Registered No.

110

(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)

Female White MARRIED WIDOWED Widowed

10a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of William J Howard

(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 85 10 8 If under 24 hours
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. None

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

17 NAME OF FATHER John McAskill

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

19 MAIDEN NAME OF MOTHER Margaret Barclay

20 BIRTHPLACE OF MOTHER (City) Scotland
(State or country)21 Informant Janet Howard
(Address) 19 Moore Street 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) (Date of Issue of Permit) 7/5/50

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.

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. . . . 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

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. (i)-1-45-15510

1 PLACE OF DEATH County <u>Suffolk</u> City or Town <u>Wentworth</u> No. <u>on route to Wentworth Community Hospital</u>		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. <u>111</u>		St. <u>(If death occurred in a hospital or institution, give its NAME instead of street and number)</u>	
2 FULL NAME <u>Frederick Riellander</u> (If deceased is a married, widowed or divorced woman, give also maiden name.)		(a) Residence. No. <u>12 Pearl Ave - 927</u> <u>Wentworth</u> (Usual place of abode)		(b) <u>Physician-Important</u> (Was deceased a U. S. War Veteran, If so specify WAR) <u>No</u>	
Length of stay: in hospital or institution (Before death) _____ years _____ months _____ days. (Specify whether) _____ in this community _____ yrs. _____ mos. _____ days.		PERSONAL AND STATISTICAL PARTICULARS			
3 SEX <u>Male</u>	4 COLOR OR RACE <u>White</u>	5 SINGLE (write the word) <u>Single</u> 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 <u>65</u> Years <u>5</u> Months _____ Days If less than 1 day _____ Hours _____ Minutes					
9 Occupation: <u>Salvage</u>					
10 Industry or Business: _____					
11 Social Security No. _____					
12 BIRTHPLACE (City) <u>Baltimore</u> (State or country) <u>Maryland</u>					
PARENTS	13 NAME OF FATHER <u>Samuel Riellander</u>				
	14 BIRTHPLACE OF FATHER (City) <u>New York</u> (State or country) <u>New York</u>				
	15 MAIDEN NAME OF MOTHER <u>Saura Pettit</u>				
	16 BIRTHPLACE OF MOTHER (City) <u>Baltimore</u> (State or country) <u>Maryland</u>				
17 Informant (Address) <u>Board of Health, Wentworth, Mass</u> 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: <u>Walter A. Baker</u> (Signature of Agent of Board of Health or other) <u>Health Officer</u> (Official Designation) <u>7/5/50</u> (Date of Issue of Permit)					
MEDICAL CERTIFICATE OF DEATH					
18 DATE OF DEATH <u>July - 3 - 1950</u> (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.) <u>Sudden cardiac failure; Partially coronary sclerosis</u>					
20 Accident, suicide, or homicide (specify) _____ Date of occurrence _____ 19 _____ Where did injury occur? _____ (City or town and State) Did injury occur in or about home, on farm, in industrial place, or in public place? _____ (Specify type of place) Manner of injury <u>Found collapsed in street;</u> Nature of injury <u>Dead on arrival at hospital</u> While at work? _____ Was there an autopsy? <u>no</u>					
21 Was disease or injury in any way related to occupation of deceased? _____ If so, specify <u>Thrombosis</u> (Signed) _____ M. D. (Address) <u>Boston</u> Date <u>July 3 - 1950</u>					
22 <u>Wentworth</u> <u>Wentworth</u> Place of Burial, Cremation or Removal (City or Town) DATE OF BURIAL <u>July 6</u> 19<u>50</u>					
23 NAME OF FUNERAL DIRECTOR <u>Ernest P. Lagunas</u> ADDRESS <u>147 Wentworth St. Wentworth</u>					
Received and filed <u>JUL 10 1950</u> 19 _____ (Registrar)					

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

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

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

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

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

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

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

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

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

RULES OF PRACTICE

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

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

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

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

STATEMENT OF CAUSE OF DEATH

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

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

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)

No. 52 Thornton Park

2 FULL NAME Annie May (Rogers) Cushman

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

(a) Residence. No. 52 Thornton Park
(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)

(If nonresident, give city or town and State)

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

INSTRUCTIONS FOR LOCAL CERTIFICATE

In giving SE OF DEATH

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

This does not mean mode of dying, such as heart failure, asphyxia, etc. It means the disease, or complications which led to death.

Underlying conditions, giving rise to the cause (a) stating underlying cause

Conditions contributing to the death but not due to the disease or condition causing death.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH July 5 1950
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from Oct. 26, 1949 to July 5, 1950

I last saw her alive on July 3, 1950, death is said to

have occurred on the date stated above, at 8 A. m.

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Carcinomatosis 1 yr

ANTE CEDENT CAUSES (b) Carcinoma of bladder 1 1/2 yrs

Due To (c)

OTHER SIGNIFICANT CONDITIONS none

Major findings: Carcinoma of bladder metastasis

Of operations 13 Oct 49

Date of operation 13 Oct 49 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 C. Maynard M. D.

(Address) Winthrop Mass Date July 6 1950

6 Mt Auburn Cambridge (City or Town)

DATE OF BURIAL July 8 1950

7 NAME OF FUNERAL DIRECTOR Howard S. Reynolds

ADDRESS Winthrop Mass

Received and filed JUL 10 1950

(Registrar)

The Commonwealth of Massachusetts
EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS



STANDARD
CERTIFICATE OF DEATH

Registered No. 112

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 Married

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

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

11 IF STILLBORN, enter that fact here.

12 AGE 56 Years 11 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: Own Home

15 Social Security No. None

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

17 NAME OF FATHER James D Rogers

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

19 MAIDEN NAME OF MOTHER Mary L Greenleaf

20 BIRTHPLACE OF MOTHER (City) Portland (State or country) Maine

21 Informant (Address) Leonard Cushman 52 Thornton Park 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. Baskin (Signature of Agent of Board of Health or other)

Heather Pierce (Official Designation) 7/6/50 (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:

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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.

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SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

Signature of Agent or Board of Health (or other) Seattle Office 7/10/52

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of 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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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. 170 Washington Ave.



The Commonwealth of Massachusetts
EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD
CERTIFICATE OF DEATH

Registered No. 114

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

2 FULL NAME

Eugene Cronin

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

(a) Residence. No. 170 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 47 years... months... days.

INSTRUCTIONS
FOR
CERTIFICATEIn giving
SE OF DEATH

do not enter
more than one
use for each
a), (b) and (c)

This does not mean
mode of dying, such
as failure, ashenia,
means the disease,
implications which
death.

Underlying conditions,
giving rise to the
cause (a) stating
underlying cause

Conditions contrib-
to the death but not
to the disease or
on causing death.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH July 10 1950
(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 8:30 A.M.

DISEASE OR CONDITION Natural causes
DIRECTLY LEADING TO DEATH (a) Presumably coronary occlusion one hour

ANTECEDENT CAUSES (b) generalized arteriosclerosis years

Due To (c)

OTHER SIGNIFICANT CONDITIONS Diabetes Mellitus 15 yrs.

Major findings: none
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) M. D.

(Address) Holy Cross Malden Mass Date July 10 1950

6 Place of Burial or Cremation (City or Town)

DATE OF BURIAL July 12 1950 19

7 NAME OF FUNERAL DIRECTOR John J. O'Malley

ADDRESS Winthrop Mass

Received and filed JUL 12 1950 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 Marie E. Bernier
(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 Months Days If under 24 hours Hours Minutes

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

14 Industry or Business: Stocks & Bonds

15 Social Security No.

16 BIRTHPLACE (City)... East Boston
(State or country) Massachusetts

17 NAME OF FATHER John Cronin

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

19 MAIDEN NAME OF MOTHER Johanna Sullivan

20 BIRTHPLACE OF MOTHER (City) Ireland
(State or country)21 Informant Marie E. Cronin
(Address) 170 Washington Ave Winthrop

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

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

(Official Designation)

(Date of Issue of Permit) 7/10/50

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.

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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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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

BOSTON

(County)

SUFFOLK

(City or Town)

Mass. Memorial Hospital

No.

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. 5000

115

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

2 FULL NAME Rachel Kahn

(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. 43 Tewksbury

(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 10, 1950
(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 fractures-Fall from hospital window while disoriented Boston 7-10-50

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

(Signed) Richard Ford, M. D.

(Address) Date 7-10-50

7 Sharon Kem. Pk. Sharon

Place of Burial, or Cremation (City or Town)

DATE OF BURIAL July 11, 1950

8 NAME OF FUNERAL DIRECTOR S. Schlossberg & SONS

ADDRESS MATAPAN

Received and filed JUL 17 1950

(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

9 SEX 10 COLOR OR RACE 11 SINGLE (write the word)
FEM. WHITE MARRIED
WIDOWED
or DIVORCED WIDOWED

11a If married, widowed, or divorced

HUSBAND of (Give maiden name of wife in full)

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

12 IF STILLBORN, enter that fact here.

13 AGE 73 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 AT HOME

16 Social Security No. None

17 BIRTHPLACE (City) Russia
(State or country)

18 NAME OF FATHER ABRAHAM KAUFMAN

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

20 MAIDEN NAME OF MOTHER Dessie Levenson

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

22 Informant JEANETTE Rampell, dau
(Address)

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

DATE FILED JUL 13, 1950



PLACE OF DEATH

1

Suffolk
(County)
Winthrop
(City or Town)



The Commonwealth of Massachusetts
EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH

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

116

Registered No.

No. *45 Van Vorst*

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

2 FULL NAME *Flamine Marotta*
(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. *45 Van Vorst*
(Usual place of abode)

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

Length of stay: In place of death *27* years months days. In place of residence *27* years months days.

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, asphemia,
means the disease,
implications which
death.

torbid conditions,
giving rise to the
cause (a) stating
underlying cause

conditions contrib-
to the death but not
to the disease or
on causing death.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH *July 10 - 1950*
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from
June 4, 1949 to *July 10, 1950*
I last saw her alive on *July 10, 1950*, death is said to

have occurred on the date stated above, at *11:20 A.M.*

DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a) *Brain Tumor*

INTERVAL BE-
TWEEN ONSET
AND DEATH
1 1/2 yrs

ANTE Due To
CEDENT (b)
CAUSES

Due To
(c)

OTHER
SIGNIFICANT
CONDITIONS

Major findings: *Brain Tumor left (MAG? GEN HOST)*
Of operations.

Date of operation. *1949* 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 Salem* M. D.
(Address) *342 Hancock St. Boston 7/11/1950*

6 *May Cross Martin*
Place of Burial or Cremation (City or Town)

DATE OF BURIAL *July 12* 1950

7 NAME OF FUNERAL DIRECTOR *Gennaro J. Jannini*

ADDRESS *415 North St. Boston*

Received and filed. *JUL 12 1950* 19

(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 *27* Years Months Days If under 24 hours
Hours Minutes

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

14 Industry or Business: *Plumber*

15 Social Security No. *011-204590*

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

17 NAME OF FATHER *Lorenzo Marotta*

18 BIRTHPLACE OF FATHER (City) *Italy*
(State or country)

19 MAIDEN NAME OF MOTHER *Maria Vitello*

20 BIRTHPLACE OF MOTHER (City) *Italy*
(State or country)

21 Informant *Lorenzo Marotta Father*
(Address) *45 Van Vorst St. Winthrop*

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

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

Health Officer (Official Designation) *7/12/50* (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 discases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable discase, 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

Handwritten signature/initials

PLACE OF DEATH

Suffolk
(County)

Winthrop
(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. 117

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

2 FULL NAME Margaret Geneva Diggins
(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. 46 Washington Ave St.
(Usual place of abode) (If nonresident, give city or town and State)

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

INSTRUCTIONS
FOR
CERTIFICATE

In giving
SE OF DEATH

to not enter
more than one
use for each
(a), (b) and (c)

This does not mean
mode of dying, such
as failure, ashenia,
means the disease,
implications which
death.

forbid conditions,
giving rise to the
cause (a) stating
underlying cause

conditions contrib-
to the death but not
to the disease or
on causing death.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH July 11 1950
(Month) (Day) (Year)

4 I HEREBY CERTIFY That I attended deceased from April 30 1950 to July 11 1950
I last saw her alive on 7/11/50 19 death is said to

have occurred on the date stated above, at 1:05 PM
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Carcinoma of colon about 1 yr

INTERVAL BETWEEN ONSET AND DEATH

ANTE Due To CEDENT (b) CAUSES

Due To (c)

OTHER SIGNIFICANT CONDITIONS Arteriosclerosis, generalized. 10 yrs

Major findings: Of operations.

Date of operation. 0 Was autopsy performed? 0

What test confirmed diagnosis? Clinical

5 Was disease or injury in any way related to occupation of deceased? 0

If so, specify

(Signed) Sydney W. Dickinson M. D.
(Address) 89 Somerset Ave Date 7/11/50

6 Calvary Chapel Gloucester Mass
Place of Burial or Cremation (City or Town)

DATE OF BURIAL July 13 1950

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

Received and filed. JUL 12 1950 19

(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 72 Years Months Days If under 24 hours Hours Minutes

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

14 Industry or Business: Dep'T Store

15 Social Security No.

16 BIRTHPLACE (City) Gloucester
(State or country) Massachusetts

17 NAME OF FATHER Patrick Diggins

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

19 MAIDEN NAME OF MOTHER Sarah A. Clark

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

21 Informant G. Walter Nickerson
(Address) 176 Brooks St Medford 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 Health or other Health Officer) 7/12/50
(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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death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

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RULES OF PRACTICE

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

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

Statement of Cause of Death.—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. 150 Quincy Ave.



The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICSTo be filed for burial permit
with Board of Health
or its Agent.

STANDARD

CERTIFICATE OF DEATH

Registered No. 118

St. (If death occurred in a hospital or institution,
give its NAME instead of street and number)2 FULL NAME James Scott Hamilton
(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. 150 Quincy Ave.
(Usual place of abode)

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

Length of stay: In place of death 24 years months days. In place of residence 24 years months days.

INSTRUCTIONS
FOR
CERTIFICATEIn giving
OF DEATHdo not enter
more than one
use for each
(a), (b) and (c)his does not mean
mode of dying, such
failure, asthenia,
means the disease,
applications which
death.orbid conditions,
giving rise to the
cause (a) stating
underlying causeconditions contrib-
to the death but not
to the disease or
on causing death.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH July 14 1950
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
July 14 1950 to July 14 1950

I last saw him alive on 7 AM 14 1950 death is said to

have occurred on the date stated above, at 8:30 A. M.

DISEASE OR CONDITION

DIRECTLY LEADING

TO DEATH (a) Carcinomatosis

INTERVAL BE-
TWEEN ONSET
AND DEATH

9 mo.

ANTE Due To Carcinoma of bowel
CEDENT (b) CAUSES 13 mo.Due To
(c)OTHER
SIGNIFICANT
CONDITIONSPulmonary fibrosis?
Carcinoma metastasis.

9 mo.

Major findings: General carcinomatosis of abdomen
Of operations.

Date of operation. Mar 16, 1950 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) Myron D. King M. D.
(Address) 25 Sturges St. Winthrop date 7/14 19506 Winthrop Winthrop
Place of Burial or Cremation (City or Town)

DATE OF BURIAL July 17 1950

7 NAME OF FUNERAL DIRECTOR Edward S. Reynolds

ADDRESS Winthrop Mass.

Received and filed JUL 18 1950 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 Gundhild Helena Dalgren
(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 9 Months 16 Days If under 24 hours
Hours Minutes13 Usual Occupation: Traffic Manager
(Kind of work done during most of working life)

14 Industry or Business: Wool Co.

15 Social Security No. 012-05-6592

16 BIRTHPLACE (City) Belfast
(State or country) Ireland

17 NAME OF FATHER James Hamilton

18 BIRTHPLACE OF Colisland
FATHER (City) Ireland
(State or country)19 MAIDEN NAME
OF MOTHER Jane Scott20 BIRTHPLACE OF Scottstown
MOTHER (City) Ireland
(State or country)21 Informant G Helena Hamilton
(Address) 150 Quincy 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 (Official Designation) 7/17/50
(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

RM R-301A

INSTRUCTIONS
FOR
VITAL CERTIFICATE

In giving
OF DEATH

do not enter
more than one
cause for each
(a), (b) and (c)

his does not mean
mode of dying, such
as failure, asthenia,
means the disease,
implications which
death.

forbid conditions,
giving rise to the
cause (a) stating
underlying cause

conditions contrib-
to the death but not
to the disease or
ion causing death.

50M (B).12-49-900722

PLACE OF DEATH

Suffolk
(County)

Winthrop
(City or Town)

No. 40 Freemont St.

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

(a) Residence. No. 40 Freemont St.
(Usual place of abode)

Length of stay: In place of death 5 years months days. In place of residence 24 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH July 18 1950
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from
1/5 1949 to July 18 1950

I last saw her alive on July 17 1950, death is said to
have occurred on the date stated above, at 5 A. M.

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Acute coronary Heart Disease 15 minutes

ANTECEDENT (b) Due To Rheumatic Heart Disease 4 yrs.

Due To (c)

OTHER SIGNIFICANT CONDITIONS none

Major findings: none - 1936 Lobectomy for emphysema

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 (Signed) Myron N. King M. D. Date 7/18 1950
(Address) 25 Sargent St. Winthrop

6 Winthrop (City or Town)

DATE OF BURIAL July 20 1950

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

Received and filed JUL 20 1950

(Registrar)

The Commonwealth of Massachusetts
EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS



STANDARD
CERTIFICATE OF DEATH

Registered No. 119

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,
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 Married

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

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

11 IF STILLBORN, enter that fact here.

12 AGE 38 Years 5 Months 12 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) Chelsea
(State or country) Mass

17 NAME OF FATHER Frederick

18 BIRTHPLACE OF FATHER (City) Hartford
(State or country) Conn.

19 MAIDEN NAME OF MOTHER Emma Finnery

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

21 Informant Charles J Carey
(Address) 40 Freemont St. Winthrop

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

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

Health Officer (Official Designation) 7/19/50 (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

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

PLACE OF DEATH

1

SUFFOLK
(County)
BOSTON

(City or Town)



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.

6276-

120

No. Boston City Hospital

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

2 FULL NAME George Finn
(If deceased is a married, widowed or divorced woman, give also maiden name.)(Was deceased a
U. S. War Veteran, WW #2
if so specify WAR)(a) Residence. No.
(Usual place of abode)

33 Nevada

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

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

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH July 21/50

(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.)Death instatus epilepticus precipitated
by dural cortical adhesions resulting
from head injury in automobile
accident in New Hampshire Sept. 1949

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?)

While at work? Was autopsy performed?

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

If so, specify

(Signed) Richard Ford M. D.
(Address) Date 7-22 19 507 Place of Burial, or Cremation
Zviller Cem-West Roxbury Mass. (City or Town)

DATE OF BURIAL July 23/50 19

8 NAME OF FUNERAL DIRECTOR Louis Levine

ADDRESS Brookline Mass.

Received and filed JUL 31 1950 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 Married
WIDOWED
or DIVORCED11a If married, widowed, or divorced
HUSBAND of Mildred Maged
(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 Minutes14 Usual Occupation: Accountant
(Kind of work done during most of working life)

15 Industry or Business: Accounting

16 Social Security No. 022-01-4856
Dorchester Mass.17 BIRTHPLACE (City)
(State or country)

18 NAME OF FATHER Samuel Finn

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

20 MAIDEN NAME OF MOTHER Sadie Bronstein

21 BIRTHPLACE OF MOTHER (City) Russia
(State or country)22 Informant David Finn Brother
(Address)

A TRUE COPY.

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

DATE FILED July 25/50 19

RECEIVED



JUL 31 1950 AM

Entered Service Jan.28,1943 Boston
Discharged Feb.28,1946 Fort Devens Mass.
Sergt.Transportation Ships Complement
Tech Sec.Unit 900222
Service No. 31271485

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.)

25m-(b)-11-49-900,475

PLACE OF DEATH

SUFFOLK
BOSTON

(County)

(City or Town)

Boston City Hospital

No.

The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH

DIVISION OF VITAL STATISTICS

COPY OF

CERTIFICATE OF DEATH

BOSTON

(City or town making return)

Registered No. 6349

121

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

2 FULL NAME George J Hamilton
(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 Beale
(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 days In place of residence 30 years months days

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH July 23/50
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from June 8 19 50 to July 23 19 50

I last saw h. --- alive on ---, 19 ---, death is said to have occurred on the date stated above, at 4:15 P.m.

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Pulmonary embolism

INTERVAL BETWEEN ONSET AND DEATH

2 Hrs

ANTE Due To Cerebro vascular embolism
CEDENT (b) rt. and left hemisphere
CAUSES epilepsy status focal

Due To Wks.

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?

If so, specify

(Signed) T Sannella M. D.
(Address) Boston City Hospt 7-23 19 506 Place of Burial or Cremation Winthrop Cem. Winthrop Mass.
(City or Town)

DATE OF BURIAL July 26/50 19

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

Received and filed JUL 31 1950 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 Anna J Flaherty
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 64 Years 0 Months 18 Days If under 24 hours Hours Minutes

13 Usual Occupation Fireman Boston Fire Dept.
(Kind of work done during most of working life)

14 Industry or Business

15 Social Security No. 014-22-2713

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

17 NAME OF FATHER Amaziah Hamilton

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

19 MAIDEN NAME OF MOTHER Ellen G Murray

20 BIRTHPLACE OF MOTHER (City) Halifax N.S.
(State or country)21 Informant Mrs A J Hamilton
(Address) Wife

A TRUE COPY

ATTEST: Charles H. Mackie
(Registrar of City or Town where death occurred)

July 27/50

DATE FILED 19

RECEIVED



JUL 31 1950 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.)

25m-(b)-11-49-900,475

PLACE OF DEATH

SUFFOLK
BOSTON
(County)

The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH

DIVISION OF VITAL STATISTICS

COPY OF

CERTIFICATE OF DEATH

(City or town making return)

Registered No.

6394

122

No. Mass. General Hospital

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

2 FULL NAME Frederick Young
(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 Waldemar 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 July 25/50
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
July 20 19 50 to July 25 19 50

I last saw him alive on July 25 19 50, death is said to

have occurred on the date stated above, at 12:48P.m.

DISEASE OR CONDITION
DIRECTLY LEADING TO DEATH (a) Carcinoma of the stomach
1 Yr.ANTECEDENT CAUSES Due To with extensions to omentum
(b) lymph nodes, peritoneum
(c) and liverOTHER SIGNIFICANT CONDITIONS General arterio sclerosis yrs
benign prostatic hypertrophyMajor 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 C. L. Gray
(Signed) Mass. General Hospt 7-25 19 50
(Address) Holy Cross-Malden Mass.

6 Place of Burial or Cremation (City or Town)

DATE OF BURIAL July 28/50 19

7 NAME OF FUNERAL DIRECTOR M W Kirby
ADDRESS Winthrop Mass.

Received and filed AUG 7 1950 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 Widowed
or DIVORCED10a If married, widowed, or divorced
HUSBAND of Clara E Mohr
(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: Shipsmith
(Kind of work done during most of working life)

14 Industry or Business: Retired

15 Social Security No. None

16 BIRTHPLACE (City, State or country) Nova Scotia

17 NAME OF FATHER George Young

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

19 MAIDEN NAME OF MOTHER Unknown

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

21 Informant P J Young
(Address)

A TRUE COPY

ATTEST Charles H. Mackie
(Registrar of City or Town where death occurred)

DATE FILED July 31/50 19

RECEIVED



AUG - 17 1950 AM

PLACE OF DEATH

Suffolk
(County)Winthrop
(City or Town)142 Pleasant St.
No. Winthrop Convalescent Home

The Commonwealth of Massachusetts

EDWARD J. CRONIN

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

Registered No. 123

2 FULL NAME

Catherine E Quinlan (Welsenbach)

(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.
(Usual place of abode)

74 Sumner Street

East Boston

(If nonresident, give city or town and State)

Length of stay: In place of death. 3 years 3 months days. In place of residence 6 years months days.

INSTRUCTIONS
FOR
MEDICAL CERTIFICATEIn giving
SE OF DEATHdo not enter
more than one
cause for each
(a), (b) and (c)this does not mean
mode of dying, such
as failure, ashenia,
means the disease,
complications which
death.orbid conditions,
giving rise to the
cause (a) stating
underlying causeconditions contrib-
to the death but not
to the disease or
on causing death.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH July 26 1950
(Month) (Day) (Year)4 I HEREBY CERTIFY, that I attended deceased from
July 25 1947 to July 26 1950
I last saw her alive on July 26 1950 death is said to
have occurred on the date stated above, at 2.40 P.M.DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a)Arteriosclerotic
Heart diseaseANTECEDENT
CAUSESDue To
(c)OTHER
SIGNIFICANT
CONDITIONS

Chronic hepatitis

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 Mt. Calvary Boston
Place of Burial or Cremation (City or Town)

DATE OF BURIAL July 29, 1950 19

7 NAME OF
FUNERAL DIRECTOR Joseph E. Carroll

ADDRESS 1117 River St, Hyde Park, Mass.

Received and filed JUL 31 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 Arthur F. Quinlan
(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 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) Utica, N.Y.
(State or country)17 NAME OF FATHER Joseph Welsenbach
unknown18 BIRTHPLACE OF FATHER (City) unknown
(State or country) Germany19 MAIDEN NAME OF MOTHER Mary Sawyer
unknown20 BIRTHPLACE OF MOTHER (City) unknown
(State or country) Ireland21 Informant Arthur F Quinlan
(Address) 74 Sumner St, East BostonI HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:Walter G. Baker
(Signature of Agent of Board of Health or other)
Health Officer (Date of Issue of Permit) 7/29/50

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

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

PLACE OF DEATH

Suffolk
(County)
Wentworth
(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. **124**

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

2 FULL NAME *Lillian Dulong*
(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. *913 Broadway* *Chelsea*
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death.....years.....months *7* days. In place of residence *26* years.....months.....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH *July 27, 1950*
(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.)

Pulmonary edema following 2nd + 3rd degree burns of abdomen and thigh incurred while cooking at home

5 Accident, suicide, or homicide (specify) *Accident*
Date and hour of injury *July 19, 1950*

Where did injury occur? *Chelsea 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 *Spilled hot cooking oil upon self*
(How did injury occur)

Nature of injury *Extensive burns*

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. Krone* M. D.
(A dress) *25 Shattuck St* Date *7/27/1950*

7 Place of Burial, or Cremation. *St. Patrick Cemetery, Boston*
(City or Town)

DATE OF BURIAL *July 29, 1950*

8 NAME OF FUNERAL DIRECTOR *W. J. McLaughlin*

ADDRESS *578 Broadway, Chelsea*

Received and filed.....

JUL 31 1950

(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.....
(Give maiden name of wife in full)

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

12 IF STILLBORN, enter that fact here.

13 AGE *46* 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.....

17 BIRTHPLACE (City) *Chelsea Mass*
(State or country)

18 NAME OF FATHER *Henry Smith*

19 BIRTHPLACE OF FATHER (City) *Chelsea*
(State or country)

20 MAIDEN NAME OF MOTHER *Elizabeth M. Satter*

21 BIRTHPLACE OF MOTHER (City) *Chelsea*
(State or country)

22 Informant *Mrs. Elizabeth M. Donald*
(Address) *918 Broadway, Chelsea*

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

Walter F. Behers
(Signature of Agent of Board of Health or other)

Health Officer (Official Designation)

7/28/50 (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 supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection 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
PLACE 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, ashenia,
etc., means the disease,
or complications which
lead to death.

Under morbid conditions,
giving rise to the
cause (a) stating
underlying cause

Under morbid conditions contrib-
uting to the death but not
causing death.

PLACE OF DEATH

Suffolk
(County)
Winthrop
(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. **125**

No. *Winthrop Community Hospital* (If death occurred in a hospital or institution, give its NAME instead of street and number)
2 FULL NAME *Benjamin D. Freedman*
(If deceased a married, widowed or divorced woman, give also maiden name.)
(a) Residence No. *203* *Shore Drive* St. _____
(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 *20* years _____ months _____ days.

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

MEDICAL CERTIFICATE OF DEATH	
3 DATE OF DEATH	<i>July 28 1950</i> (Month) (Day) (Year)
4 I HEREBY CERTIFY, That I attended deceased from <i>Jan 1948</i> to <i>July 28 1950</i> I last saw him alive on <i>July 28 1950</i> , death is said to have occurred on the date stated above, at <i>8:00 A. M.</i>	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <i>Cerebral Thrombosis</i>	
ANTECEDENT CAUSES	Due To <i>Hypertension and Gen. arterio sclerosis</i>
Due To (c) _____	
OTHER SIGNIFICANT CONDITIONS <i>Broncho pneumonia (terminal)</i>	
Major findings: <i>none</i>	
Date of operation _____ Was autopsy performed? <i>no</i>	
What test confirmed diagnosis? <i>clinical</i>	
5 Was disease or injury in any way related to occupation of deceased? <i>no</i>	
If so, specify (Signed) <i>Charles Liberman</i> M. D. (Address) <i>26 Wane Way Winthrop</i> Date <i>7/28/50</i>	
6 HAND IN HAND CEM. <i>W. R. O. R.</i> Place of Burial or Cremation (City or Town)	
DATE OF BURIAL <i>July 30 1950</i>	
7 NAME OF FUNERAL DIRECTOR <i>Benjamin F. Solomon</i> ADDRESS <i>420 Harvard St Brookline</i>	

PERSONAL AND STATISTICAL PARTICULARS		
8 SEX <i>male</i>	9 COLOR OR RACE <i>white</i>	10 SINGLE (write the word) <i>MARRIED</i> <i>WIDOWED</i> or <i>DIVORCED</i>
10a If married, widowed, or divorced HUSBAND of <i>Frances Rose</i> (Give maiden name of wife in full) (or) WIFE of _____ (Husband's name in full)		
11 IF STILLBORN, enter that fact here.		
12 AGE <i>61</i> Years _____ Months _____ Days _____	If under 24 hours _____ Hours _____ Minutes	
13 Usual Occupation: <i>Chiropractor</i> (Kind of work done during most of working life)		
14 Industry or Business: _____		
15 Social Security No. <i>none</i>		
16 BIRTHPLACE (City) <i>Boston</i> (State or country) <i>Mass</i>		
17 NAME OF FATHER <i>Judah Freedman</i>		
18 BIRTHPLACE OF FATHER (City) <i>Poland</i> (State or country)		
19 MAIDEN NAME OF MOTHER <i>Sarah Solomon</i>		
20 BIRTHPLACE OF MOTHER (City) <i>England</i> (State or country)		
21 Informant <i>Mrs Benj. D. Freedman</i> (Address) <i>203 Shore Drive Winthrop</i>		

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Walter J. Baker
(Signature of Agent of Board of Health or other)
Health Officer (Official Designation) *7/28/50* (Date of Issue of Permit)

Received and filed **JUL 31 1950** 19_____
(Registrar)

RETURN OF CERTIFICATES OF DEATH

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

No undertaker or other person shall buy or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, 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 caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

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

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

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

(3) **Medical Examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection 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 helpfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, 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.

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

INSTRUCTIONS
FOR
CERTIFICATEIn giving
OF DEATH

do not enter
more than one
cause for each
(a), (b) and (c)

his does not mean
of dying, such
failure, asthenia,
means the disease,
applications which
death.

orbid conditions,
giving rise to the
cause (a) stating
underlying cause

conditions contrib-
to the death but not
to the disease or
on causing death.

NAI
Rith

SOM-2-19-25666

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 DEATHRegistered No. **126**

No.

Winthrop Community Hosp.

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

2 FULL NAME

Harry Simard

(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. *145 Main 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 *35* years..... months..... days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF
DEATH

July 28 1950
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from
July 27 1950 to July 28 1950

I last saw him alive on *July 28 1950*, death is said to

have occurred on the date stated above, at *10:16 A.M.*

DISEASE OR CONDITION
DIRECTLY LEADING

TO DEATH (a) *Coronary throm-
bosis*

ANTE
CEDENT
CAUSES

Due To
(b)

*Coronary arterio-
sclerosis*

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)

Paul Pleinsaft M. D.
(Address) *238 Shore Drive Winthrop* Date *7/28 1950*

6 *Binair* Birth and Death
Place of Burial or Cremation (City or Town)

DATE OF BURIAL *July 30 1950*

7 NAME OF
FUNERAL DIRECTOR

George S. Carlson
ADDRESS *1026 Main St. Worcester*

Received and filed..... 19

JUL 31 1950

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX

Male

9 COLOR OR RACE

W

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 *64*

Years

Months

Days

If under 24 hours

Hours

Minutes

13 Usual

Occupation:

Photography
(Kind of work done during most of working life)

14 Industry

or Business:

Journalism

15 Social Security No.

16 BIRTHPLACE (City).

(State or country)

Russia

17 NAME OF
FATHER

Louis Sinovitz Simard

18 BIRTHPLACE OF

FATHER (City)

(State or country)

Russia

19 MAIDEN NAME

OF MOTHER

Mariam Alexander

20 BIRTHPLACE OF

MOTHER (City)

(State or country)

Russia

21

Informant

(Address)

Ida Blumenthal
47 Ruth St. Worcester

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

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

Health Officer
(Official Designation)

7/28/50
(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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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

PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)

No. 125 Cliff Ave.

2 FULL NAME

Anastasia (O'Neil) Rivers

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

(a) Residence No.

125 Cliff Ave.

(Usual place of abode)

St.

(If nonresident, give city or town and State)

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

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH

July 29 1950
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from

June 1949 to July 29 1950

I last saw her alive on July 28 1950 death is said to

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

DISEASE OR CONDITION

DIRECTLY LEADING

TO DEATH (a) Endo carcinoma of
with METASTASIS to
head & brain

INTERVAL BE-
TWEEN ONSET
AND DEATH

3 yrs.

ANTE CEDENT CAUSES

Due To

(c)

OTHER SIGNIFICANT CONDITIONS

Major findings: none

Date of operation

Was autopsy performed? no

What test confirmed diagnosis: Biopsy mass. gen. Hosp. 21 July 1949

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

If so, specify

(Signed)

(Address)

Major N. Spring
25 S. Spring St. Date July 29 1950 M. D.

6 Winthrop

Place of Burial or Cremation

Winthrop

DATE OF BURIAL

Aug 1 1950

7 NAME OF FUNERAL DIRECTOR

Howard S. Reynolds

ADDRESS

Winthrop Mass.

Received and filed

AUG 1 1950

(Registrar)

The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS



STANDARD

CERTIFICATE OF DEATH

Registered No.

127

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,

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 Widow

10a If married, widowed, or divorced

HUSBAND of Linery Rivers

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12

AGE 83

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)

(State or country)

Newfoundland

17 NAME OF FATHER

Dennis O'Neil

18 BIRTHPLACE OF FATHER (City)

(State or country)

Newfoundland

19 MAIDEN NAME OF MOTHER

Margaret

20 BIRTHPLACE OF MOTHER (City)

(State or country)

Newfoundland

21

Informant

(Address)

Records nursing home

125 Cliff Ave. Winthrop

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

Walter H. Baker

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

7/31/50

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

25m-(b)-11-49-900,475

PLACE OF DEATH

Suffolk

(County)

Boston

(City or Town)



The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH

DIVISION OF VITAL STATISTICS

COPY OF

CERTIFICATE OF DEATH

Boston

6509

(City or town making return)

6509

Registered No.

No. Beth Israel Hospital

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

2 FULL NAME Baby Boy Brass #1
(If deceased is a married, widowed or divorced woman, give also maiden name.)

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

128

(a) Residence. No. 394 Shirley

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

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH July 30/50
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from July 30 19 50 to July 30 19 50

I last saw him alive on July 30 19 50 death is said to have occurred on the date stated above, at 7:18P.m.

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Prematurity

INTERVAL BETWEEN ONSET AND DEATH
1 Day

ANTE CEDENT 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) Hyman Alford
(Address) Newton Mass Date 7-30 19 506 Beth Israel Cem-Everett Mass.
Place of Burial or Cremation (City or Town)

DATE OF BURIAL July 31/50 19

7 NAME OF FUNERAL DIRECTOR H J Torf
ADDRESS Chelsea Mass.

Received and filed AUG 7 1950 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 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:..... (Kind of work done during most of working life)

14 Industry or Business:.....

15 Social Security No.....

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

17 NAME OF FATHER Bernard Brass

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

19 MAIDEN NAME OF MOTHER Pearl Hochman

20 BIRTHPLACE OF MOTHER (City) Russia
(State or country)21 Informant Dr Bernard Brass
(Address)A TRUE COPY Charles A. Torf
ATTEST: (Registrar of City or Town where death occurred)August 2/50
DATE FILED 19

RECEIVED



AUG - 7 1950 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.)

25m-(b)-11-49-900, 475

PLACE OF DEATH

Suffolk
(County)

Boston
(City or Town)



The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

Boston

(City or town making return)

COPY OF
CERTIFICATE OF DEATH

Registered No. 6503-

129

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

2 FULL NAME Baby Boy Famiglietti (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 Tileston St. St. Winthrop Mass. (Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death 13 hrs 50 mins. years months days In place of residence years months days

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH July 30/50 (Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from July 29 19 50 to July 30 19 50

I last saw him alive on July 30 19 50 death is said to have occurred on the date stated above, at 6:40A. m.

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

INTERVAL BETWEEN ONSET AND DEATH

Since Birth

ANTE CEDENT CAUSES Due To (b)

Due To (c)

OTHER SIGNIFICANT CONDITIONS

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? If so, specify. C James Gormley (Signed) Boston Mass. Date 7-30 19 50 (Address) Holy Cross-Malden Mass. (City or Town)

6 Place of Burial or Cremation DATE OF BURIAL July 31/50 19

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

Received and filed AUG 7 1950 (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 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.

12 AGE 2 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 Mass. (State or country)

17 NAME OF FATHER Alfred R Famiglietti

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

19 MAIDEN NAME OF MOTHER Frances Stabile

20 BIRTHPLACE OF MOTHER (City) Bronx New York (State or country)

21 Informant A R Famiglietti Father (Address)

A TRUE COPY ATTEST Charles H. Mackie (Registrar of City or Town where death occurred)

DATE FILED August 2/50 19

RECEIVED



AUG - 7 1950 AM

THIS CERTIFICATE MUST BE FILED WITH THE LOCAL REGISTRAR WITHIN 72 HOURS AFTER DEATH. TYPEWRITE, HAND-PRINT, OR WRITE LEGIBLY IN PERMANENT BLACK OR BLUE-BLACK INK. PENCILS, COLORED INKS, OR BALLPOINT PENS SHOULD NEVER BE USED. SIGNATURES SHOULD BE LEGIBLE. THIS IS A PERMANENT RECORD.

(See Reverse for Instructions)

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.

130

Institution,
number)

New York State Department of Health

DIVISION OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registered No. 6

19198

Dist. No. 5657

To be inserted by registrar

1. PLACE OF DEATH: STATE OF NEW YORK
a. COUNTY

b. TOWN

c. CITY OR VILLAGE

d. NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION3. NAME OF
DECEASED
(Type or Print)

5. SEX

6. DATE OF BIRTH

13a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

14. FATHER'S NAME

15. WAS DECEASED EVER IN U. S. ARMY OR NAVY?
(If yes, give war or dates of service)

16.

I
DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asphyxia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNOENLIFYING CONDITION last.

II

OTHER SIGNIFICANT CONDITIONS contributing to the death, but not related to the disease or condition causing it.

20a. DATE OF OPERATION

20b. MAJOR FINDINGS OF OPERATION

21a. ACCIDENT, SUICIDE,
HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. WHEN DID INJURY OCCUR?

(City or town)

(County)

(State)

22a. TIME (Month) (Day) (Year) (Hour)
OF INJURY22b. INJURY OCCURRED
While at ☐ Not While
at Work ☐

22c. HOW DID INJURY OCCUR?

23. I hereby certify that I attended the deceased from Aug 1949 to Mar. 2, 1950, that I last saw the deceased alive on Mar 2, 1950, and that death occurred at 10:30 a.m., from the causes and on the date stated above.

24a. SIGNATURE

M. D.

24b. ADDRESS

24c. DATE SIGNED

25a. PLACE OF BURIAL (CREMATION OR REMOVAL)

25b. DATE

25c. UNDERTAKER'S SIGNATURE

LICENSE NO.

27. DATE FILED BY LOCAL REG.

28. REGISTRAR'S SIGNATURE

29. UNDERTAKER'S ADDRESS

Burial or
Transit

Permit issued by

Date of issue

1950

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.)

25m-(b)-11-49-900,475

PLACE OF DEATH

1

Suffolk
(County)Revere
(City or Town)

The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

Revere

(City or town making return)

COPY OF
CERTIFICATE OF DEATH

Registered No.

131

No. Grover Manor Hospital

St. (If death occurred in a hospital or institution,
give its NAME instead of street and number)2 FULL NAME Mary E. Goodwin (Finnerty)
(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. 15 Wheelock
(Usual place of abode)St. Winthrop
(If nonresident, give city or town and State)

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

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH July 8 1950
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
March 1 19 50 to July 8 19 50I last saw her alive on July 8 19 50 death is said to
have occurred on the date stated above, at 9:30 p.DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a) UremiaINTERVAL BE-
TWEEN ONSET
AND DEATH

1 day

ANTE Due To Dirverticulitis
CEDENT (b)

10 days

Due To
(c)OTHER
SIGNIFICANT
CONDITIONSMajor 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

(Signed) James F. Burns M. D.
(Address) Everett Date 7/9/ 19 506 Winthrop Winthrop
Place of Burial or Cremation (City or Town)

DATE OF BURIAL July 11 19 50

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

Received and filed AUG 24 1950 AUG 24 1950

(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 DIVORCED10a If married, widowed, or divorced
HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of William F. Goodwin
(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: Own Home

15 Social Security No.

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

17 NAME OF FATHER Edward Finnerty

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

19 MAIDEN NAME OF MOTHER Catherine Gorman

20 BIRTHPLACE OF MOTHER (City) Boston
(State or country) Mass.21 Informant Harry Goodman
(Address) 15 Wheelock St.

A TRUE COPY

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

DATE FILED July 12 19 50

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.)

25m-(b)-11-49-900,475

PLACE OF DEATH

Suffolk

(County)

Chelsea

(City or Town)



The Commonwealth of Massachusetts

EDWARD J. CRONIN

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

Chelsea

(City or town making return)

Registered No. 4432

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

2 FULL NAME Morris Bernstein (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. 29 Myrtle 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. 11 years - months - days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH July 31, 1950 (Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from Jan. 19 40 to July 31 19 50

I last saw him alive on July 31 19 50 death is said to have occurred on the date stated above, at.....m.

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Cerebral hemorrhage 2 days

ANTE Due To Bronchial asthma ? CEDENT (b) CAUSES

Due To (c)

OTHER SIGNIFICANT CONDITIONS Thrombophlebitis left leg. ?

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 Henry Molliver M. D.

(Signed) (Address) 284 Wash. Ave. Chal. 7/31 19 50

6 Winthrop Cem. Everett, Mass. (City or Town)

DATE OF BURIAL Aug. 1, 1950 19

7 NAME OF FUNERAL DIRECTOR Benjamin Birnbach

ADDRESS 10 Washington St. Dor.

Received and filed.....19

AUG 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 or DIVORCED Married

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

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

11 IF STILLBORN, enter that fact here.

12 AGE 54 Years 1 Months 1 Days If under 24 hours Hours Minutes

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

14 Industry or Business:

15 Social Security No.

16 BIRTHPLACE (City) (State or country) Russia

17 NAME OF FATHER Jacob Bernstein

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

19 MAIDEN NAME OF MOTHER Annie (cannot be learned)

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

21 Informant Anne Bernstein (Address) 29 Myrtle Ave. Winthrop

A TRUE COPY

ATTEST: Joseph A. Tyrrell (Registrar of City or Town where death occurred)

DATE FILED July 31, 1950 19

RECEIVED



AUG 11 1950 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.)

25m-(b)-11-49-900,475

PLACE OF DEATH

Surfolk

(County)

Boston

(City or Town)

No. Mass. Memorial Hospital



The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH

DIVISION OF VITAL STATISTICS

COPY OF

CERTIFICATE OF DEATH

Boston

(City or town making return)

Registered No.

6612

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

2 FULL NAME Jane Finlayson

(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. 267 Washington 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 August 1/50

(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from Jan. 14 19 50 to August 1, 19 50

I last saw her alive on August 1 19 50 death is said to have occurred on the date stated above, at 12:15P.m.

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Cardiac arrest

ANTE CEDENT CAUSES Due To (b) Ca of rectum

Due To (c)

OTHER SIGNIFICANT CONDITIONS

Major findings: Ca of rectum

Date of operation Aug/1/50 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) W A Whitcomb M. 8-1 19 50

(Address) Mass. Memorial Hospat 8-1 19 50

6 Place of Burial or Cremation Winthrop Cem-Winthrop Mass. (City or Town)

DATE OF BURIAL August 4/ 50 19

7 NAME OF FUNERAL DIRECTOR H S Reynolds

ADDRESS Winthrop Mass.

Received and filed AUG 14 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 WIDOWED or DIVORCED

10a If married, widowed, or divorced HUSBAND of

(or) WIFE of William D Finlayson (Give maiden name of wife in full) (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: Own Home

15 Social Security No. None

16 BIRTHPLACE (City) England (State or country)

17 NAME OF FATHER Thomas Jennings

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

19 MAIDEN NAME OF MOTHER Elisabeth

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

21 Informant W C Finlayson (Address)

A TRUE COPY

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

DATE FILED August 7/50 19



INSTRUCTIONS
FOR
VITAL 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,
complications which
death.

Underlying conditions,
giving rise to the
cause (a) stating
underlying cause

Underlying conditions contrib-
uting to the death but not
to the disease or
condition causing death.

PLACE OF DEATH

Suffolk (County)
Winthrop (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. *134*

2 FULL NAME

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

Rosina Ferrata

(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. *170 Lexington 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..... days. In place of residence *50* years..... months..... days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH *Aug 2 1950*
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from *7/24* 19*50* to *Aug 2* 19*50*.

I last saw her alive on *Aug 2* 19*50* death is said to

have occurred on the date stated above, at *5:30 P.* m.

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

bulbar type

ANTE DUE TO CEDENT (b) *Arteriosclerosis*
CAUSES

Due To (c) *Arteriosclerotic heart disease*

INTERVAL BETWEEN ONSET AND DEATH

7 days

10-15 years

2 years

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) *D. D. Pettit* M. D.
(Address) *170 Lexington St.* Date *8/2* 19*50*

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

DATE OF BURIAL *Aug 5* 19*50*

7 NAME OF FUNERAL DIRECTOR *Frederick J. Magrath*

ADDRESS *East Boston*

Received and filed..... AUG 8 1950.....

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

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

10a If married, widowed, or divorced HUSBAND of.....

(Give maiden name of wife in full)
(or) WIFE of *Antonio Ferrata*
(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: *at Home*
(Kind of work done during most of working life)

14 Industry or Business.....

15 Social Security No. *none*

16 BIRTHPLACE (City) *Italy*
(State or country)

17 NAME OF FATHER *Michael Lombardi*

18 BIRTHPLACE OF FATHER (City) *Italy*
(State or country)

19 MAIDEN NAME OF MOTHER *Theresa Ponza*

20 BIRTHPLACE OF MOTHER (City) *Italy*
(State or country)

21 Informant *Benjamin Ferrata*
(Address) *170 Lexington St. E. Boston*

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

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

Health Officer (Official Designation) *8/4/50* (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

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

PLACE OF DEATH

SUFFOLK

(County)

Winthrop

(City or Town)

No. 69 Johnson Ave.

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

2 FULL NAME Wendell W Boardman

(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. 67 Johnson Ave.

St.

(If nonresident, give city or town and State)

Length of stay: In place of death..... years..... months..... days. In place of residence 33 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
ath.bid conditions,
ving rise to the
use (a) stating
erly ing causeditions contrib-
the death but not
the disease or
causing death.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH Aug 4 1950
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
July 1 1950 to Aug 4 1950
last saw him alive on Aug 4 1950 death is said to

have occurred on the date stated above, at 1:30 P.M.

DISEASE OR CONDITION MYOCARDITIS
DIRECTLY LEADING TO DEATH (a) myocarditis

ANTECEDENT CAUSES

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) J. W. Boardman

(Address) 4 Johnson Ave

Date

M. D.

1950

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

DATE OF BURIAL August 7, 1950

7 NAME OF FUNERAL DIRECTOR Maurice W Kerby

ADDRESS Winthrop

Received and filed..... AUG 8 1950.....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. 135

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

11 IF STILLBORN, enter that fact here.

12 AGE 83 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: Retired

15 Social Security No. none

16 BIRTHPLACE (City) Norwich
(State or country) Vermont

17 NAME OF FATHER William Boardman

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

19 MAIDEN NAME OF MOTHER Ellen Blaisdell

20 BIRTHPLACE OF MOTHER (City) Vermont
(State or country)21 Informant: Mess. Coleman
(Address) 69 Johnson AveI HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:Walter H. Craker
(Signature of Agent of Board of Health or other)

(Official Designation) Health Officer (Date of Issue of Permit) 8/17/50

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

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

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

No undertaker or other 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

INSTRUCTIONS
FOR
AL CERTIFICATEIN giving
E OF DEATHnot enter
more than one
cause for each
(a), (b) and (c)is does not mean
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.

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

Margaret Ellen Hartt (Belanger)

(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.

67 Thornton Park, Winthrop

St.

(If nonresident, give city or town and State)

Length of stay: In place of death years 2 months days. In place of residence 36 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF

DEATH

August 7 1950
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from

June 1950 to Aug. 7 1950

I last saw her alive on Aug 7, 1950 death is said to

have occurred on the date stated above, at 8:55 P.M.

DISEASE OR CONDITION

DIRECTLY LEADING

TO DEATH (a)

Coronary artery A.H. Disease
and Cardiac Decompensation. 4 daysANTE
CEDENT
CAUSES

Due To

(b)

(c)

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

Holy Cross Cemetery, Malden
Place of Burial or Cremation

(City or Town)

DATE OF BURIAL

August 10th

19 50

7 NAME OF

FUNERAL DIRECTOR

Richard C. Kirby

ADDRESS

Boston, Mass.

Received and filed

AUG 10 1950

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

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

Albert P. Hartt

(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12

AGE

71 Years

9 Months

18 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:

Housewife

15 Social Security No.

None

16 BIRTHPLACE (City)

Boston

(State or country)

Mass.

17 NAME OF

FATHER

Frederick C. Belanger

18 BIRTHPLACE OF

FATHER (City)

(State or country)

Quebec

19 MAIDEN NAME

OF MOTHER

Anna Hurley

20 BIRTHPLACE OF

MOTHER (City)

Boston

(State or country)

Mass.

21

Informant

(Address)

Albert P. Hartt-husband

67 Thornton Park, 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)

(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

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

PLACE OF DEATH

Suffolk
(County)Winthrop
(City or Town)

No. 51 SomersetX Avenue

2 FULL NAME Winifred Barbara Countaway
(If deceased is a married, widowed or divorced woman, give also maiden name.)(a) Residence. No. 51 Somerset Avenue
(Usual place of abode)

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

INSTRUCTIONS
FOR
MEDICAL CERTIFICATEIn giving
USE OF DEATHdo not enter
more than one
cause for each
(a), (b) and (c)This does not mean
mode of dying, such
as heart failure, asphyxia,
It means the disease,
complications which
led death.Morbidity conditions,
giving rise to the
cause (a) stating
underlying causeConditions contrib-
ing to the death but not
ed to the disease or
condition causing death.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH August 15 1950
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
Feb. 19 to Aug 15 1950I last saw her alive on Aug 15 1950, death is said to
have occurred on the date stated above, at 7:30 P. M.DISEASE OR CONDITION Cerebro-
DIRECTLY LEADING TO DEATH (a) Cerebro-vascular
accidentANTECEDENT CAUSES Due To (b) Hypertension
essential

Due To (c)

OTHER SIGNIFICANT CONDITIONS Myocardial heart
disease.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) Joseph S. Sargone M. D.
(Address) 200 Washington Ave Date 8/16 19506 Winthrop Cemetery, Winthrop, Mass.
Place of Burial or Cremation (City or Town)

DATE OF BURIAL August 18 1950

7 NAME OF FUNERAL DIRECTOR Alfred B. Marsh

ADDRESS 174 Winthrop St, Winthrop, Mass.

Received and filed AUG 17 1950

(Registrar)

The Commonwealth of Massachusetts
EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICSSTANDARD
CERTIFICATE OF DEATH

Registered No. 137

(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, NO
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 married
or DIVORCED10a If married, widowed, or divorced
HUSBAND of (Give maiden name of wife in full)(or) WIFE of Obediah R. Countaway
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 76 Years 1 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: Own home

15 Social Security No. none

16 BIRTHPLACE (City) Alberton
(State or country) Prince Edward Island

17 NAME OF FATHER Henry Matthews

18 BIRTHPLACE OF FATHER (City) Alberton
(State or country) Prince Edward Island

19 MAIDEN NAME OF MOTHER Eliza A. Hudson

20 BIRTHPLACE OF MOTHER (City) Alberton
(State or country) Prince Edward Island21 Informant Mrs. Ida J. Kenrick sister
(Address) 51 Somerset 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
Health Officer 8/17/50
(Official Designation) (Date of Issue of Permit)To be filed for burial permit
with Board of Health
or its Agent.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

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

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

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

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or 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. 88 Brookfield Rd

2 FULL NAME Annie T. Sullivan
(If deceased is a married, widowed or divorced woman, give also maiden name.)(a) Residence. No. 88 Brookfield Rd
(Usual place of abode)

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

INSTRUCTIONS
FOR
MEDICAL CERTIFICATEIn giving
USE OF DEATHdo not enter
more than one
cause for each
(a), (b) and (c)This does not mean
mode of dying, such
as heart failure, asthenia,
etc. It means the disease,
complications which
led to death.Morbid conditions,
giving rise to the
cause (a) stating
underlying causeConditions contrib-
uting to the death but not
due to the disease or
condition causing death.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH Aug 15 1956
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
Aug 19 49 to Aug 15 19 56
I last saw him alive on Aug 15 1957 death is said to
have occurred on the date stated above, at 7.30 P.M.DISEASE OR CONDITION SARCOMA
DIRECTLY LEADING
TO DEATH (a) Sarcoma
intestines INTESTUSANTECEDENT (b) Due To Myocarditis
CAUSESDue To Endocarditis
(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?

If so, specify

(Signed) Charles J. Mahoney M. D.
(Address) 7 W. 17th St. Date 8-16 19566 St. Marys Lynn
Place of Burial or Cremation (City or Town)

DATE OF BURIAL Aug 18 1950 19

7 NAME OF FUNERAL DIRECTOR John P. Mahoney
ADDRESS Winthrop

Received and filed AUG 17 1950 19

(Registrar)

The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICSSTANDARD
CERTIFICATE OF DEATH

Registered No. 133

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 Female 9 COLOR OR RACE White 10 SINGLE (write the word)
MARRIED
WIDOWED
or DECEASED 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 77 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: Shoe Stitcher

15 Social Security No.

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

17 NAME OF FATHER Jeremiah Sullivan

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

19 MAIDEN NAME OF MOTHER Bridget Davis

20 BIRTHPLACE OF MOTHER (City)
(State or country) Ireland21 Informant John R. Sullivan
(Address) 88 Brookfield RdI 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 8/16/50
(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

INSTRUCTIONS
FOR
VITAL CERTIFICATEIn giving
STATE OF DEATH

do not enter
more than one
cause for each
(a), (b) and (c)

his does not mean
mode of dying, such
as failure, assthenia,
means the disease,
complications which
death.

orbid conditions,
giving rise to the
cause (a) stating
underlying cause

conditions contrib-
uting to the death but not
to the disease or
on causing death.

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

Hubert V. Budd
(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. 567
(Usual place of abode)

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

Length of stay: In place of death years months days. In place of residence 37 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH Aug 17 1950
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from Feb. 26 1950 to Aug 17 1950

I last saw him alive on 17 Aug 1950, death is said to have occurred on the date stated above, at 7:05 A.M.

DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a) Ca of sigmoid

ANTECEDENT CAUSES Due To (b) Intestinal Obstruction (acute)

Due To (c)

OTHER
SIGNIFICANT
CONDITIONS

Major findings:
Of operations.

Date of operation Was autopsy performed?

What test confirmed diagnosis? X-Ray.

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

If so, specify

(Signed) Charles J. Cataldo M. D.
(Address) 48 Byron St. E.B. Date 17 Aug. 1950

6 Woodlawn Cemetery
(City or Town)

DATE OF BURIAL August 19 1950

7 NAME OF FUNERAL DIRECTOR E. Parker

ADDRESS 726 Saratoga St. E.B.

Received and filed 19

AUG 23 1950

(Registrar)

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICSSTANDARD
CERTIFICATE OF DEATH

Registered No. 139

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 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 49 Years 8 Months 26 Days If under 24 hours Hours Minutes

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

14 Industry or Business Boston Edison Co.

15 Social Security No.

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

17 NAME OF FATHER John T. Budd

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

19 MAIDEN NAME OF MOTHER Emily Newby

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

21 Informant (Address) Emily C. Budd 567 Bennington St. E.B.

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

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

(Official Designation)

(Date of Issue of Permit) 8/15/50

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 only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith 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

WORCESTER

(County)

RUTLAND

(City or Town)

No.

Rutland State Sanatorium

2 FULL NAME

Elizabeth Twitchell White

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

(a) Residence. No.

131 Cottage Park Road

(Usual place of abode)

St.

Winthrop, Mass.

(If nonresident, give city or town and State)

Length of stay: In place of death 1 years 9 months 24 days. In place of residence years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH

August

19, 1950

(Month)

(Day)

(Year)

4 I HEREBY CERTIFY, That I attended deceased from October 26 1948 to August 19 1950

I last saw her alive on August 18 1950 death is said to

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

DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a)

Pulmonary tuberculosis 8 yrs

ANTE Due To
CEDENT (b)
CAUSESDue To
(c)OTHER
SIGNIFICANT
CONDITIONSMajor findings:
Of operations

Date of operation Was autopsy performed?

What test confirmed diagnosis? X-ray; laboratory tests

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

If so, specify

(Signed) George Altenhaus M. D.

(Address) Rutland, Mass. 19

6 Cambridge Cemetery, Cambridge, Mass.

Place of Burial or Cremation (City or Town)

DATE OF BURIAL August 22, 1950 19

7 NAME OF

FUNERAL DIRECTOR Archibald Bellinger

ADDRESS 26 Center Ave., Newton, Mass.

Received and filed SEP 8 1950 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

RUTLAND

(City or town making return)

Registered No.

140

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)

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 29 Years 6 Months 22 Days

If under 24 hours

Hours Minutes

13 Usual

Occupation:

Student

(Kind of work done during most of working life)

14 Industry

or Business:

15 Social Security No.

16 BIRTHPLACE (City)
(State or country)

Cambridge

Mass.

17 NAME OF
FATHER

William L. White

18 BIRTHPLACE OF

FATHER (City)

New York

(State or country)

N.Y.

19 MAIDEN NAME

OF MOTHER

Marion Johnquist

20 BIRTHPLACE OF

MOTHER (City)

New York

(State or country)

N.Y.

21

Informant

(Address)

Rutland State San. Records

A TRUE COPY.

BEST:

(Registrar of City or Town where death occurred)

DATE FILED

August 19, 1950

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.)

25m-(b)-11-49-900,475

PLACE OF DEATH

SUFFOLK

(County)

BOSTON

(City or Town)



The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH

DIVISION OF VITAL STATISTICS

COPY OF
CERTIFICATE OF DEATH

BOSTON

(City or town making return)

Registered No. 7143 111

No. 534 Massachusetts Ave

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

2 FULL NAME Sarah Kranetz
(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. 24 Sea Foam 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. 35 years.....months.....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH Aug 20 1950
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from Jul 7 1950 to Aug 20 1950

I last saw her alive on Aug 18 1950, death is said to

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

DISEASE OR CONDITION

DIRECTLY LEADING

TO DEATH (a) Coronary thrombosis yrs

ANTE
CEDENT
CAUSESDue To Generalized arteriosclerosis
(b) Diabetes mellitus yrsDue 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) B F Nadelman

(Address) Boston

Date 8/21 1950

6 Rabbi Isaac Elchenon Everett

Place of Burial or Cremation (City or Town)

DATE OF BURIAL Aug 21 1950

7 NAME OF FUNERAL DIRECTOR B Schlossberg & Sons
ADDRESS Mattapan

Received and filed SEP 5 1950

(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

10a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of Jacob Kranetz

(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: 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) Russia

17 NAME OF FATHER Louis Black

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

19 MAIDEN NAME OF MOTHER Sarah

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

21 Informant: Nathan Kranetz
(Address)A TRUE COPY Charles H. Mackie
ATTEST: (Registrar of City or Town where death occurred)

DATE FILED Aug 24 1950



INSTRUCTIONS
FOR
MEDICAL CERTIFICATEIn giving
USE OF DEATHdo not enter
more than one
cause for each
(a), (b) and (c)This does not mean
mode of dying, such
as heart failure, ashenia,
etc. means the disease,
its complications which
led to death.Morbidity conditions,
giving rise to the
cause (a) stating
underlying causeConditions contrib-
uting to the death but not
causing the disease or
condition causing death.

50M (A)-1-2-49-900722

PLACE OF DEATH

1

Suffolk
(County)
Wentham
(City or Town)

The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

(City or town making return)

STANDARD

CERTIFICATE OF DEATH

Registered No. 112

No. 270 Main St
2 FULL NAME Margaret I. Riley (McGlelan)
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(a) Residence. No. 270 Main St
(Usual place of abode)
Length of stay: In place of death 6 years - months - days. In place of residence 6 years - months - days.

MEDICAL CERTIFICATE OF DEATH		PERSONAL AND STATISTICAL PARTICULARS	
3 DATE OF DEATH Aug. 25, 1950 (Month) (Day) (Year)	8 SEX F.	9 COLOR OR RACE W.	10 SINGLE (write the word) MARRIED WIDOWED OR DIVORCED Wid.
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 330 R.	10a If married, widowed or divorced HUSBAND of John F. Riley (Give maiden name in full) (or) WIFE of John F. Riley (Husband's name in full)		
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) myxomatosis	11 IF STILLBORN, enter that fact here.		
12 AGE 82 Years - Months - Days	13 Usual Occupation: Retired (Kind of work done during most of working life)		
14 Industry or Business: Retired	15 Social Security No.		
16 BIRTHPLACE (City) (State or country) Taunton Mass.	17 NAME OF FATHER Samuel McGlelan		
18 BIRTHPLACE OF FATHER (City) (State or country) Ireland	19 MAIDEN NAME OF MOTHER Mary McGlelan		
20 BIRTHPLACE OF MOTHER (City) (State or country) W. Mass.	21 Informant (Address) 270 Main St Wentham Mass.		
I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued: Halter F. Baker (Signature of Agent of Board of Health or other) (Official Designation) (Date of Issue of Permit) 8/25/50			

Received and filed 19

SEP 1 1950

(Registrar)

A TRUE COPY ATTEST:

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

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

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

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

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

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

No undertaker or other 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

WORCESTER

(County)

RUTLAND

(City or Town)



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.

143

No. Rutland State Sanatorium

St. (If death occurred in a hospital or institution,
give its NAME instead of street and number)2 FULL NAME Arthur Frederick Brown
(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. 299A Shirley
(Usual place of abode)St. Winthrop, Mass.
(If nonresident, give city or town and State)

Length of stay: In place of death.....years 3 months 23 days. In place of residence.....years.....months.....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH August 27 1950
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
May 4 50 to August 27 50I last saw him alive on August 27 50, death is said to
have occurred on the date stated above, at 11:00a.m.DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a)

Pulmonary tuberculosis

INTERVAL BE-
TWEEN ONSET
AND DEATH

1 1/2 yr.

ANTECEDENT CAUSES
(b)Due To
(c)OTHER
SIGNIFICANT
CONDITIONSMajor findings:
Of operations.....

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

What test confirmed diagnosis? X-ray and laboratory

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

If so, specify

(Signed) A. Berl M. D.
(Address) Rutland State Sanatorium 19

6 Rural Cemetery, Rutland, Mass.

Place of Burial or Cremation (City or Town)

DATE OF BURIAL August 29, 1950 19

7 NAME OF FUNERAL DIRECTOR Frank H. Miles Co.

ADDRESS Jefferson, Mass.

Received and filed SEP 8 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 or DIVORCED Widowed10a If married, widowed, or divorced HUSBAND of Minnie Carr
(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 9 Months 10 Days If under 24 hours
Hours Minutes13 Usual Occupation Painter-paper hanger
(Kind of work done during most of working life)14 Industry
or Business:

15 Social Security No. --

16 BIRTHPLACE (City)
(State or country) Canada

17 NAME OF FATHER Stephen Brown

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

19 MAIDEN NAME OF MOTHER Minnie Carr

20 BIRTHPLACE OF MOTHER (City)
(State or country) Canada21 Informant Patient
(Address)

A TRUE COPY.

ATTEST: Linda A. Haff
(Registrar of City or Town where death occurred)

DATE FILED August 28, 1950 19



INSTRUCTIONS
FOR
AL 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

ditions contrib-
the death but not
to the disease or
n causing death.

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 30 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH August 27 1950
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from August 24/50 to August 27 1950
I last saw him alive on August 27/50 death is said to

have occurred on the date stated above, at 8:35 AM

DISEASE OR CONDITION

DIRECTLY LEADING
TO DEATH (a)Acute Coronary
ThrombosisANTE DUE TO
CEDENT (b) CAUSESDue To
(c)OTHER
SIGNIFICANT
CONDITIONSMajor findings: none
Of operations

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

What test confirmed diagnosis E.K.G. - Clinical - Lab

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

If so, specify

(Signed)

(Address)

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

DATE OF BURIAL Aug 30 1950

7 NAME OF

FUNERAL DIRECTOR

ADDRESS

Received and filed SEP 1 1950

(Registrar)

The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICSSTANDARD
CERTIFICATE OF DEATH

Registered No. 141

(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 DIVORCED Married

10a If married, widowed, or divorced
HUSBAND of Mary M Campbell
(Give maiden name of wife in full)

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

11 IF STILLBORN, enter that fact here.

12 AGE 59 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: Barber Shop Prop.

15 Social Security No.

16 BIRTHPLACE (City) (State or country) Yarmouth N.S.

17 NAME OF FATHER J. A. Crosby

18 BIRTHPLACE OF FATHER (City) (State or country) Youngstown Ohio

19 MAIDEN NAME OF MOTHER Kresner

20 BIRTHPLACE OF MOTHER (City) (State or country) Yarmouth N.S.

21 Informant (Address) Mrs. Mary Crosby 107 W. Minutrop St.

I HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:Walter E. Baker
(Signature of Registrar or Board of Health or other)H.O.
(Official Designation)Aug. 29 1950
(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

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

Middlesex
(County)

Melrose
(City or Town)

No. Melrose Hospital

2 FULL NAME. Florence Marie Fletcher (Baker)

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

(a) Residence. No. 31 Harbor View Avenue
(Usual place of abode)

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

Melrose
(City or town making return)

COPY OF
CERTIFICATE OF DEATH

Registered No. 145

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

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

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

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH Aug. 28, 1950
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from Aug. 15, 1950, to Aug. 28, 1950.

I last saw her alive on Aug. 28, 1950, death is said to have occurred on the date stated above, at 11:58 A.M.

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Generalized Carcinomatosis

INTERVAL BETWEEN ONSET AND DEATH

6 mos

ANTECEDENT CAUSES Due To Carcinoma of G.I. Tract

1 yr

Due To (c)

OTHER SIGNIFICANT CONDITIONS Intestinal Obstruction 2 wks

Major findings: Of operations Inoperable Carcinoma

Date of operation 8/12/50 Was autopsy performed? No

What test confirmed diagnosis? Clin. findings & Operati

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

If so, specify

(Signed) Thomas M. Hearn M. D.
(Address) Melrose, Mass. Date 8/29/1950

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

DATE OF BURIAL Aug. 30, 1950 19

7 NAME OF FUNERAL DIRECTOR Alfred B. Marsh
ADDRESS Winthrop, Mass.

Received and filed SEP 6 1950 19

(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 Widow (write the word)

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

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

11 IF STILLBORN, enter that fact here.

12 AGE 62 Years 6 Months 11 Days If under 24 hours Hours Minutes

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

14 Industry or Business: Rendering Co.

15 Social Security No. 010-07-1786

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

17 NAME OF FATHER Charles Woodbury Baker

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

19 MAIDEN NAME OF MOTHER Annie Florence Cardy

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

21 Informant Robert L. Baker
(Address) 52 Fairview Ave., Melrose

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

DATE FILED Aug. 31, 1950



INSTRUCTIONS
FOR
CERTIFICATEgiving
OF DEATHnot enter
than one
for each
(b) and (c)does not mean
of dying, such
culture, 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.

100M-(D)-10-48-24686

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

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH..... 28..... 1950
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
4/26..... 1945..... to..... 1950.....

I last saw him alive on..... 1950..... 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).....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.....

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

DATE OF BURIAL..... 1950

7 NAME OF FUNERAL DIRECTOR.....

ADDRESS.....

Received and filed..... 1950

SEP 1 1950

(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. 146

(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 AGE..... Years..... Months..... Days..... If under 24 hours
Hours..... Minutes

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

14 Industry
or Business:.....

15 Social Security No.

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

17 NAME OF FATHER.....

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

19 MAIDEN NAME OF MOTHER.....

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

21 Informant (Address).....

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 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 supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection 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
EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

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

STANDARD
CERTIFICATE OF DEATH

Registered No. 147

No. 361 Shirley St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Rachel Levenson
(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. 361 Shirley St., Winthrop
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death 25 years months days. In place of residence 25 years months days.

INSTRUCTIONS
FOR
AL CERTIFICATE

In 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
underlying cause

ditions contrib-
the death but not
to the disease or
n causing death.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH August 28, 1950
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from
June 1940 to Aug 28, 1950
I last saw her alive on Aug 28, 1950 death is said to

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

DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a) Atherosclerotic
Heart Disease

INTERVAL BE-
TWEEN ONSET
AND DEATH

10 yrs.

ANTE Due To
CEDENT (b)
CAUSES

Due To
(c)

OTHER
SIGNIFICANT
CONDITIONS

Major 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) Charles Liberman M. D.
(Address) 26 Waverley Ave. Date 8/28/1950

6 Share Tefillah West Roxbury
Place of Burial or Cremation (City or Town)

DATE OF BURIAL August 29 1950

7 NAME OF FUNERAL DIRECTOR Henry Levine
ADDRESS 470 Harvard St., Brookline

Received and filed SEP 1 1950

(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 Joseph Levenson
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 74 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) (State or country) Russia

17 NAME OF FATHER Simpson Greenberg

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 Jack Levenson
(Address) 89 Stedman 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 E. Baker
(Signature of Agent of Board of Health or other)

HO (Official Designation) SEP 29 1950 (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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Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be 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
EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

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

STANDARD
CERTIFICATE OF DEATH

Registered No. 148

No. 15 Elmwood Avenue

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

2 FULL NAME. Henry Moore Belcher

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

PHYSICIAN - IMPORTANT

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

(a) Residence, No. 15 Elmwood Avenue

(Usual place of abode)

(If nonresident, give city or town and State)

Length of stay: In place of death 7 years months days. In place of residence 90 years 5 months 6 days.

INSTRUCTIONS
FOR
FILLING OUT
THIS
CERTIFICATEIn giving
E OF DEATH

do 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.

ard conditions,
giving rise to the
cause (a) stating
derlying cause

ditions contrib-
the death but not
to the disease or
causing death.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH August 29, 1950 (Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from May 10, 1941 to August 29, 1950

I last saw him alive on Aug 29, 1950 death is said to have occurred on the date stated above, at 4 P. M.

DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a)

Senile Arterio-sclerosis

INTERVAL BE-
TWEEN ONSET
AND DEATH

5 years

ANTECEDENT CAUSES (b) Hypertension

5 years

Due To (c)

OTHER SIGNIFICANT CONDITIONS Broncho-Pneumonia

Terminal 24 hours

Major findings: 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:

(Signed) Dr. J. O'Brien, M.D.

(Address) Winthrop Date Aug 30, 1950

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

DATE OF BURIAL September 1, 1950 19

7 NAME OF FUNERAL DIRECTOR. Alfred B. Marsh

ADDRESS 174 Winthrop St, Winthrop, Mass.

Received and filed. 19

SEP 1 1950

(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 Amelia Jane Cobb (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 5 Months 6 Days If under 24 hours Hours Minutes

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

14 Industry or Business: self employed

15 Social Security No. none

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

17 NAME OF FATHER Thomas Jefferson Belcher

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

19 MAIDEN NAME OF MOTHER Hannah Tewksbury

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

21 Informant (Address) Harrison O. Belcher 15 Elmwood 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 Health or other)
40. (Official Designation)
Sept 1 - 1950 (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

Suffolk

(County)

Winthrop

(City or Town)

No. 50 Belcher St

2 FULL NAME

Alexander Wood

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

(a) Residence. No.

50 Belcher St

(Usual place of abode)

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

INSTRUCTIONS
FOR
AL CERTIFICATEin living
E 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.orbid conditions,
giving rise to the
ause (a) stating
nderlying causenditions contrib-
the death but not
to the disease or
n causing death.

The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD

CERTIFICATE OF DEATH

Registered No. 149

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,
if so specify WAR)INSTRUCTIONS
FOR
AL CERTIFICATEin living
E 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.orbid conditions,
giving rise to the
ause (a) stating
nderlying causenditions contrib-
the death but not
to the disease or
n causing death.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH Aug 29 1958
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from June 1, 1958, to Aug 29, 1958
I last saw him alive on . . . 19 . . . death is said tohave occurred on the date stated above, at 7.15 P.M.
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) gastric carcinoma 2 mo

ANTECEDENT CAUSES Due To (b) arteriosclerosis

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) E. J. Cronin M. D.
(Address) 125 State St Date 6-30-1958

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

DATE OF BURIAL Sept 1 1950

7 NAME OF FUNERAL DIRECTOR John H. O'Neil Winthrop
ADDRESS

Received and filed SEP 1 1950

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Male 9 COLOR OR RACE White 10 SINGLE (write the word) MARRIED
WIDOWED
OR SEPARATED10a If married, widowed, or divorced HUSBAND of Adeline McCallum
(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 Minutes

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

14 Industry or Business: School Custodian

15 Social Security No. 033-22-8541

16 BIRTHPLACE (City) England
(State or country)

17 NAME OF FATHER Henry Wood

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

19 MAIDEN NAME OF MOTHER Eunice Simmonds

20 BIRTHPLACE OF MOTHER (City) England
(State or country)21 Informant Grafton Wood
(Address) 50 Belcher 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)
H. O. A. K. Aug 30 - 1950
(Official Designation) (Date of Issue of Permit)

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

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

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

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

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

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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

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.)

25m-(b)-11-49-900,475

PLACE OF DEATH

1

Essex

(County)

Danvers

(City or Town)



The Commonwealth of Massachusetts

EDWARD J. CRONIN

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

Danvers

(City or town making return)

Registered No.

150

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

2 FULL NAME McCLOSKEY, Ellen (Valleley)
(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)

919 Shirley St.,

St.

Winthrop, Mass.

(If nonresident, give city or town and State)

Length of stay: In place of death 3 years 5 months 14 days. In place of residence years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH August 2, 1950
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
April 10, 1950 to August 2, 1950I last saw her alive on August 2, 1950 death is said to
have occurred on the date stated above, at 8:30 A.M.

DISEASE OR CONDITION

DIRECTLY LEADING
TO DEATH (a) Generalized
ArteriosclerosisINTERVAL BE-
TWEEN ONSET
AND DEATH

Yrs.

ANTE Due To
CEDENT (b)
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) Andrew Nichols III M. D.
(Address) Danvers, Mass. Date 8/11/19506 Greenwood Cem. Everett, Mass.
Place of Burial or Cremation (City or Town)

DATE OF BURIAL August 4, 1950

7 NAME OF FUNERAL DIRECTOR A. A. Duncan
ADDRESS Somerville, Mass.

Received and filed SEP 11 1950

(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 Separated
or DIVORCED10a If married, widowed, or divorced
HUSBAND of

(Give maiden name of wife in full)

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

11 IF STILLBORN, enter that fact here.

12 AGE 83 Years 6 Months 26 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) Unknown
(State or country) Ireland

17 NAME OF FATHER Arthur Valleley

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

19 MAIDEN NAME OF MOTHER Bridget O'Neil

20 BIRTHPLACE OF MOTHER (City) Unknown
(State or country) Ireland21 Informant Mary E. Sheehan
(Address) Hathorne, Mass.

A TRUE COPY

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

DATE FILED Aug. 14, 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.)

25m-(b)-11-49-900,475

+

PLACE OF DEATH

Suffolk

(County)

Chelsea

(City or Town)

No. Soldiers' Home Hospital

2 FULL NAME

George A. Roberts

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

(a) Residence. No.

33 Crest Ave.

(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 12 days. In place of residence years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH

Aug. 3, 1950

(Month)

(Day)

(Year)

4 I HEREBY CERTIFY, That I attended deceased from July 22 1950 to Aug. 3 1950

I last saw him alive on Aug. 3 1950 death is said to

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

DISEASE OR CONDITION

DIRECTLY LEADING

TO DEATH (a) Severe anemia

ANTE CEDENT CAUSES

Due To

Bronchopneumonia.

Due To

(c)

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?

If so, specify

(Signed)

(Address)

A. Houbler

Date 8/3/50

M. D.

6

Place of Burial or Cremation

(City or Town)

DATE OF BURIAL

Aug. 4, 1950

7 NAME OF

FUNERAL DIRECTOR

Alfred B. Marsh

ADDRESS

174 Winthrop St. Winthrop

Received and filed

19

SEP 25 1950

(Registrar of City or Town where deceased resided)

The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH

DIVISION OF VITAL STATISTICS

COPY OF

CERTIFICATE OF DEATH

Chelsea

(City or town making return)

Registered No.

489151

{(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)

WWI

PERSONAL AND STATISTICAL PARTICULARS

8 SEX

Male

9 COLOR OR RACE

White

10 SINGLE

MARRIED

WIDOWED

or DIVORCED

Widowed

10a If married, widowed or divorced

HUSBAND of

Sarah McNeil

(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

2

Months

28

Days

If under 24 hours

Hours Minutes

13 Usual

Occupation:

Realtor

(Kind of work done during most of working life)

14 Industry

or Business:

Real Estate

15 Social Security No.

16 BIRTHPLACE (City)

(State or country)

Chelsea, Mass.

17 NAME OF

FATHER

Charles H. Roberts

18 BIRTHPLACE OF

FATHER (City)

(State or country)

Chelsea, Mass.

19 MAIDEN NAME

OF MOTHER

Sarah L. Addison

20 BIRTHPLACE OF

MOTHER (City)

(State or country)

Chelsea, Mass.

21

Informant

(Address)

Hospital Records

A TRUE COPY

ATTEST:

(Registrar of City or Town where death occurred)

Aug. 3, 1950

DATE FILED

19

Enlisted 7/15/18
Discharged 12/17/18
Pvt.
COTS, Cpl. Z Taylor, Ky.
2798393

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.)

25m-(b)-11-49-900, 475

PLACE OF DEATH

Suffolk

(County)

Chelsea

(City or Town)

No. Chelsea Memorial Hospital

2 FULL NAME

John Abbott Whorf

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

(a) Residence. No.

40 Washington 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

Aug. 7, 1950

(Month)

(Day)

(Year)

4 I HEREBY CERTIFY, That I attended deceased from

Aug. 1, 1950, to Aug. 7, 1950.

I last saw him alive on Aug. 7, 1950, death is said to

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

DISEASE OR CONDITION

DIRECTLY LEADING

TO DEATH (a) Acute intestinal obstruction

INTERVAL BETWEEN ONSET AND DEATH

2 days

ANTE CEDENT CAUSES

Due To

(c)

OTHER SIGNIFICANT CONDITIONS Cerebral arterio-sclerosis

4 yrs.

Major findings: Of operations

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

What test confirmed diagnosis? clinical study

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

If so, specify.

(Signed) A. C. Benjamin

M. D.

(Address) Chelsea

Date 3/8

1950

6 Woodlawn, Everett, Mass. (City or Town)

DATE OF BURIAL

Aug. 10, 1950

19

7 NAME OF FUNERAL DIRECTOR

Albert F. Douglass

ADDRESS

Lexington, Mass.

Received and filed

SEP 25 1950

19

(Registrar of City or Town where deceased resided)

The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH

DIVISION OF VITAL STATISTICS

COPY OF

CERTIFICATE OF DEATH

Chelsea

(City or town making return)

Registered No.

494

152

(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

Male

9 COLOR OR RACE

White

10 SINGLE (write the word)

MARRIED

WIDOWED

or DIVORCED

Widowed

10a If married, widowed, or divorced,

HUSBAND of Susie Ramey

(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:

Shipper

(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

John Whorf

18 BIRTHPLACE OF FATHER (City)

(State or country)

Provincetown, Mass.

19 MAIDEN NAME OF MOTHER

Susan Brooks

20 BIRTHPLACE OF MOTHER (City)

(State or country)

Kittery, Me.

21

Informant (Address)

Mrs. Leona Bird

64 Pine St. Belmont, Mass.

A TRUE COPY

ATTEST:

(Registrar of City or Town where death occurred)

Aug. 8, 1950

DATE FILED

19



The following table shows the results of the experiments conducted on the 1st, 2nd, and 3rd of May, 1881, at the Agricultural Station, Cambridge, Massachusetts.

Experiment	1st May	2nd May	3rd May
1	1.0	1.0	1.0
2	1.0	1.0	1.0
3	1.0	1.0	1.0
4	1.0	1.0	1.0
5	1.0	1.0	1.0
6	1.0	1.0	1.0
7	1.0	1.0	1.0
8	1.0	1.0	1.0
9	1.0	1.0	1.0
10	1.0	1.0	1.0
11	1.0	1.0	1.0
12	1.0	1.0	1.0
13	1.0	1.0	1.0
14	1.0	1.0	1.0
15	1.0	1.0	1.0
16	1.0	1.0	1.0
17	1.0	1.0	1.0
18	1.0	1.0	1.0
19	1.0	1.0	1.0
20	1.0	1.0	1.0
21	1.0	1.0	1.0
22	1.0	1.0	1.0
23	1.0	1.0	1.0
24	1.0	1.0	1.0
25	1.0	1.0	1.0
26	1.0	1.0	1.0
27	1.0	1.0	1.0
28	1.0	1.0	1.0
29	1.0	1.0	1.0
30	1.0	1.0	1.0
31	1.0	1.0	1.0
32	1.0	1.0	1.0
33	1.0	1.0	1.0
34	1.0	1.0	1.0
35	1.0	1.0	1.0
36	1.0	1.0	1.0
37	1.0	1.0	1.0
38	1.0	1.0	1.0
39	1.0	1.0	1.0
40	1.0	1.0	1.0
41	1.0	1.0	1.0
42	1.0	1.0	1.0
43	1.0	1.0	1.0
44	1.0	1.0	1.0
45	1.0	1.0	1.0
46	1.0	1.0	1.0
47	1.0	1.0	1.0
48	1.0	1.0	1.0
49	1.0	1.0	1.0
50	1.0	1.0	1.0
51	1.0	1.0	1.0
52	1.0	1.0	1.0
53	1.0	1.0	1.0
54	1.0	1.0	1.0
55	1.0	1.0	1.0
56	1.0	1.0	1.0
57	1.0	1.0	1.0
58	1.0	1.0	1.0
59	1.0	1.0	1.0
60	1.0	1.0	1.0
61	1.0	1.0	1.0
62	1.0	1.0	1.0
63	1.0	1.0	1.0
64	1.0	1.0	1.0
65	1.0	1.0	1.0
66	1.0	1.0	1.0
67	1.0	1.0	1.0
68	1.0	1.0	1.0
69	1.0	1.0	1.0
70	1.0	1.0	1.0
71	1.0	1.0	1.0
72	1.0	1.0	1.0
73	1.0	1.0	1.0
74	1.0	1.0	1.0
75	1.0	1.0	1.0
76	1.0	1.0	1.0
77	1.0	1.0	1.0
78	1.0	1.0	1.0
79	1.0	1.0	1.0
80	1.0	1.0	1.0
81	1.0	1.0	1.0
82	1.0	1.0	1.0
83	1.0	1.0	1.0
84	1.0	1.0	1.0
85	1.0	1.0	1.0
86	1.0	1.0	1.0
87	1.0	1.0	1.0
88	1.0	1.0	1.0
89	1.0	1.0	1.0
90	1.0	1.0	1.0
91	1.0	1.0	1.0
92	1.0	1.0	1.0
93	1.0	1.0	1.0
94	1.0	1.0	1.0
95	1.0	1.0	1.0
96	1.0	1.0	1.0
97	1.0	1.0	1.0
98	1.0	1.0	1.0
99	1.0	1.0	1.0
100	1.0	1.0	1.0

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

ESSEX

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

COPY OF
MEDICAL EXAMINER'S
CERTIFICATE OF DEATH

LAWRENCE

(City or town making return)

71253

Registered No.

PLACE OF DEATH

(County)
LAWRENCE

(City or Town)
52 Chester

No. Evangeline Burke

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

24 Underhill

(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.

(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 August 17 1950
(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: Thrombosis.

5 Accident, suicide, or homicide (Specify)

Date and hour of injury none 19

Where did injury occur? none
(City or town and State)

Did injury occur in or about home, on farm, in industrial place, or in public place? none
(Specify type of place)

Manner of injury none
(Specify type of injury)

Nature of injury no no

While at work? Was autopsy performed? no

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

If so, specify Julius J. Burgiel

(Signed) Lawrence, Mass. 8-16-50 M.O.

Address: Weston Cemetery, Quincy, Mass. 19

7 Place of Burial, or Cremation. August (City or Town) 50

DATE OF BURIAL. Garrett J. Burke 19

8 NAME OF FUNERAL DIRECTOR Andover, Mass.

ADDRESS.

Received and filed. SEP 12 1950 SEP 12 1950 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 or DIVORCED

11a If married, widowed, or divorced HUSBAND of James C. 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 72 Years Months Days If under 24 hours Hours Minutes

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

15 Industry or Business: Own home none

16 Social Security No. Nashville

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

18 NAME OF FATHER Charles Winn

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

20 MAIDEN NAME OF MOTHER Elizabeth-Cannot be learned

21 BIRTHPLACE OF MOTHER (City) Northboro Mass. (State or country)

22 Informant: James W. Burke Remington St., Quincy, (Address)

A TRUE COPY.

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

DATE FILED August 23 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.)

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

PLACE OF DEATH

Md. sx.

(County)

Lowell

(City or Town)

No. Lowell General Hospital

2 FULL NAME Robert M. English

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

(a) Residence. No. 15 Willow 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 1 days In place of residence 10 years months days

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH Aug. 25, 1950

(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from Aug. 25, 1950, to Aug. 25, 1950

I last saw him alive on Aug. 25, 1950 Death is said to

have occurred on the date stated above, at 8:08 P.M.

DISEASE OR CONDITION DIRECTLY LEADING

TO DEATH (a) Cerebral hemorrhage

INTERVAL BETWEEN ONSET AND DEATH

5 hrs.

ANTECEDENT CAUSES Due To Hypertension

Due To

(c)

OTHER SIGNIFICANT CONDITIONS Cardiac enlargement

5 yrs

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 John Hoffman

(Signed) Lowell Genl Hosp Date 8/25/1950

(Address) Woodlawn Crematory, Everett, Mass.

6 Place of Burial or Cremation (City or Town)

DATE OF BURIAL Aug. 29, 1950

7 NAME OF FUNERAL DIRECTOR R. J. DeNeill

ADDRESS 381 Broadway, Revere, Mass.

Received and filed SEP 11 1950 8/31/1950

(Registrar of City or Town where deceased resided)

The Commonwealth of Massachusetts

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

Registered No. 893151

(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 Male 9 COLOR OR RACE White 10 SINGLE (write the word)
MARRIED
WIDOWED
or DIVORCED Widowed10a If married, widowed, or divorced
HUSBAND of Lillian Smalley
(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 2 Months 2 Days If under 24 hours
Hours Minutes13 Usual Occupation Dealer
(Kind of work done during most of working life)

14 Industry or Business Hardware business

15 Social Security No.

16 BIRTHPLACE (City) Camden, N.J.
(State or country)

17 NAME OF FATHER Robert McC. English

18 BIRTHPLACE OF FATHER (City) Camden, N.J.
(State or country)

19 MAIDEN NAME OF MOTHER Emma Coke

20 BIRTHPLACE OF MOTHER (City) Germantown, Pa.
(State or country)21 Informant Richard H. English
(Address) Winthrop, Mass.

A TRUE COPY

ATTEST George W. Luggan (Registrar of City or Town where death occurred)

DATE FILED Director 8/27/50 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.)

25m-(b)-11-49-900.475

PLACE OF DEATH

Suffolk

(County)

Chelsea

(City or Town)



The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH

DIVISION OF VITAL STATISTICS

COPY OF

CERTIFICATE OF DEATH

Chelsea

(City or town making return)

Registered No. 525 155

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 Baby Boy Hill

(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. 38 Summit 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 Aug. 31, 1950

(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) Abruptio placentae

INTERVAL BETWEEN ONSET AND DEATH

ANTE 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) J. G. Allen, Jr.

(Address) Naval Hosp.

Date 19.....

6 Woodlawn, Everett, Mass.

Place of Burial or Cremation

(City or Town)

DATE OF BURIAL Sept. 6, 1950

19.....

7 NAME OF FUNERAL DIRECTOR J. Vincent Murray

ADDRESS Revere, Mass.

Received and filed SEP 25 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

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

.....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)

Chelsea, Mass.

17 NAME OF

FATHER

Lee B. Hill

18 BIRTHPLACE OF

FATHER (City)

(State or country)

Tennessee

19 MAIDEN NAME

OF MOTHER

BIRTH Cert. → M. Eldridge

Thelma (cannot be

learned)

20 BIRTHPLACE OF

MOTHER (City)

(State or country)

Tennessee

21

Informant

(Address)

Record Office

Chelsea Naval Hospital

A TRUE COPY

ATTEST:.....

(Registrar of City or Town where death occurred)

DATE FILED

Sept. 6, 1950

19.....



INSTRUCTIONS
FOR
FILLING OUT
THIS CERTIFICATE

IN GIVING
REASON OF DEATH

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

is does not mean
of dying, such
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
n causing death.

50m-(b)-11-49-900,560

Everett
10/6/50

The Commonwealth of Massachusetts
EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS



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

156

STANDARD
CERTIFICATE OF DEATH

Registered No.

PLACE OF DEATH

Suffolk
(County)
Willsboro
(City or Town)

No. *148 Grand View Ave* St. { (If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME *Frederick B. Maxwell* { PHYSICIAN — IMPORTANT
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(Was deceased a U. S. War Veteran, if so specify WAR) *U.S. = 1*

(a) Residence. No. *68 Linden* St. *Everett*
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death... years *3* months... days. In place of residence *18* years... months... days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH *Sept. 1 - 1950*
(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 *6 A* m.

DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a) *Cerebral Embolism*

ANTECEDENT CAUSES
Due To (b) *myocardial*

Due To (c) *M.E. without jurisdiction*

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) *Chas. J. Henderson* M. D.
(Address) *Board of Health* Date *9-1-1950*

6 *Burial in Mausoleum - Cedarvale Maus.*
Place of Burial or Cremation (City or Town)

DATE OF BURIAL *Sept. 4 - 1950* 19

7 NAME OF FUNERAL DIRECTOR *J. E. Henderson & Co.*
ADDRESS *Everett - Mass.*

Received and filed... 19

SEP 1 1950

(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 *Ruth Emerson*
(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 *7* Months *2* Days If under 24 hours
Hours Minutes

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

14 Industry or Business: *self*

15 Social Security No. *none*

16 BIRTHPLACE (City) *W. Brunswick*
(State or country)

17 NAME OF FATHER *Frederick W. Maxwell*

18 BIRTHPLACE OF FATHER (City) *W. Brunswick*
(State or country)

19 MAIDEN NAME OF MOTHER *Estelle Ross*

20 BIRTHPLACE OF MOTHER (City) *W. Brunswick*
(State or country)

21 Informant (Address) *Mrs. Ruth Maxwell*
68 Linden St. Everett

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)

Ho (Official Designation) *Sept 1/50* (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	FREDERICK B. MAXWELL
DATE OF ENTERING MILITARY SERVICE	June 5, 1918
DATE OF DISCHARGE	September 30, 1921
RANK, RATING	Ship's Cook 3rd Class
ORGANIZATION AND OUTFIT	U. S. Naval Reserves
SERVICE NUMBER	142-12-24

FOR ADDITIONAL INFORMATION Frederick B. Maxwell

OF ENTERING MILITARY SERVICE June 5, 1918

OF DISCHARGE september 30, 1921

K, RATING Ship's Cook 3rd. Class

ANIZATION AND OUTFIT U.S. Naval Reserves

VICE NUMBER 142-12-24

diagnosis?

any in any way related to occupation of deceased?

M. D.

Date

19

Cremation

(City or Town)

L

19

CTOR

19

(Registrar)

P A R E

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 de
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)

PLACE OF DEATH

Suffolk
(County)
Winthrop
(City or Town)



The Commonwealth of Massachusetts
EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD
CERTIFICATE OF DEATH

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

Registered No. 157

No. 9 Grovers Avenue (If death occurred in a hospital or institution, St. { give its NAME instead of street and number)

2 FULL NAME John Malcolm Milne
(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. 9 Grovers Avenue 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 37 years months days.

INSTRUCTIONS
FOR
MEDICAL CERTIFICATE

In giving
SE OF DEATH

do not enter
more than one
use for each
(a), (b) and (c)

his does not mean
ode of dying, such
t failure, asthenia,
means the disease,
lications which
death.

orbid conditions,
giving rise to the
cause (a) stating
nderlying cause

onditions contrib-
o the death but not
to the disease or
on causing death.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH Sept. 2, 1950
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from Jan. 1947 to Sept. 2, 1950
I last saw him alive on Sept. 2, 1950, death is said to have occurred on the date stated above, at 10:00 p.m.

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Asbestosis

ANTECEDENT CAUSES Due To (b) Nephritis

Due To (c) Atherosclerosis

OTHER SIGNIFICANT CONDITIONS

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) Charles L. Baker M. D.
(Address) 26 Waverley Ave. Date 9/7/1950

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

DATE OF BURIAL September 6, 1950

7 NAME OF FUNERAL DIRECTOR Alfred B. Marsh

ADDRESS 174 Winthrop St. Winthrop, Mass.

Received and filed. SEP 7 1950

(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 Katherine 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 74 Years 11 Months 26 Days If under 24 hours Hours Minutes

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

14 Industry or Business: self employed

15 Social Security No. 024-01-9871-A.

16 BIRTHPLACE (City) Glasgow (State or country) Scotland

17 NAME OF FATHER John Malcolm Milne

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

19 MAIDEN NAME OF MOTHER Mary MacDonald

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

Informant (Address) Mrs. John Milne 9 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.

(Signature of Agent of Board of Health or other)

H.O. Walter & Baker (Official Designation) Sept 3/50 (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 for the usual form for the removal of such body has been sooner obtained hereunder. If the

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

In giving
USE OF DEATH

do not enter
more than one
cause for each
(a), (b) and (c)

This does not mean
mode of dying, such
as heart failure, asphyxia,
etc. It means the disease,
or diseases, and
complications which
led to death.

Morbid conditions,
such as pneumonia,
etc., giving rise to the
cause (a) stating
underlying cause

Conditions contrib-
uting to the death but not
causal to the disease or
condition 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 8 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

I last saw him alive on death is said to

DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a)

ANTE CEDENT
CAUSES

Due To (c)

OTHER
SIGNIFICANT
CONDITIONS

Major findings:
Of operations

Date of operation Was autopsy performed?

What test confirmed diagnosis?

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

If so, specify

(Signed)

(Address)

6 Place of Burial or Cremation

DATE OF BURIAL

7 NAME OF
FUNERAL DIRECTOR

ADDRESS

Received and filed

SEP 18 1950

(Registrar)

The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD

CERTIFICATE OF DEATH

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

Registered No. 158

(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 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 80 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: Laborer

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 G. Baker

(Signature of Agent of Board of Health or other)

H. a.
(Official Designation)

Sept. 9, 50
(Date of Issue of Permit)

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

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

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

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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 CERTIFICATEIn giving
USE OF DEATHdo not enter
more than one
cause for each
(a), (b) and (c)This does not mean
mode of dying, such
heart failure, asthenia,
It means the disease,
complications which
led death.Morbid conditions,
ity, giving rise to the
e cause (a) stating
underlying causeConditions contrib-
g to the death but not
ed to the disease or
lition causing death.

PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)

No. 35 Cottage Park Road

2 FULL NAME

Joseph S. Paz

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No.

35 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 34 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF
DEATH

September 7 1950

(Month)

(Day)

(Year)

4 I HEREBY CERTIFY, That I attended deceased from

Aug 1, 1950, to Sept 7, 1950

I last saw him alive on Sept 7, 1950, death is said to

have occurred on the date stated above, at 12:30 A.M.

DISEASE OR CONDITION
DIRECTLY LEADING

TO DEATH (a) Angina Pectoris

ANTECEDENT
CAUSES (b)

Bronchitis Asthma

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

September 9 1950

DATE OF BURIAL

7 NAME OF
FUNERAL DIRECTOR

John F. O'Malley

ADDRESS

Winthrop Massachusetts

Received and filed

SEP 18 1950

(Registrar)

The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD

CERTIFICATE OF DEATH

Registered No.

159

(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

Married

10a If married, widowed or divorced
HUSBAND of

Mabel L. Carlz

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12

AGE 63

Years

Months

Days

If under 24 hours

Hours Minutes

13 Usual

Occupation:

Proprietor

(Kind of work done during most of working life)

14 Industry

or Business:

Leather

15 Social Security No.

16 BIRTHPLACE (City)
(State or country)Boston
Massachusetts17 NAME OF
FATHER

Joseph S Paz

18 BIRTHPLACE OF

FATHER (City)

(State or country)

Azores

19 MAIDEN NAME

OF MOTHER

Mary Neves

20 BIRTHPLACE OF

MOTHER (City)

(State or country)

Boston

Massachusetts

21 Informant
(Address)Mabel C. Paz
35 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:

(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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death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or 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 supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection 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

PLACE OF DEATH

Supple
(County)

Winthrop
(City or Town)

No. Winthrop Community Hospital

2 FULL NAME Eleanor V Waldron
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 46 Enfield Rd. Winthrop
(Usual place of abode)

Length of stay: In place of death 20 days. In place of residence 32 days.



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. 150

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 Sept 10 - 1950
(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)

Cardiac Decompensation:
Arterio Sclerotic Heart Disease
Fractured Right Femur

5 Accident, suicide, or homicide (specify) Accidental

Date and hour of injury about July 20, 1950

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?

Manner of injury Fell accidentally at her home
(Specify type of place)

Nature of injury About July 30 - 1950
(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) M. J. Brickley M.D. M. D.

(A dress) Boston Sept 10 - 1950

7 Winthrop Winthrop
Place of Burial, or Cremation. (City or Town)

DATE OF BURIAL September 13, 1950

8 NAME OF FUNERAL DIRECTOR Edward S. Reynolds

ADDRESS Winthrop Mass

Received and filed SEP 10 1950

(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 (Give maiden name of wife in full)

(or) WIFE of Thomas J Waldron
(Husband's name in full)

12 IF STILLBORN, enter that fact here.

13 AGE 82 Years 11 Months 9 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) Gloucester
(State or country) Mass.

18 NAME OF FATHER Edward Horton

19 BIRTHPLACE OF FATHER (City) Unable to obtain
(State or country)

20 MAIDEN NAME OF MOTHER Susan Austin

21 BIRTHPLACE OF MOTHER (City) Nova Scotia
(State or country)

22 Informant: Thomas J Waldron
(Address) 46 Enfield Rd Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:

Walter H. Baker
(Signature of Agent of Board of Health or other)
Health Officer 9/11/50
(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. 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)

The Commonwealth of Massachusetts
EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD
CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

Registered No. 161

No. Winthrop Community Hospital

(If death occurred in a hospital or institution,
St. { give its NAME instead of street and number)

2 FULL NAME ALEXANDER McNEIL
(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 WALDEN
(Usual place of abode)

(If nonresident, give city or town and State)

Length of stay: In place of death. years months 25 days. In place of residence 25 years months days.

INSTRUCTIONS
FOR
MEDICAL CERTIFICATE

In giving
CAUSE OF DEATH

do not enter
more than one
cause for each
of (a), (b) and (c)

This does not mean
mode of dying, such
as heart failure, asphyxia,
It means the disease,
complications which
caused death.

Morbid conditions,
giving rise to the
cause (a) stating
underlying cause

Conditions contrib-
uting to the death but not
led to the disease or
condition causing death.

Per Dr. Mahoney 10/2/50

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH September 12, 1950
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from
Aug 18, 1950 to Sept 12, 1950

I last saw him alive on Sept 12, 1950 death is said to
have occurred on the date stated above, at 2.30 P.M.

DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a) Heart

Myocarditis - Endocarditis

ANTECEDENT
CAUSES (b) Pneumonia

Due To
(c) Pneumonia

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) Dr. Mahoney

(Address) Winthrop

M. D.

Date 9/12 19 50

6 Place of Burial or Cremation Winthrop
(City or Town)

DATE OF BURIAL Sept 15, 1950

7 NAME OF FUNERAL DIRECTOR John F. O'Malley

ADDRESS Winthrop

Received and filed SEP 18 1950 19

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX 9 COLOR OR RACE 10 SINGLE (write the word)

Male White Widowed

10a If married, widowed, or divorced
HUSBAND of Elizabeth 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 77 Years Months Days If under 24 hours
Hours Minutes

13 Usual Occupation: Carpenter
(Kind of work done during most of working life)

14 Industry or Business: House

15 Social Security No. 010-07-1886

16 BIRTHPLACE (City) Nova Scotia
(State or country)

17 NAME OF FATHER Hector McNeil

18 BIRTHPLACE OF FATHER (City) Nova Scotia
(State or country)

19 MAIDEN NAME OF MOTHER Cannot be learned

20 BIRTHPLACE OF MOTHER (City) Nova Scotia
(State or country)

21 Informant Daniel McNeil
(Address) 73 Dexter St Milton

I HEREBY CERTIFY that a satisfactory standard certificate of death was
issued with me BEFORE the burial of 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) 9/14/50

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 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

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

PLACE OF DEATH

Suffolk
(County)
Winthrop
(City or Town)

The Commonwealth of Massachusetts
EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD
CERTIFICATE OF DEATH

Registered No. 162

To be filed for burial permit
with Board of Health
or its Agent.

No. 454 Highland Ave St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Dorothy Strong
(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. 454 Highland Ave St. (If nonresident, give city or town and State)
(Usual place of abode)

Length of stay: In place of death 6 years — months — days. In place of residence 6 years — months — days.

INSTRUCTIONS
FOR
MEDICAL CERTIFICATE

In giving
CAUSE OF DEATH

do not enter
more than one
cause for each
of (a), (b) and (c)

This does not mean
mode of dying, such
heart failure, asthenia,
It means the disease,
complications which
used death.

Morbid conditions,
any, giving rise to the
cause (a) stating
underlying cause
st.

Conditions contrib-
ing to the death but not
ated to the disease or
dition causing death.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH September 12 1950
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from
December 17, 1949 to Sept. 12, 1950

I last saw her alive on Sep-12 1950, death is said to
have occurred on the date stated above, at 5:45 P. M.

DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a) Carcinomatosis

INTERVAL BE-
TWEEN ONSET
AND DEATH

6 mos

ANTECEDENT (b) Due To Carcinoma of colon
CAUSES

Due To
(c)

? 1 year

OTHER
SIGNIFICANT
CONDITIONS Metastatic carcinoma
of liver & rectum

Major findings:
Of operations. Carcinoma of colon

Date of operation. 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 M. D.
(Address) 238 Shore Drive, Winthrop, Mass. Date 9/13, 1950

Place of Burial or Cremation (City or Town)
Cathedral of the Holy Spirit, Everett

DATE OF BURIAL Sept 13 1950

7 NAME OF FUNERAL DIRECTOR H. J. Torf
ADDRESS 187 Washington Ave Chelsea

Received and filed SEP 18 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 Oliver Strong (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 39 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. 027-09-8668

16 BIRTHPLACE (City) Russia
(State or country)

17 NAME OF FATHER Morris Reynolds

18 BIRTHPLACE OF FATHER (City) Russia
(State or country)

19 MAIDEN NAME OF MOTHER Ruth (E.B.L.)

20 BIRTHPLACE OF MOTHER (City) Russia
(State or country)

21 Informant Oliver Strong
(Address) 454 Highland Ave Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:

Walter S. Baker
(Signature of Agent of Board of Health or other)
Health Officer (Date of Issue of Permit) 9/13/50

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 supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection 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

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICSTo be filed for burial permit
with Board of Health
or its Agent.

163

STANDARD
CERTIFICATE OF DEATH

Registered No.

No. Winthrop Community Hospital St. (If death occurred in a hospital or institution,
give its NAME instead of street and number)2 FULL NAME Percy Dexter Merritt
(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. 81 Lowell Rd. St.
(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 42 years ... months ... days.

INSTRUCTIONS
FOR
MEDICAL CERTIFICATE
In giving
USE OF DEATHdo not enter
more than one
cause for each
(a), (b) and (c)This does not mean
mode of dying, such
heart failure, asthenia,
It means the disease,
complications which
led death.Morbid conditions,
may, giving rise to the
e cause (a) stating
underlying causeConditions contrib-
g to the death but not
ed to the disease or
dition causing death.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH September 15, 1950
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
Sept. 1, 1950, to Sept. 15, 1950I last saw him alive on 9/15/1950 death is said to
have occurred on the date stated above, at 10:45 pm.DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a) Cerebral thrombosis about
with right hemiplegia and 2 wks.loss of speech and swallowing.
CEMENT (b) arteriosclerosis about
CAUSES 10 yrs.Due To chronic myocarditis about
(c) 5 yrs.OTHER
SIGNIFICANT
CONDITIONSMajor findings:
Of operations... none

Date of operation... none 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) Sybil W. Robinson M. D.
(Address) 89 Somerset Ave. Date Sept. 16, 1950

6 Winthrop, Mass. Abington Mass

Place of Burial or Cremation (City or Town)
Mt Vernon Cemetery Sept 18, 1950
DATE OF BURIAL

7 NAME OF FUNERAL DIRECTOR Howard S. Reynolds

ADDRESS Winthrop Mass

Received and filed SEP 18 1950

(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 Eva May Beatty
(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 0 Months 1 Days If under 24 hours
Hours Minutes13 Usual Occupation: Book keeper
(Kind of work done during most of working life)

14 Industry or Business: Wholesale Provisions

15 Social Security No. 031-03-2472

16 BIRTHPLACE (City) Rockland
(State or country) Mass

17 NAME OF FATHER Charles Merritt

18 BIRTHPLACE OF FATHER (City) Scituate
(State or country) Mass

19 MAIDEN NAME OF MOTHER Edith C Reed

20 BIRTHPLACE OF MOTHER (City) Rockland
(State or country) Mass21 Informant Eva M Merritt
(Address) 81 Lowell Rd. WinthropI HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transfer permit was issued:Valter S. Baker
(Signature of Agent of Board of Health or other)Health Officer 9/18/50
(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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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

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 STATISTICSCOPY OF
MEDICAL EXAMINER'S
CERTIFICATE OF DEATH

BOSTON

(City or town making return)

Registered No.

781564

No.

Boston Psychopathic Hosp't.

{ (If death occurred in a hospital or institution,
St. { give its NAME instead of street and number)

2 FULL NAME

Edward Collin

(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.

21 Pearl 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.....days. In place of residence 25 years.....months.....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF
DEATH

Sept. 16/50

(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.)Pneumonia following self inflicted
incised wound of neck Suicide
during temporary state of insanity

5 Accident, suicide, or homicide (specify)

Suicide

Date and hour of injury

Sept. 5 19 50

Where did
Injury occur?

S. Attleboro Mass.

(City or town and State)

Did injury occur in or about home, on farm, in industrial place, or in public

place?

Hospital

(Specify type of place)

Manner of
Injury

Self inflicted

(How did injury occur?)

Nature of
Injury

Incised wound of neck

While at work? No. Was autopsy performed? No

6 Was disease or injury in any way related to occupation of deceased?

If so, specify

Michael A Longo

(Signed)

M. D.

(Address)

Boston Mass. 9-16 19 50
Sharon Memorial Park Sharon Mass.

7

Place of Burial, or Cremation.

Sept. 17/50

(City or Town)

DATE OF BURIAL

19

8 NAME OF
FUNERAL DIRECTOR

H J Torf

ADDRESS

Brookline Mass.

Received and filed

19

SEP 25 1950

(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 Elizabeth Ansel

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

12 IF STILLBORN, enter that fact here.

13

62

Years.....Months.....Days

If under 24 hours

Hours.....Minutes

14 Usual

Occupation:

Manager

(Kind of work done during most of working life)

15 Industry

or Business:

Corrugated Box Business

16 Social Security No. -----

17 BIRTHPLACE (Russia

(State or country)

18 NAME OF

FATHER

Simon Collin

19 BIRTHPLACE OF

FATHER (City)

Russia

(State or country)

20 MAIDEN NAME

OF MOTHER

Anna

21 BIRTHPLACE OF

MOTHER (City)

Russia

(State or country)

22

Informant

(Address)

E Collin

A TRUE COPY

ATTEST:

Charles E. Inactive
(Registrar of City or Town where death occurred)

DATE FILED

Sept. 19/50

19



INSTRUCTIONS
FOR
MEDICAL CERTIFICATEIn giving
USE OF DEATHdo not enter
more than one
cause for each
(a), (b) and (c)This does not mean
mode of dying, such
heart failure, ashenia,
It means the disease,
complications which
led death.Morbid conditions,
ay, giving rise to the
e cause (a) stating
underlying causeConditions contrib-
g to the death but not
ed to the disease or
lition 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 days. In place of residence years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH September 16, 1950
(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 9:45 A. M.DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a) PrematurityANTE 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 17 Sept 1950

6 Place of Burial or Cremation (City or Town)

DATE OF BURIAL Sept 19 1950

7 NAME OF FUNERAL DIRECTOR

ADDRESS

Received and filed SEP 28 1950

(Registrar)

The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICSSTANDARD
CERTIFICATE OF DEATH

Registered No. 165

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 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. Premature at 2 1/2

12 AGE Years Months Days If under 24 hours
5 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) (State or country)

17 NAME OF FATHER Leonard F. Kaiser

18 BIRTHPLACE OF FATHER (City) (State or country) Nausean Ohio

19 MAIDEN NAME OF MOTHER Elvora M. Moon

20 BIRTHPLACE OF MOTHER (City) (State or country) Ball Ohio

21 Informant (Address) Leonard F. Kaiser 48 Edgell St. Wrentham

I HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:

Wallace J. Baker (Signature of Agent of Board of Health or other)

Health Officer (Official Designation) 9/28/50 (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).

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.

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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

INSTRUCTIONS
FOR
CERTIFICATE

In giving
SE OF DEATH

do not enter
ore than one
use for each
a), (b) and (c)

This does not mean
ode of dying, such
rt failure, asthenia,
means the disease,
mplications which
death.

orbid conditions,
giving rise to the
cause (a) stating
nderlying cause

onditions contrib-
to the death but not
to the disease or
ion causing death.

1 PLACE OF DEATH

Suffolk
(County)

Winthrop
(City or Town)

16 Bellevue Ave.,

No. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME George Henry Connor

(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. 16 Bellevue 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 7 years..... months..... days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH Sept. 20 1950
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from Jan. 19 50 to Sept 20 19 50
I last saw him alive on Sept 20 1950, death is said to

have occurred on the date stated above, at 2.30 PM.

DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a) coronary embolism

INTERVAL BE-
TWEEN ONSET
AND DEATH

ANTE CEDENT CAUSES
Due To (b) arterial sclerosis

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) J. J. Mahoney

(Address) 127 Grove St. Medford Mass.

6 Place of Burial or Cremation Oak Grove Medford Mass.
(City or Town)

DATE OF BURIAL Sept. 23, 1950 19

7 NAME OF FUNERAL DIRECTOR J. Vincent Murray

ADDRESS 262 Beach St., Revere

Received and filed SEP 28 1950 19

(Registrar)

The Commonwealth of Massachusetts
EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS



STANDARD
CERTIFICATE OF DEATH

Registered No. 166

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

10a If married, widowed, or divorced HUSBAND of Agnes Lloyd (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 83 Years 4 Months Days If under 24 hours Hours Minutes

13 Usual Occupation: supervisor (Kind of work done during most of working life)

14 Industry or Business: Boston Public Library

15 Social Security No. none

16 BIRTHPLACE (City) Boston Mass.
(State or country)

17 NAME OF FATHER George H. Connor

18 BIRTHPLACE OF FATHER (City) Boston Mass.
(State or country)

19 MAIDEN NAME OF MOTHER Elizabeth Wade

20 BIRTHPLACE OF MOTHER (City) Lowell Mass.
(State or country)

21 Informant Mrs. Michael Cronin
(Address) 16 Bellevue Ave., Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Walter J. Baker, S. Health Officer 10/22/50
(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 for the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or 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)

Winthrop Community Hosp.

No.



The Commonwealth of Massachusetts
EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD
CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

Registered No.

168

2 FULL NAME

Harry Barsky

(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

Mattapan, Mass.

(If nonresident, give city or town and State)

Length of stay: In place of death... years / months / 13 days. In place of residence 12 years ... months ... days.

INSTRUCTIONS
FOR
CERTIFICATEIn giving
SE OF DEATH

o not enter
ore than one
use for each
a), (b) and (c)

his 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
on causing death.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH Sept 27, 1950
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from
July 1950 to Sept. 27, 1950
I last saw him alive on Sept. 27, 1950, death is said to

have occurred on the date stated above, at 9:00 P. m.

DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a) Carcinoma of Stomach

(b) Carcinoma of Stomach

ANTECEDENT
CAUSES

Due To
(c)

OTHER
SIGNIFICANT
CONDITIONS

Major findings: Carcinoma of Stomach
Of operations

Date of operation. 1946 Was autopsy performed? no

What test confirmed diagnosis? Laboratory

5 Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) Charles Liberman M. D.

(Address) 264 W. Main Ave. Date 9/27/50

6 Berser Everett
Place of Burial or Cremation (City or Town)

DATE OF BURIAL Sept. 28 1950

7 NAME OF FUNERAL DIRECTOR Benjamin Birnbach
ADDRESS 10 Washington St., Dorchester

Received and filed... 19

OCT 3 1950

(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 Bessie Barder

(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: Tailor
(Kind of work done during most of working life)

14 Industry or Business: Berteen Cleansing Co.

15 Social Security No. 024-05-8710

16 BIRTHPLACE (City)
(State or country) Russia

17 NAME OF FATHER Louis Barsky

18 BIRTHPLACE OF FATHER (City)
(State or country) Russia

19 MAIDEN NAME OF MOTHER Celia-Cannot be learned

20 BIRTHPLACE OF MOTHER (City)
(State or country) Russia

21 Informant Rose Geller
(Address) 116 Hazelton St., Mattapan

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) 9/28/50

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 supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection 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)

44 Cliff Avenue

No.

Josephine Whitaker Kimball

2 FULL NAME

(If deceased is a married, widowed or divorced woman, give also maiden name.)

44 Cliff Avenue

(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..... days. In place of residence..... years..... months..... days.

INSTRUCTIONS
FOR
CERTIFICATE

In giving
OF DEATH

do not enter
more than one
use for each
(a), (b) and (c)

his does not mean
of dying, such
failure, asthenia,
means the disease,
applications which
death.

orbid conditions,
giving rise to the
cause (a) stating
underlying cause

nditions contrib-
to the death but not
to the disease or
on causing death.

The Commonwealth of Massachusetts

EDWARD J. CRONIN, SECRETARY
DIVISION OF VITAL STATISTICS

To be filed for burial permit
with Board of Health
or its Agent.



STANDARD

CERTIFICATE OF DEATH

Registered No.

169

(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 September 28 1950
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from
March 11, 1950 to Sept 28, 1950

I last saw her alive on Sept 18, 1950, death is said to

have occurred on the date stated above, at 7:45A. m.

DISEASE OR CONDITION

DIRECTLY LEADING

TO DEATH (a) Pulmonary Fibrosis

Coronary occlusion

INTERVAL BE-
TWEEN ONSET
AND DEATH

1 day

ANTE Due To

CEDENT (b) Pulmonary fibrosis

CAUSES

Due To

(c) Cause undetermined

OTHER
SIGNIFICANT
CONDITIONS

Major findings: none

Date of operation..... Was autopsy performed? no

What test confirmed diagnosis? X-rays

5 Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) Vernon V. King

(Address) 25 Kings St. Date Sept 28, 1950

6 Vernon Grove Cemetery Milford
Place of Burial or Cremation (City or Town)

DATE OF BURIAL October 1, 1950

7 NAME OF FUNERAL DIRECTOR Dwight L. Watson

ADDRESS 56 Congress St. Milford, Mass.

Received and filed OCT 3 1950

(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 Charles H. Kimball

(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 77 5 22 AGE 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) Pawtucket, Rhode Island
(State or country)

17 NAME OF Silas Whitaker
FATHER

18 BIRTHPLACE OF FATHER (City) North Conway
(State or country) New Hampshire

19 MAIDEN NAME OF MOTHER Elizabeth Lowe

20 BIRTHPLACE OF MOTHER (City) Philadelphia
(State or country) Penn.

21 Informant Mildred Torrey
(Address) 44 Cliff Ave. Winthrop, Mass.

I HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:

Walter S. Baker
(Signature of Agent of Board of Health or other)

Health Officer 9/28/50
(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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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

INSTRUCTIONS
FOR
VITAL CERTIFICATE

In giving
STATE 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, ashenia,
means the disease,
implications which
death.

Forbid conditions,
giving rise to the
cause (a) stating
underlying cause

Conditions contrib-
to the death but not
to the disease or
on causing death.

50M-2-49-25666

PLACE OF DEATH

1

Suffolk
(County)

Winthrop
(City or Town)

No. Winthrop Community Hospital

2 FULL NAME James Campbell
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence No. 113 Fernwood Ave
(Usual place of abode)

Length of stay: In place of death years months 14 days In place of residence years months days

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH September 30, 1950
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from
January 3, 1949, to Sept 30, 1950

I last saw him alive on Sept 30, 1950, death is said to

have occurred on the date stated above, at 4:40 p.m.

DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a) Aortic Block

INTERVAL BE-
TWEEN ONSET
AND DEATH
1 mos

ANTE CEDENT CAUSES Due To Chronic Myocarditis

Due To Generalized arteriosclerosis

OTHER SIGNIFICANT CONDITIONS Coronary occlusion
Renal insufficiency

Major findings: Of operations: effusion

Date of operation: Was autopsy performed? No

What test confirmed diagnosis? Clinical observation EKG

5 Was disease or injury in any way related to occupation of deceased? No

If so, specify: Heart Murmur

(Signed) Dr. J. H. Baker M. D.

(Address) 100 Beach St. Boston Date Sept 30, 1950

6 Woodlawn Everett (City or Town)

Place of Burial or Cremation

DATE OF BURIAL Oct. 3, 1950

7 NAME OF FUNERAL DIRECTOR J. H. Baker

ADDRESS 100 Beach St. Boston

Received and filed OCT 3 1950

19

(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. 170

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)

Renee S. 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 Mary Ahorn
(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: Starter
(Kind of work done during most of working life)

14 Industry or Business: M.T.A.

15 Social Security No. 031-10-7999

16 BIRTHPLACE (City) (State or country) F.F.I.

17 NAME OF FATHER Albert Campbell

18 BIRTHPLACE OF FATHER (City) (State or country) F.F.I.

19 MAIDEN NAME OF MOTHER Christina MacCrea

20 BIRTHPLACE OF MOTHER (City) (State or country) Scotland

21 Informant Mary Campbell
(Address) 113 Fernwood 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 S. Baker
(Signature of Agent of Board of Health or other)
Health Officer (Official Designation) 10/3/50 (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 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

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.)

25m-(b)-11-49-900,475

PLACE OF DEATH

Suffolk

(County)

Boston

(City or Town)

Beth Israel Hospital

No.

The Commonwealth of Massachusetts



EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH

DIVISION OF VITAL STATISTICS

COPY OF

CERTIFICATE OF DEATH

Boston

(City or town making return)

Registered No.

826171

{ (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Baby Boy Weinstein

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No.

46 Waveway 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.....1 days. In place of residence.....years.....months.....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH

Sept. 30 / 50

(Month)

(Day)

(Year)

4 I HEREBY CERTIFY, That I attended deceased from

Sept. 30 19 50 to Sept. 30 19 50

I last saw him alive on Sept. 30 19 50 death is said to

have occurred on the date stated above, at 10:15 A.M.

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION

DIRECTLY LEADING TO DEATH (a) Multiple congenital anomalies

Cong. 1 Day

ANTE CEDENT CAUSES

Due To (c)

OTHER SIGNIFICANT CONDITIONS

Major findings: Of operations. None

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) R. S. Paine 9-30 M. 50

(Address) Beth Israel Hospital Mt. Lebanon Butrimuntzy West Rox.

6 Place of Burial or Cremation (City or Town)

DATE OF BURIAL Oct. 1/50 19

7 NAME OF FUNERAL DIRECTOR B Birnbach

ADDRESS Dorchester Mass.

Received and filed.....19

OCT 9 1950

(Registrars 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

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:

(Kind of work done during most of working life)

14 Industry

or Business:

15 Social Security No.

16 BIRTHPLACE (City) (State or country)

Boston Mass

17 NAME OF FATHER

Daniel Weinstein

18 BIRTHPLACE OF FATHER (City)

Boston Mass.

(State or country)

19 MAIDEN NAME OF MOTHER

Barbara Sidell

20 BIRTHPLACE OF MOTHER (City)

Boston Mass.

(State or country)

21

Informant

(Address)

Daniel Weinstein

A TRUE COPY

ATTEST:

(Registrars of City or Town where death occurred)

Oct. 3/50

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.)

25m-(b)-11-49-900, 475

PLACE OF DEATH

Suffolk

(County)

Chelsea

(City or Town)

Soldiers' Home Hospital

No.

Carl St. John Riley

2 FULL NAME

(If deceased is a married, widowed or divorced woman, give also maiden name.)

86 Chester Ave.

(a) Residence. No.

(Usual place of abode)

27

Length of stay: In place of death.....years.....months.....days. In place of residence.....years.....months.....days.

The Commonwealth of Massachusetts



EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH

DIVISION OF VITAL STATISTICS

COPY OF

CERTIFICATE OF DEATH

Chelsea

(City or town making return)

Registered No.

St. { (If death occurred in a hospital or institution, give its NAME instead of street and number)

{ (Was deceased a U. S. War Veteran, 430 special WAR)

Winthrop, Mass.

St. { (If nonresident, give city or town and State)

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH

Sept. 6, 1950

(Month)

(Day)

(Year)

4 I HEREBY CERTIFY, That I attended deceased from

Aug. 9

Sept. 6

1950

in

Sept. 6

1950

I last saw him alive on.....death is said to

12:35p.

have occurred on the date stated above, at.....m.

DISEASE OR CONDITION

DIRECTLY LEADING TO DEATH (a)

Infarct of left

kidney with uremia

INTERVAL BETWEEN ONSET AND DEATH

3 das

ANTE CEDENT CAUSES

Due To (b)

Valvular heart disease

75wks

Due To (c)

Bacterial endocarditis

12 wks

OTHER SIGNIFICANT CONDITIONS

Broncho-pneumonia

2 das

Major findings: Of operations.....

yes

Date of operation.....

Was autopsy performed?

clinical, lab. P.M.

What test confirmed diagnosis?

5 Was disease or injury in any way related to occupation of deceased?

If so, specify.

Lewis Glaser

(Signed)

Soldiers' Home

9/6/50

M. D.

(Address)

Winthrop Gen. Hospital, Mass.

6

Place of Burial or Cremation.....(City or Town)

DATE OF BURIAL

Sept. 9, 1950

19

7 NAME OF FUNERAL DIRECTOR

Maurice W. Kirby

210 Winthrop St. Winthrop

ADDRESS

OCT 11 1950

Received and filed.....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 Agnes E. Peoley

(Give maiden name of wife in full)

(or) WIFE of.....

(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 58

1

28

AGE.....Years.....Months.....Days

If under 24 hours

.....Hours.....Minutes

13 Usual Occupation:

Painter

(Kind of work done during most of working life)

14 Industry or Business:

Painting

15 Social Security No.

16 BIRTHPLACE (City).....Somerville, Mass.
(State or country)

17 NAME OF FATHER

John P.

18 BIRTHPLACE OF FATHER (City)

Boston, Mass.

(State or country)

19 MAIDEN NAME OF MOTHER

Annie Dora

20 BIRTHPLACE OF MOTHER (City)

East Boston, Mass.

(State or country)

21

Informant (Address)

Hospital Records

A TRUE COPY

ATTEST:

(Registrar of City or Town where death occurred)

DATE FILED.....19

Sept. 6, 1950

Enlisted 8/14/17
Discharged 8/13/21
Printer 1/c
USNRF

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.)

25m-(b)-11-49-900,475

PLACE OF DEATH

1

Essex

(County)

Danvers

(City or Town)



The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH

DIVISION OF VITAL STATISTICS

COPY OF

CERTIFICATE OF DEATH

Danvers

(City or town making return)

Registered No.

173

Danvers State Hospital, Hathorne, Mass. St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME SWETT, Frank F. (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. 230 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 2 days. In place of residence. years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH September 7, 1950 (Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from Sept. 5, 1950 to Sept. 7, 1950

I last saw him alive on Sept. 7, 1950, death is said to

have occurred on the date stated above, at 6:50 A.M.

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Hemorrhage of Stomach

ANTE CEDENT CAUSES Due To Gastric Ulcer (b) ?

Due To (c)

OTHER SIGNIFICANT CONDITIONS Parkinson's Disease Yrs.

Major findings: Of operations. No

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) Andrew Nichols III (Address) Hathorne, Mass. Date 9/13/50 M. D.

6 Winthrop Cemetery, Winthrop, Mass. (City or Town)

DATE OF BURIAL September 9, 1950

7 NAME OF FUNERAL DIRECTOR Alfred B. Marsh

ADDRESS Winthrop, Mass.

Received and filed OCT 12 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 or DIVORCED widowed

10a If married, widowed, or divorced HUSBAND of Gretta L. Kinear (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 6 Months 29 Days If under 24 hours Hours Minutes

13 Usual Occupation: Retired Grocer (Kind of work done during most of working life)

14 Industry or Business:

15 Social Security No. Unknown

16 BIRTHPLACE (City) Belfast (State or country) Maine

17 NAME OF FATHER Frank F. Swett

18 BIRTHPLACE OF FATHER (City) Belfast (State or country) Maine

19 MAIDEN NAME OF MOTHER Eliza Pendleton

20 BIRTHPLACE OF MOTHER (City) North Port (State or country) Maine

21 Informant (Address) Mary E. Sheehan Hathorne, Mass.

A TRUE COPY ATTEST: (Registrar of City or Town where death occurred)

DATE FILED September 14, 1950

RECEIVED



OCT 13 1950 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.)

25m.(b)-11-49-900,475

PLACE OF DEATH

Suffolk

(County)

Chelsea

(City or Town)

Soldiers' Home Hospital

No.

Mary H. MacDonald

2 FULL NAME

(If deceased is a married, widowed or divorced woman, give also maiden name.)

105 Ocean View Ave.

(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. days. In place of residence. years. months. days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH Sept. 10, 1950

(Month)

(Day)

(Year)

4 I HEREBY CERTIFY, That I attended deceased from Sept. 1 19 50 to Sept. 10 19 50

I last saw h. or alive on Sept. 10 19 50, death is said to

have occurred on the date stated above, at 1:55p. m.

DISEASE OR CONDITION

DIRECTLY LEADING

TO DEATH (a) Pernicious anemia

INTERVAL BETWEEN ONSET AND DEATH

?mos.

ANTE Due To

CEDENT (b)

CAUSES heart disease

?yrs.

Due To

Generalized arterio sclerosis

?yrs.

OTHER SIGNIFICANT CONDITIONS

Chronic nephritis

?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?

If so, specify

Isadore Kaplan

(Signed)

Soldiers' Home Date 9/10 19 50

(Address) Winthrop Gen., Winthrop, Mass.

6 Place of Burial or Cremation (City or Town)

DATE OF BURIAL Sept. 13, 1950

7 NAME OF FUNERAL DIRECTOR Alfred B. Marsh

ADDRESS 174 Winthrop St. Winthrop

Received and filed. OCT 11 1950

(Registrar of City or Town where deceased resided)

The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH

DIVISION OF VITAL STATISTICS

COPY OF

CERTIFICATE OF DEATH

Chelsea

(City or town making return)

Registered No.

54071

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) Nurse

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

10

Months

25

Days

If under 24 hours

Hours

Minutes

13 Usual

Occupation:

Nurse R.N.

(Kind of work done during most of working life)

14 Industry

or Business:

Nursing

15 Social Security No.

none

16 BIRTHPLACE (City)

(State or country)

Halifax, N.S.

17 NAME OF FATHER

Alexander W.

18 BIRTHPLACE OF FATHER (City)

(State or country)

Garrick, Scotland

19 MAIDEN NAME OF MOTHER

Elizabeth MacDonald

20 BIRTHPLACE OF MOTHER (City)

(State or country)

Garrick, Scotland

21 Informant (Address)

Mrs. Jennie Roberts (Niece)

A TRUE COPY

ATTEST:

(Registrar of City or Town where death occurred)

Sept. 10, 1950

DATE FILED

19

Enlisted Nov. 5, 1918

Discharged Feb. 12, 1919

Nurse, USA Nursing Corps

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICSCOPY OF
CERTIFICATE OF DEATHCambridge
(City or town making return)

Registered No. 1302175

PLACE OF DEATH

Middlesex County

Cambridge Town

No. Holy Ghost Hospital

(If death occurred in a hospital or institution,
St. give its NAME instead of street and number)2 FULL NAME Catherine Pratt
(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. 46 Washington Ave
(Usual place of abode)St. Winthrop, Mass.
(If homeside, give city or town and State)

Length of stay: In place of death 5 years 5 months 16 days. In place of residence 38 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH September 27, 1950
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from

July 1, 1950 to Sept. 27, 1950
I last saw her alive on Sept. 27, 1950 death is said to

have occurred on the date stated above, at 2.40 A. m.

DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a) Multiple sclerosis yrs.ANTE Due To
CEDENT (b) Carcinoma of uterus
CAUSESDue To
(c) Pulmonary embolismOTHER
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?

If so, specify.

(Signed) Richard M. Dart M. D.
(Address) Date 9-27-1950

6 Winthrop, Mass. (City or Town)

DATE OF BURIAL Sept. 30, 1950

7 NAME OF FUNERAL DIRECTOR Howard S. Reynolds

ADDRESS Winthrop, Mass.

Received and filed OCT 2 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 married10a If married, widowed, or divorced
HUSBAND of (Give maiden name of wife in full)(or) WIFE of Wallace A. Pratt
(Give husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 75 Years 2 Months 0 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) Boston, Mass.

17 NAME OF FATHER Patrick Keleher

18 BIRTHPLACE OF FATHER (City)
(State or country) Ireland

19 MAIDEN NAME OF MOTHER Margaret Friel

20 BIRTHPLACE OF MOTHER (City)
(State or country) Ireland21 Informant Wallace A. Pratt
(Address) 44 Chester Ave., Winthrop, Mass.A TRUE COPY Frederick H. Burke
ATTEST: (Registrar of City or Town where death occurred)

DATE FILED Sept. 28, 1950 19

WRITE PLAINLY, WITH UNFADING BLACK INK — THIS IS A PERMANENT RECORD

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

RECEIVED



OCT 21 1950 AM



Suffolk
(County)

Winthrop
(City or Town)

STANDARD
CERTIFICATE OF DEATH

Registered No. 175

No. Winthrop Convalescent Home St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Arthur R. Montferrand
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT
(Was deceased a
U. S. War Veteran,
if so specify WAR)

(a) Residence. No. 26 Beal St. St. (If nonresident, give city or town and State)
(Usual place of abode)

Length of stay: In place of death 2 months 15 days. In place of residence 15 years months days.

INSTRUCTIONS
FOR
MEDICAL CERTIFICATE

In giving
USE 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,
etc. means the disease,
complications which
led to death.

Morbid conditions,
giving rise to the
cause (a) stating
underlying cause

Conditions contrib-
uting to the death but not
causing death.

Injuries

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH October 1 1950
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from May 1948 to Oct 1 1950
I last saw him alive on 9/30 1950, death is said to have occurred on the date stated above, at 10 45 A. m.

DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a) General carcinomatosis

INTERVAL BE-
TWEEN ONSET
AND DEATH

1 yr.

ANTECEDENT CAUSES Due To Carcinoma of penis 9 yrs.

OTHER SIGNIFICANT CONDITIONS Due To Residual Polio myelitis? 3 yrs.
Arterio-sclerotic heart dis.
Inguinal hernia - left.

Major findings: Carcinoma of penis
Of operations: 9 yrs ago. Was autopsy performed? no.
Date of operation: 9 yrs ago. What test confirmed diagnosis? Biopsy

5 Was disease or injury in any way related to occupation of deceased? no.
If so, specify: Myoma of kidney. (Signed) M. D. (Address) 25 Sturges St. Date Oct 2 1950

6 Place of Burial or Cremation Winthrop Winthrop (City or Town)
DATE OF BURIAL Oct 4 1950

7 NAME OF FUNERAL DIRECTOR John H. O'Malley
ADDRESS Winthrop

Received and filed. OCT 3 1950 (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 Francis Sheeran (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 Months Days If under 24 hours Hours Minutes

13 Usual Occupation Engineer (Kind of work done during most of working life)

14 Industry or Business: Laundry

15 Social Security No. 021 --09--1697

16 BIRTHPLACE (City) Lowell (State or country) Mass

17 NAME OF FATHER Cannot be learned

18 BIRTHPLACE OF FATHER (City) Canada (State or country)

19 MAIDEN NAME OF MOTHER Florence Tramp

20 BIRTHPLACE OF MOTHER (City) Canada (State or country)

21 Informant Frances Montferrand (Address) 26 Beal St

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) 10/2/50

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 by the action of 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 helpfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, 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 no oc.

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 OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICSTo be filed for burial permit
with Board of Health
or its Agent.

STANDARD

CERTIFICATE OF DEATH

Registered No. 1877

{ (If death occurred in a hospital or institution,
St. { give its NAME instead of street and number)

2 FULL NAME Baby Boy Berkowitz

(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 Jefferson Avenue
(Usual place of abode)

St. Chelsea

(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.

INSTRUCTIONS
FOR
CERTIFICATEIn giving
USE OF DEATHdo not enter
more than one
cause for each
(a), (b) and (c)his does not mean
mode of dying, such
as failure, assthenia,
means the disease,
implications which
death.orbid conditions,
giving rise to the
cause (a) stating
underlying causeconditions contrib-
to the death but not
to the disease or
on causing death.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH October 5, 1950
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
9-29-1950 to 10-5-1950

I last saw him alive on 10-5-1950, death is said to

have occurred on the date stated above, at 9:55 P. M.

DISEASE OR CONDITION

DIRECTLY LEADING
TO DEATH (a)

Prematurity

INTERVAL BE-
TWEEN ONSET
AND DEATHANTE Due To
CEDENT (b)
CAUSESDue To
(c)OTHER
SIGNIFICANT
CONDITIONS

Atelectasis

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)

H. Arthur Person
1925 Huntley St Chelsea
Date 10-5-19506 Holy Cross Cemetery Malden, Mass.
Place of Burial or Cremation (City or Town)

DATE OF BURIAL October 9, 1950

7 NAME OF FUNERAL DIRECTOR William F. Welsh
ADDRESS 721 Broadway Chelsea, Mass.

Received and filed OCT 10 1950 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 Years Months 6 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.

17 NAME OF FATHER Samuel Berkowitz

18 BIRTHPLACE OF FATHER (City) Chelsea
(State or country) Mass.

19 MAIDEN NAME OF MOTHER Barbara Burke

20 BIRTHPLACE OF MOTHER (City) Chelsea
(State or country) Mass.21 Informant Barbara Barkowitz (mother)
(Address) 35 Jefferson Ave. ChelseaI HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued.Walter D. Baker
(Signature of Agent of Board of Health or other)

(Official Designation) Health Officer (Date of Issue of Permit) 10/9/50

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 exhum a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

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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

RM R-301A

INSTRUCTIONS
FOR
CERTIFICATE

In giving
STATE OF DEATH

do not enter
more than one
cause for each
(a), (b) and (c)

his does not mean
of dying, such
failure, asthenia,
means the disease,
applications which
death.

orbid conditions,
giving rise to the
cause (a) stating
underlying cause

conditions contrib-
to the death but not
to the disease or
on causing death.

No. 6-5080

50M (B)-12-49-900722

The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

To be filed for burial permit
with Board of Health
or its Agent.



PLACE OF DEATH

Suffolk
(County)
Winthrop
(City or Town)

STANDARD
CERTIFICATE OF DEATH

Registered No. 173

No. Winthrop Community Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)
2 FULL NAME David Melvin Wiseby (If deceased is a married, widowed or divorced woman, give also maiden name.)
(a) Residence No. 130 Grovere Ave. St. Winthrop (If nonresident, give city or town and State)
Length of stay: In place of death years months 2 days. In place of residence 10 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 October 5, 1950
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from January 2, 1950 to October 5, 1950
I last saw him alive on October 5, 1950 death is said to

have occurred on the date stated above, at 3:50 P.M.

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Acute Cerebral Hemorrhage 3 days

ANTE Due To Uremia CEDENT (b) 1 day

Due To Arteriosclerosis 2 years (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 Jacob J. Abrams M.D.
(Signed) 562 Shirley St. Winthrop 10/5/50
(Address)

6 Macomb Ohio Mass. (City or Town)

DATE OF BURIAL October 10, 1950

7 NAME OF FUNERAL DIRECTOR A.C. Long's Son Inc.
ADDRESS 1779 Mass. Ave. Cambridge

Received and filed OCT 9 1950
(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Male 9 COLOR OR RACE White 10 SINGLE MARRIED WIDOWED or DIVORCED Single (write the word)

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 71 Years Months Days If under 24 hours Hours Minutes

13 Usual Occupation: Office Clerk - New England Brick Co. (Kind of work done during most of working life)

14 Industry or Business:

15 Social Security No. 029-03-4631

16 BIRTHPLACE (City) Hope Ohio (State or country) Pleasant Township, Adams, Ohio

17 NAME OF FATHER Henry A. Wiseby

18 BIRTHPLACE OF FATHER (City) Findley Ohio (State or country)

19 MAIDEN NAME OF MOTHER Lorraine (Cognate by husband) Findley (or)

20 BIRTHPLACE OF MOTHER (City) Findley Ohio (State or country)

21 Informant Mr. William H. Long (Address) 32 Copeland Ave. Reading 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) Seal of Office (Date of Issue of Permit) 10/5/50

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).

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Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance 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

6/21/1898

Private

157th Reg. Indiana

C-2614

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.)

25m-(b)-11-49-900,475

Undertaker said deceased's father called himself **Walter D O'Maley** but deceased's name was **O'Maley**

PLACE OF DEATH

Suffolk

(County)

Boston

(City or Town)

No. Boston City Hospital

2 FULL NAME

Walter D O'Maley

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No.

66 Fort Ave.

(Usual place of abode)

St.

Roxbury 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

Oct. 8/50

(Month)

(Day)

(Year)

4 I HEREBY CERTIFY, That I attended deceased from

Sept. 20

19 50

to

Oct. 8

19 50

I last saw h. --- alive on. --- 19 ---, death is said to

have occurred on the date stated above, at 8 AM m.

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION

DIRECTLY LEADING

TO DEATH (a)

Metastatic carcinoma of the liver

Mos-Yrs

ANTE Due To
CEDENT (b)
CAUSES

Bleeding duodenal ulcer

Wks-
Mos.Due To
(c)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?

If so, specify

I Merlis

(Signed)

Boston City Hospital

(Address)

date 10-8-50

6

Place of Burial or Cremation

Winthrop Cem-Winthrop Mass. ✓

(City or Town)

DATE OF BURIAL

Oct. 11/50

19

7 NAME OF

FUNERAL DIRECTOR

J F O'Maley

ADDRESS

Winthrop Mass.

Received and filed

OCT 2 1950

19

(Registrar of City or Town where deceased resided)

The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH

DIVISION OF VITAL STATISTICS

COPY OF

CERTIFICATE OF DEATH

Boston

179

(City or town making return)

Registered No. 8551

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)

W W 11

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

Florence MacDonald

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12

AGE

36

Years

Months

Days

If under 24 hours

Hours

Minutes

13 Usual Occupation:

Electrician's Helper

(Kind of work done during most of working life)

14 Industry or Business:

Electric Wiring

15 Social Security No.

020-11-5766

16 BIRTHPLACE (City) (State or country)

Winthrop Mass.

PARENTS

17 NAME OF FATHER

James Maley O.K.

18 BIRTHPLACE OF FATHER (City)

Boston Mass.

(State or country)

19 MAIDEN NAME OF MOTHER

Kathryn Dalton

20 BIRTHPLACE OF MOTHER (City)

Boston Mass.

(State or country)

21

Informant (Address)

Florence O'Maley

A TRUE COPY

ATTEST:

(Registrar of City or Town where death occurred)

Oct. 13/50

DATE FILED

19

RECEIVED



OCT 21 1950 AM

PLACE OF DEATH

Suffolk
(County)

Winthrop
(City or Town)



The Commonwealth of Massachusetts
EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD
CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

Registered No. 180

No. Winthrop Community Hospital

(If death occurred in a hospital or institution,
St. { give its NAME instead of street and number)

2 FULL NAME Baby Girl 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. 53 Crest Avenue
(Usual place of abode)

St. (If nonresident, give city or town and State)

Length of stay: In place of death. *40 min.* years months days. In place of residence years months days.

INSTRUCTIONS
FOR
FILLING OUT
THIS
CERTIFICATE

In giving
E OF DEATH

not enter
more than one
cause for each
(a), (b) and (c)

is does not mean
of dying, such
failure, ashenia,
means the disease,
lications which
death.

rbid conditions,
giving rise to the
use (a) stating
derlying cause

ditions contrib-
the death but not
to the disease or
causing death.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH October 10, 1950
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from
October 10, 1950, to October 10, 1950

I last saw her alive on *October 10, 1950* death is said to
have occurred on the date stated above, at *2:05 P. M.*

DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a)

Hydrocephalus

INTERVAL BE-
TWEEN ONSET
AND DEATH

1 1/2 hrs

ANTECEDENT (b)
CAUSES

Due To
(c)

OTHER
SIGNIFICANT
CONDITIONS

*Cleft plate, hair lip,
deformed right hand.*

Major findings:
Of operations...

none

Date of operation...

Was autopsy performed? *No*

What test confirmed diagnosis?

Clinical examination

5 Was disease or injury in any way related to occupation of deceased? *No.*

If so, specify

(Signed)

(Address)

*Maurice Travis B. M. D.
562 Shirley St., Winthrop, Mass.*

6 Winthrop Winthrop
Place of Burial or Cremation (City or Town)

DATE OF BURIAL

October 11 1950

7 NAME OF
FUNERAL DIRECTOR

John T. O'Malley

ADDRESS

Winthrop Mass

Received and filed

OCT 11 1950

(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 If under 24 hours
1 Hours 30 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
Massachusetts

17 NAME OF
FATHER James P. Murray

18 BIRTHPLACE OF
FATHER (City) E. Boston
(State or country) Massachusetts

19 MAIDEN NAME
OF MOTHER Catherine E. Masterson

20 BIRTHPLACE OF
MOTHER (City) Winthrop
(State or country) Massachusetts

21 Informant (Address) Mabel Masterson
92 Putnam 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
Health Officer
(Official Designation) (Date of Issue of Permit) 10/11/50

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 supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection 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

(City or town making return)

Registered No. 86461

No. 4 Bulfinch St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Thomas F Norbury
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(Was deceased a U. S. War Veteran, if so specify WAR) World War #1 and 2

(a) Residence. No. 4 Bulfinch St. Boston 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 Oct. 10/50
(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.)
Laennec's cirrhosis of liver alcoholism

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 A. Luongo M. D.

(Address) 25 Shattuck St. Date 10-10-50

7 Winthrop Cem-Winthrop Mass.

Place of Burial, or Cremation. Oct 13/50 (City or Town)

DATE OF BURIAL.....19.....

8 NAME OF FUNERAL DIRECTOR J F O'Malley

Winthrop Mass.

ADDRESS.....

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 Sep.

11a If married, widowed, or divorced, HUSBAND of Helen B ----
(Give maiden name of wife in full)

(or) WIFE of.....
(Husband's name in full)

12 IF STILLBORN, enter that fact here.

13 AGE 51 Years Months Days If under 24 hours Hours Minutes

14 Usual Occupation Retired
(Kind of work done during most of working life)

15 Industry or Business Police Officer

16 Social Security No. 021-24-8814

17 BIRTHPLACE (City) Newport R. Island
(State or country)

18 NAME OF FATHER Thomas Norbury

19 BIRTHPLACE OF FATHER (City) England
(State or country)

20 MAIDEN NAME OF MOTHER Ellen Mackin

21 BIRTHPLACE OF MOTHER (City) England
(State or country)

22 Informant M Ferkle
(Address)

A TRUE COPY. Charles A. Mackie

ATTEST: (Registrar of City or Town where death occurred)

DATE FILED Oct. 16/50 19.....

RECEIVED



OCT 21 1950 AM

Entered Service 2-12-42 Discharged 11-1-44 M M 1C

U S Navy Service No. 124-37-69

M R-301A

PLACE OF DEATH

1

Suffolk
(County)
Wentworth
(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. **132**No. *Mount Pleasant Home*{(If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME

Annie Rosenberg
(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.

(Usual place of abode)

375 Shirley

St.

Wentworth Mass
(If nonresident, give city or town and State)Length of stay: In place of death. *4* years *14* months *14* days. In place of residence *30* years *0* months *0* 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 *October 11 1950*
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
March 25 1945 to *October 11 1950*I last saw her alive on *October 11 1950* death is said tohave occurred on the date stated above, at *10:40 AM*DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a) *Hypertensive and**Arteriosclerotic Heart Disease* *4 years*ANTE
CEDENT
CAUSESDue To
(b)*Benign
nephrosclerosis* *2 yrs*Due To
(c)*Uremia* *2 days*OTHER
SIGNIFICANT
CONDITIONS*none*Major findings:
Of operations.*none*

Date of operation.

Was autopsy performed?

What test confirmed diagnosis?

Clinical & laboratory

5 Was disease or injury in any way related to occupation of deceased?

If so, specify.

(Signed)

(Address)

Jacob J. Abrams M.D.
562 Shirley St. Wentworth Mass
October 11 1950

DATE OF BURIAL

October 12 1950

7 NAME OF

FUNERAL DIRECTOR

Benjamin Birnbock

ADDRESS

10 Washington St. Dorchester

Received and filed.

OCT 11 1950

19

(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

Maurice Rosenberg
(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:

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

David Cohen

18

BIRTHPLACE OF

FATHER (City)

(State or country)

Russia

19

MAIDEN NAME

OF MOTHER

Anna - Cannot be learned

20

BIRTHPLACE OF

MOTHER (City)

(State or country)

Russia

21

Informant

(Address)

Leo Rosenberg
*4 Waverley 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 J. Baker*

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

10/11/50

100M-(D)-10-46-24698

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, 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

INSTRUCTIONS
FOR
CERTIFICATE

In 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

nditions contrib-
the death but not
to the disease or
n causing death.

50M (B)-12-49-900722

PLACE OF DEATH

1

2 FULL NAME

(a) Residence. No.

(Usual place of abode)

Length of stay: In place of death



The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD

CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

Registered No.

(If death occurred in a hospital or institution,
give its NAME instead of street and number)

PHYSICIAN — IMPORTANT

(Was deceased a
U. S. War Veteran,
if so specify WAR)

(If nonresident, give city or town and State)

years months 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 her alive on.

have occurred on the date stated above, at

DISEASE OR CONDITION

DIRECTLY LEADING

TO DEATH (a)

ANTE Due To
CEDENT (b)
CAUSES

Due To
(c)

OTHER
SIGNIFICANT
CONDITIONS

Major 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)

Place of Burial

(City or town)

DATE OF BURIAL

7 NAME OF

FUNERAL DIRECTOR

ADDRESS

Received and filed

OCT 16 1950

(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

(or) WIFE of

11 IF STILLBORN, enter that fact here.

12

AGE

Years

Months

Days

Hours

Minutes

13 Usual

Occupation:

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;

(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

INSTRUCTIONS
FOR
CERTIFICATEgiving
OF DEATH

not enter
than one
e 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
erlying cause

ditions contrib-
the death but not
the disease or
causing death.

100M-(D)-10-48-24858

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 25 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH October 16 1950
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
....., 1940, to Oct 16, 1950

I last saw her alive on Oct 14, 1950, death is said to

have occurred on the date stated above, at 6 A. m.

DISEASE OR CONDITION

DIRECTLY LEADING TO DEATH (a) Cerebral Thrombosis

INTERVAL BE-
TWEEN ONSET
AND DEATH

3 wks

ANTE CEDENT
CAUSES

Due To

(c)

OTHER
SIGNIFICANT
CONDITIONS

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)

(Address)

Date

17 Oct 1950

M. D.

6 Place of Burial or Cremation

(City or Town)

DATE OF BURIAL

1950

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.

181

{(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) see

(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

(Give maiden name of wife in full)

(or) WIFE of Domestic Margaret (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 13 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) Ireland17 NAME OF
FATHER Thomas Thielack18 BIRTHPLACE OF
FATHER (City)
(State or country) Ireland19 MAIDEN NAME
OF MOTHER Catherine Dunn20 BIRTHPLACE OF
MOTHER (City)
(State or country) Ireland21 Informant
(Address) Margaret C. Brown
235 Washington Ave. BostonI HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:Walter F. Baker
(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit) 10/18/50

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 only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith 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 of disease resulting from injury or infection 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.)

25m-(b)-11-49-900,475

PLACE OF DEATH

Suffolk

(County)

Boston

(City or Town)



The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH

DIVISION OF VITAL STATISTICS

COPY OF

CERTIFICATE OF DEATH

Boston

(City or town making return)

Registered No.

88565

No. Mass. General Hospt.

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

George Erbeck

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(Was deceased a U. S. War Veteran, if so specify WAR)

231 Court Road

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.....2 days. In place of residence.....23 years.....months.....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH

Oct. 17/50

(Month)

(Day)

(Year)

4 I HEREBY CERTIFY, That I attended deceased from

Oct. 15, 19. 50, to Oct. 17, 19. 50

I last saw him alive on Oct. 17, 19. 50, death is said to

have occurred on the date stated above, at 12:10P.m.

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a)

Occlusion of superior mesenteric artery

18 Hrs

ANTE CEDENT CAUSES

Due To

(b)

Peritonitis

10 Hrs

Due To

(c)

OTHER SIGNIFICANT CONDITIONS

Broncho pneumonia (mild)

5 Days

Major findings: Of operations.....

Date of operation.....None

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.....

C. I. Clay

(Signed).....

(Address).....

Mass. General Hospt. 10-17-50

6 Winthrop Cem-Winthrop Mass.

Place of Burial or Cremation

(City or Town)

DATE OF BURIAL

Oct. 20/50

19.

7 NAME OF FUNERAL DIRECTOR

H. S. Reynolds

ADDRESS

Winthrop Mass.

Received and filed

OCT 23 1950

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

Married

10a If married, widowed, or divorced

HUSBAND of.....

Bessie Scott

(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

0

Months

12

Days

If under 24 hours

Hours

Minutes

13 Usual Occupation:

Mail Carrier

(Kind of work done during most of working life)

14 Industry or Business:

U S Postal Dept.

15 Social Security No.

None

16 BIRTHPLACE (City) (State or country)

Newark New Jersey

17 NAME OF FATHER

George Erbeck

18 BIRTHPLACE OF FATHER (City)

Germany

(State or country)

19 MAIDEN NAME OF MOTHER

Rose Luck

20 BIRTHPLACE OF MOTHER (City)

Germany

(State or country)

21

Informant (Address)

Bessie Erbeck

A TRUE COPY

ATTEST:

(Registrar of City or Town where death occurred)

Oct. 23/50

DATE FILED

19.

INSTRUCTIONS
FOR
CERTIFICATE

IN GIVING
OF DEATH

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.

rbid conditions,
giving rise to the
cause (a) stating
derlying cause

ditions contrib-
the death but not
to the disease or
n causing death.

50M (B) 12-49-900722

PLACE OF DEATH

Suffolk
(County)

Winthrop
(City or Town)

No. 40 Temple Ave.

2 FULL NAME Florence (Merrill) Hackett
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 40 Temple Ave.
(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

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS



STANDARD

CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

Registered No. 186

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 October 18, 1950
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from
Oct 16 1950 to Oct 18 1950
I last saw her alive on October 17, 1950, death is said to
have occurred on the date stated above, at 3 A. m.

DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a) Cerebral Hemorrhage

INTERVAL BE-
TWEEN ONSET
AND DEATH

48 hrs

ANTE CEDENT
CAUSES

Due To
(b) Generalized

Due To
(c) Sclerosis

OTHER
SIGNIFICANT
CONDITIONS

Major findings:
Of operations

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? no

If so, specify
(Signed)

(Address) Winthrop Mass Date 19 Oct 1950 M. D.

6 Pine Street Auburn, Maine
Place of Burial or Cremation (City or Town)

DATE OF BURIAL Oct. 21 19 50

7 NAME OF FUNERAL DIRECTOR Edward S. Reynolds

ADDRESS Winthrop Mass

Received and filed OCT - 6 1950 19

(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

(Give maiden name of wife in full)

(or) WIFE of Ebbien Hackett

(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 89 Years 5 Months 18 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) Auburn
(State or country) Maine

17 NAME OF FATHER Augustas Merrill

18 BIRTHPLACE OF FATHER (City) Unable to obtain
(State or country) Maine

19 MAIDEN NAME OF MOTHER Julia Ray

20 BIRTHPLACE OF MOTHER (City) Unable to obtain
(State or country) Maine

21 Informant George Merrill
(Address) 40 Temple Ave. Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:

Walter J. Baker

(Signature of Agent of Board of Health or other)

Health Officer

(Date of Issue of Permit) 10/20/50

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 1904.

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. 46, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice.

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatic causes (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection 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)



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. **187**

No. *88 Sargent St* St. { (If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME *Louise Evans*
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT

(Was deceased a
U. S. War Veteran,
if so specify WAR)

(a) Residence. No. *88 Sargent St. Winthrop*
(Usual place of abode) (If transient, 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 19, 1950*
(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 hanging - Suicide
During state of insanity

5 Accident, suicide, or homicide (specify) *suicide*
Date and hour of injury *Oct 19 1950*
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 - cellar*
(Specify type of place)

Manner of Injury *suicidal hanging*
(How did injury occur?)

Nature of Injury *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. Lyons* M. D.

(A dress) *25 Sargent St* Date *10/19/50*

7 Place of Burial, or Cremation. *St. Mary's Church* (City or Town)

DATE OF BURIAL *Oct 21 1950*

8 NAME OF FUNERAL DIRECTOR *Edward P. Smith*

ADDRESS *174 Sargent St. Winthrop*

Received and filed *OCT 23 1950* 19

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

9 SEX *female* 10 COLOR OR RACE *white* 11 SINGLE (write the word)
MARRIED
WIDOWED
or DIVORCED

11a If married, widowed, or divorced
HUSBAND of..... (Give gender name of wife in full)

(or) WIFE of *Albert Rogers Evans*
(Husband's name in full)

12 IF STILLBORN, enter that fact here.

13 AGE *48* Years *6* Months *14* Days If under 24 hours
.....Hours.....Minutes

14 Usual Occupation: *Housewife*
(Kind of work done during most of working life)

15 Industry or Business: *at home*

16 Social Security No. *none*

17 BIRTHPLACE (City) *Harrisburg Pa.*
(State or country)

18 NAME OF FATHER *James Porter Smith*

19 BIRTHPLACE OF FATHER (City) *Harrisburg Pa.*
(State or country)

20 MAIDEN NAME OF MOTHER *Charlotte Beaman*

21 BIRTHPLACE OF MOTHER (City) *Newport Pa.*
(State or country)

22 Informant *Albert R. Evans, Husband*
(Address) *88 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)

(Official Designation) *U.S. 18* (Date of Issue of Permit)

BOSTON HEALTH DEPT.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the 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-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) 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. 891138

No. Boston City Hospital

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Albert M Archer
(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. 29 James Ave.
(Usual place of abode)

St. Winthrop Mass.
(If nonresident, give city or town and State)

Length of stay: In place of death 28 years 50 months 50 days. In place of residence 50 years 50 months 50 days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH Oct. 20/50
(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 arterio sclerosis
fracture of hip accidental fall to
floor at home at Winthrop o/a
9/1/50

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.....
(Signed) Richard Ford M. D.
(Address) Winthrop Cem-Winthrop Mass. Date 10-20 19 50

7 Winthrop Cem-Winthrop Mass.
Place of Burial, or Cremation. (City or Town)
DATE OF BURIAL Oct. 23/50 19.....

8 NAME OF FUNERAL DIRECTOR H S Reynolds
Winthrop Mass.
ADDRESS.....

Received and filed. OCT 28 1950 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) Widowed
MARRIED
WIDOWED
or DIVORCED

11a If married, widowed, or divorced, HUSBAND of Gertrude Temple
(Give maiden name of wife in full)

(or) WIFE of.....
(Husband's name in full)

12 IF STILLBORN, enter that fact here.

13 AGE 72 Years 50 Months 50 Days
If under 24 hours Hours 50 Minutes 50

14 Usual Occupation Luggage Co.
(Kind of work done during most of working life)

15 Industry or Business Owner

16 Social Security No. None

17 BIRTHPLACE (City) Nova Scotia
(State or country)

18 NAME OF FATHER Unable to obtain

19 BIRTHPLACE OF FATHER (City) Unable to obtain
(State or country)

20 MAIDEN NAME OF MOTHER Unable to obtain

21 BIRTHPLACE OF MOTHER (City) Unable to obtain
(State or country)

22 Informant E. Johnson Niece
(Address)

A TRUE COPY.

ATTEST: Charles J. Mackie
(Registrar of City or Town where death occurred)

DATE FILED Oct. 24/50 19.....

PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)

No. 31 Coral Ave

2 FULL NAME

Trina Groman

(If deceased is a married, widowed or divorced woman, give also maiden name.)

31 Coral Ave.

(a) Residence. No.

(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 29 years months days. In place of residence 29 years months days.

To be filed for burial permit
with Board of Health
or its Agent.

189

The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD

CERTIFICATE OF DEATH

Registered No.

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
terlying causeditions contrib-
he death but not
o the disease or
causing death.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH October 21 1950
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
July 1949 to Oct. 21 1950
I last saw her alive on Oct. 21 1950 death is said to

have occurred on the date stated above, at 12:15 P.M.

DISEASE OR CONDITION

DIRECTLY LEADING
TO DEATH (a) Coronary ThrombosisINTERVAL BE-
TWEEN ONSET
AND DEATH

1 day

ANTECEDENT CAUSES Due To (b) Arteriosclerotic
Ht. DiseaseDue To
(c)

OTHER SIGNIFICANT CONDITIONS Diabetes Mellitus 2 yrs

Major findings:
Of operations

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? No

If so, specify

(Signed)

Charles Liberman M. D.

(Address) 26 W. Ave. Date Oct. 21 1950

6 Winthrop Everett, Mass.

Place of Burial or Cremation (City or Town)

DATE OF BURIAL October 22, 1950

7 NAME OF FUNERAL DIRECTOR Benjamin Birnbach

10 Washington St., Dorchester

ADDRESS

Received and filed OCT 23 1950 19

(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

(Give maiden name of wife in full)

Pessach Groman

(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 Minutes13 Usual Occupation: Housework
(Kind of work done during most of working life)

14 Industry or Business: At Home

15 Social Security No. None

16 BIRTHPLACE (City) Lithuania
(State or country)

17 NAME OF FATHER Hirsch Barron

18 BIRTHPLACE OF FATHER (City) Lithuania
(State or country)

19 MAIDEN NAME OF MOTHER Eva-Cannot be learned

20 BIRTHPLACE OF MOTHER (City) Lithuania
(State or country)Informant David Groman
(Address) 31 Coral 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)

(Official Designation)

10/23/50
(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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RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance 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.)

25m-(b)-11-49-900,475

PLACE OF DEATH

Suffolk

(County)

Boston

(City or Town)



The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH

DIVISION OF VITAL STATISTICS

COPY OF

CERTIFICATE OF DEATH

Boston

(City or town making return)

Registered No. 89600

No. Jewish Memorial Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Harry Bodkins (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 Locust 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 7 days In place of residence 25 years months days

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH Oct. 22/50 (Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from Sept. 15 19 50 to Oct. 22, 19 50

I last saw him alive on Oct. 22, 19 50, death is said to have occurred on the date stated above, at 6:40A m.

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Hypertensive heart disease with a cute decompensation

ANTECEDENT 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?

5 Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) A R Manby (Address) Jewish Mem. Hospt. 10-22, 19 50

6 Place of Burial or Cremation Winthrop Cem-Winthrop Mass. (City or Town)

DATE OF BURIAL Oct. 23/50 19

7 NAME OF FUNERAL DIRECTOR B Birnbach (Address) Dorchester Mass.

Received and filed NOV 6 1950 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 Married

10a If married, widowed, or divorced HUSBAND of Dora Baker (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 Months Days If under 24 hours Hours Minutes

13 Usual Occupation: Machinist (Kind of work done during most of working life)

14 Industry or Business: Watertown Arsenal

15 Social Security No. Cannot be learned

16 BIRTHPLACE (City) Russia (State or country)

17 NAME OF FATHER Samuel Bodkins

18 BIRTHPLACE OF FATHER (City) Russia (State or country)

19 MAIDEN NAME OF MOTHER Gertrude

20 BIRTHPLACE OF MOTHER (City) Russia (State or country)

21 Informant Dora Bodkins (Address)

A TRUE COPY

ATTEST: (Registrar of City or Town where death occurred)

DATE FILED Oct. 25/50 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.)

25m-(b)-11-49-900, 475

PLACE OF DEATH

Suffolk

(County)

Boston

(City or Town)

No. 45 Townsend St "Hospt"

The Commonwealth of Massachusetts



EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH

DIVISION OF VITAL STATISTICS

COPY OF

CERTIFICATE OF DEATH

Boston

(City or town making return)

Registered No. 8965191

2 FULL NAME Bessie R Indeck
(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. 252 Shirley St. Winthrop Mass.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death 7 years 10 months 1 days. In place of residence 15 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH Oct. 23/50
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from
July 1 1949 to Oct. 23 1950

I last saw her alive on Oct. 23 1950 death is said to

have occurred on the date stated above, at 5 A. m.

DISEASE OR CONDITION
DIRECTLY LEADING

TO DEATH (a) Arterio sclerotic
heart disease

INTERVAL BE-
TWEEN ONSET
AND DEATH

10 Yrs AGE 76 Years Months Days If under 24 hours
Hours Minutes

ANTE Due To Cerebral thrombosis
CEDENT (b) (old)
CAUSES

8 Yrs

Due To Diabetes mellitus
(c)

25 Yrs

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 C D Bonner

(Signed) Jewish Mem. Hospt. Date 10-23 1950

(Address) Onikchty Soc. Melrose Mass.

6 Place of Burial or Cremation (City or Town)

DATE OF BURIAL Oct. 23/50 19

7 NAME OF FUNERAL DIRECTOR H J Torf
Chelsea Mass.

ADDRESS

Received and filed NOV 6 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 Widowed
or DIVORCED

10a If married, widowed, or divorced

HUSBAND of (Give maiden name of wife in full)

(or) WIFE of Simon Indeck
(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: Housewife
(Kind of work done during most of working life)

14 Industry or Business: Own Home

15 Social Security No. None

16 BIRTHPLACE (City) Russia
(State or country)

17 NAME OF FATHER Samuel Shamus

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 I Indeck
(Address)

A TRUE COPY

ATTEST: (Registrar of City or Town where death occurred)

DATE FILED Oct. 25/50 19

INSTRUCTIONS
FOR
CERTIFICATEgiving
OF DEATHnot enter
than one
for each
(b) and (c)s 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-
he death but not
to the disease or
causing death.

50M (B) 12-49-900722

PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)

No. 105 Circuit Road

2 FULL NAME Anna F. Mahoney (Croak)

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 105 Circuit Road
(Usual place of abode)

Length of stay: In place of death. . . years. . . months. . . days. In place of residence 20 years . . . months . . . days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH October 24, 1950
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
Oct 21, 1950 to Oct 24, 1950I last saw h *er* alive on Oct 23, 1950 death is said to

have occurred on the date stated above, at 6 A. M. INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a) *acute Dehydration heart 24 hours*ANTECEDENT CAUSES Due To *myasthenia gravis 24*
(b) *myasthenia gravis*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) *John H. C. Males* M. D.(Address) *Winthrop* Date *Oct 24* 19506 Winthrop Winthrop
Place of Burial or Cremation (City or Town)

DATE OF BURIAL October 26, 1950

7 NAME OF FUNERAL DIRECTOR John H. C. Males
ADDRESS Winthrop Mass

Received and filed OCT 25 1950

(Registrar)

The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICSSTANDARD
CERTIFICATE OF DEATHTo be filed for burial permit
with Board of Health
or its Agent.

Registered No. 102

(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 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 George E. Mahoney
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

AGE 69 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) East Boston
(State or country) Massachusetts

17 NAME OF FATHER Edward H. Croak

18 BIRTHPLACE OF FATHER (City) East Boston
(State or country) Massachusetts

19 MAIDEN NAME OF MOTHER MARY CASHMAN

20 BIRTHPLACE OF MOTHER (City) NEW BURYPORT
(State or country) MASS21 Informant Mary G. Mahoney
(Address) 105 Circuit Road 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 (Date of Issue of Permit) 10/25/50
(Official Designation)

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or 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. 235 Bowdoin Street

2 FULL NAME. Mary Ellen (Keating) Sterner

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 235 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.

INSTRUCTIONS
FOR
FILLING OUT
THIS CERTIFICATE

1. In giving
2. OF DEATH

3. not enter
4. more than one
5. cause for each
6. (b) and (c)

7. s does not mean
8. of dying, such
9. failure, asthenia,
10. means the disease,
11. use (a) stating
12. underlying cause

13. bid conditions,
14. arising rise to the
15. use (a) stating
16. underlying cause

17. tions contrib-
18. the death but not
19. the disease or
20. causing death.

The Commonwealth of Massachusetts
EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS



STANDARD
CERTIFICATE OF DEATH

Registered No. 193

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,
if so specify WAR)

(If nonresident, give city or town and State)

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH October 24 1950
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from
May 5 1935 to October 24 1950

I last saw her alive on October 24/50 death is said to

have occurred on the date stated above, at 8:30 A.M.

DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a) Acute Coronary
Thrombosis

INTERVAL BE-
TWEEN ONSET
AND DEATH

1 hour

ANTECEDENT (b) Due To Angina Pectoris 12
CAUSES years

(c) Due To Arteriosclerotic 10
Heart Disease years

OTHER
SIGNIFICANT
CONDITIONS none

Major findings: none
Of operations

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: Jacob J. Abrams, Jr. Dr. Winthrop
(Signature) 562 Stanley St. Winthrop
(Address) Date 10/25/50

6 Winthrop Winthrop
Place of Burial or Cremation (City or Town)

DATE OF BURIAL Oct 27 1950

7 NAME OF FUNERAL DIRECTOR: Howard S. Reynolds
ADDRESS: Winthrop, Ind.

Received and filed: OCT 30 1950

(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 (Give maiden name of wife in full)

(or) WIFE of William P Sterner
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 80 Years 5 Months 7 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) Rochester
(State or country) New Hampshire

17 NAME OF FATHER Patrick Keating

18 BIRTHPLACE OF FATHER (City) Ireland
(State or country)

19 MAIDEN NAME OF MOTHER Mary Ellen O'Brien

20 BIRTHPLACE OF MOTHER (City) Ireland
(State or country)

21 Informant Louise Sterner
(Address) 235 Bowdoin St. Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transfer permit was issued:

Walter G. Baker
(Signature of Agent of Board of Health or other
Health Officer)

(Date of Issue of Permit) 10/26/50

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).

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RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

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(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—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 DEATH

not enter
than one
for each
(b) and (c)

does not mean
of dying, such
failure, asthenia,
trans the disease,
ications which
ath.

oid conditions,
iving rise to the
se (a) stating
erlying cause

itions contrib-
se death but not
the disease or
causing death.

100M(D)-10-48-24655

PLACE OF DEATH

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 October 26 1950
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
Feb 15, 1949 to Oct 26 1950I last saw her alive on Oct 25, 1950 death is said to
have occurred on the date stated above, at 7:30 P.m.DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a) Cerebral HemorrhageANTE
CEDENT
CAUSESDue-To
(b)Due To
(c)OTHER
SIGNIFICANT
CONDITIONSMajor findings:
Of operations noneDate of operation none Was autopsy performed? noWhat test confirmed diagnosis? Clinical Signs5 Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed)

(Address)

6

Place of Burial or Cremation

(City or Town)

DATE OF BURIAL

7 NAME OF

FUNERAL DIRECTOR

ADDRESS

Received and filed

OCT 30 1950

(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.

191

(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 DIVORCED Widowed10a If married, widowed, or divorced
HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of George M. Kelley
(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: House
(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:Walter S. Baker
(Signature of Agent of Board of Health or other)

(Official Designation)

10/30/50
(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)Winthrop
(City or Town)

No. Winthrop Community Hospital

2 FULL NAME

~~Baby Girl~~ Trickett

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No.

70 Dunn Road

(Usual place of abode)

St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

Registered No.

PHYSICIAN — IMPORTANT

(Was deceased a
U. S. War Veteran,
if so specify WAR)

No

st. Revere, 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.

INSTRUCTIONS
FOR
CERTIFICATEgiving
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.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH October 27, 1950.
(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)

Cord around neck

Fetal death in utero-6 weeks.

ANTE Due To
CEDENT (b) ...
CAUSESDue To
(c)OTHER
SIGNIFICANT
CONDITIONSMajor 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) *James O. Silvers*(Address) *311 Columbia Ave. Boston*Date *10-27*

M. D.

1950

Holy Cross Cemetery Malden, Mass.

Place of Burial or Cremation

(City or Town)

DATE OF BURIAL October 30, 19 50

7 NAME OF FUNERAL DIRECTOR William F. Welsh

ADDRESS 721 Broadway Chelsea, Mass.

Received and filed

OCT 31 1950

(Registrar)

The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD

CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

195

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Female 9 COLOR OR RACE White 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.

STILLBORN

12 AGE Years Months Days 13 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.

17 NAME OF FATHER John E. Trickett

18 BIRTHPLACE OF FATHER (City) Nova Scotia
(State or country)

19 MAIDEN NAME OF MOTHER Lillian Burke

20 BIRTHPLACE OF MOTHER (City) Chelsea
(State or country) Mass.21 Informant John E. Trickett (father
(Address) 70 Dunn Rd. Revere, MassI 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)10/30/50
(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

INSTRUCTIONS
FOR
DEATH CERTIFICATEIn giving
OF DEATHnot enter
than one
for each
(b) and (c)s does not mean
of dying, such
failure, asthenia,
means the disease,
ications which
path.bid conditions,
iving rise to the
use (a) stating
erlying causeitions contrib-
he death but not
the disease or
causing death.

PLACE OF DEATH

Suffolk
(County)
Winthrop
(City or Town)The Commonwealth of Massachusetts
EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD

CERTIFICATE OF DEATH

Registered No.

196

No. 104 Highland Ave.
Winthrop
Winthrop Convalescent Home
Winthrop, Mass.
If death occurred in a hospital or institution,
State its NAME instead of street and number)

2 FULL NAME Julia Xacouste Zouras
(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. 145 Bellingham St. Chelsea, Mass.
(Usual place of abode)

(If nonresident, give city or town and State)

Length of stay: In place of death - years 4 months 21 days. In place of residence - years - months - days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH Oct. 27, 1950
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from Jan. 1950 to Oct. 27, 1950

I last saw her alive on Oct. 27, 1950, death is said to have occurred on the date stated above, at 1:15 A.M.

DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a) Adenocarcinoma of
Lung, Liver, & Stomach

ANTE Due To
CEDENT (b) Carcinoma of Breast
CAUSES on Rt. Removed over 1 yr. ago.

Due To
(c)

OTHER
SIGNIFICANT
CONDITIONS

Major findings: Adenocarcinoma Rt. breast.
Of operations.

Date of operation 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) Benjamin T. Cassin
(Address) 175 Chestnut St., Cambridge 10-28 1950

6 Woodlawn Cem. Everett, Mass.
Place of Burial or Cremation (City or Town)

DATE OF BURIAL October 30, 1950

7 NAME OF FUNERAL DIRECTOR Arthur C. Harvath

ADDRESS 1642 Commonwealth Ave.

Received and filed. OCT 30 1950

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX female 9 COLOR OR RACE white 10 SINGLE (write the word)
MARRIED
WIDOWED
or DIVORCED Marie't

10a If married, widowed, or divorced
HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of James Zouras
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 67 Years 9 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: at Home

15 Social Security No. NONE

16 BIRTHPLACE (City) SPARTA
(State or country) GREECE

17 NAME OF FATHER Vasilios Markopoulos

18 BIRTHPLACE OF FATHER (City) Sparta
(State or country) GREECE

19 MAIDEN NAME OF MOTHER Elaine MATSOUKA

20 BIRTHPLACE OF MOTHER (City) Sparta
(State or country) GREECE

21 Informant James Zouras
(Address) 145 Bellingham St. Chelsea

I HEREBY CERTIFY that a satisfactory standard certificate has been filed with me BEFORE the burial or transit permit was issued.

(Signature of Agent of Board of Health or other)

H. O.
(Official Designation)

Oct 28, 50
(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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Chap. 114, Sec. 46, G. 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.

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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
EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

To be filed for burial permit
with Board of Health
or its Agent.

STANDARD
CERTIFICATE OF DEATH

Registered No.

197

No. Mounts Rest Home - 104 Highland Ave

(If death occurred in a hospital or institution,
St. give its NAME instead of street and number)

2 FULL NAME Agnes Grady
(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. 53 Crest Ave
(Usual place of abode)

St. (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.

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
death.

bid conditions,
iving rise to the
use (a) stating
erlying cause

ditions contrib-
the death but not
o the disease or
causing death.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH October 28 1950
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from
Sept. 29 1950 to October 28 1950
I last saw her alive on October 28 1950, death is said to
have occurred on the date stated above, at 2:15 A. M.

DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a) Cerebral Hemorrhage

ANTECEDENT (b) Due To Hypertension
CAUSES

Due To
(c)

OTHER SIGNIFICANT CONDITIONS left Hemiplegia

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 Paul P. Wernsatt
(Signed) 238 Shore Ave Winthrop Date 10/28 1950
(Address)

6 St. Johns Clinton
Place of Burial or Cremation (City or Town)
DATE OF BURIAL Oct 30 1950

7 NAME OF FUNERAL DIRECTOR John H. Moley
ADDRESS Winthrop

Received and filed OCT 30 1950

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Female 9 COLOR OR RACE White 10 SINGLE MARRIED WIDOWED or DIVORCED Single (write the word)

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 80 Years Months Days If under 24 hours Hours Minutes

13 Usual Occupation Homemaker
(Kind of work done during most of working life)

14 Industry or Business Own Home

15 Social Security No.

16 BIRTHPLACE (City) Clinton
(State or country) Mass

17 NAME OF FATHER Michael Grady

18 BIRTHPLACE OF FATHER (City) Ireland
(State or country)

19 MAIDEN NAME OF MOTHER Mary Hobin

20 BIRTHPLACE OF MOTHER (City) Ireland
(State or country)

21 Informant (Address) Mrs. Paul 98 Dunham St. Camb.

I HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:

Walter Stoker H. O.
(Signature of Agent of Board of Health or other)
Winthrop. Oct 28, 50
(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

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.)

25m-(b)-11-49-900,475

PLACE OF DEATH

Suffolk

(County)

Boston

(City or Town)

No. Veteran's Adm. Hospital

The Commonwealth of Massachusetts



EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH

DIVISION OF VITAL STATISTICS

COPY OF

CERTIFICATE OF DEATH

Boston

(City or town making return)

Registered No. 9196198

2 FULL NAME Roy F Somers
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(Was deceased a U. S. War Veteran, if so specify WAR) WW #1

(a) Residence. No. 56 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. 20
In place of residence.....years.....months.....days. 1

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH Oct. 28/50
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from
Oct. 9, 1950 to Oct. 28, 1950

I last saw h. --- alive on ---, 19---, death is said to
have occurred on the date stated above, at 8:10P m.

DISEASE OR CONDITION

DIRECTLY LEADING

TO DEATH (a) Peritonitis diffuse upper
abdomen Days

ANTE DUE TO Perforation of transverse
CEDENT (b) colon Days
CAUSES

Due To Transverse colectomy
(c) subtotal gastrectomy Days

OTHER SIGNIFICANT CONDITIONS Pulmonary congestive edema.
carcinoma of stomach Yrs

Major findings:

Of operations.....

Date of operation..... Was autopsy performed? Yes

What test confirmed diagnosis? Clinical, laboratory
and autopsy findings

5 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) G. M. Walker M. D.
(Address) West Roxbury Mass. Date 10-28, 1950

6 Winthrop Cem-Winthrop Mass.

Place of Burial or Cremation (City or Town)

DATE OF BURIAL Nov. 1/50

7 NAME OF J F O'Maley

FUNERAL DIRECTOR Winthrop Mass.

ADDRESS

Received and filed.....1950

(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 DIVORCED

10a If married, widowed, or divorced HUSBAND of Amy Fullerton
(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 10 Months 11 Days If under 24 hours
Hours Minutes

13 Usual Occupation: Truck Driver
(Kind of work done during most of working life)

14 Industry or Business: Truck Business

15 Social Security No. 011-18-4080

16 BIRTHPLACE (City) Lowell Mass.
(State or country)

17 NAME OF FATHER John Somers

18 BIRTHPLACE OF FATHER (City) Barre Vermont
(State or country)

19 MAIDEN NAME Nettie Williams
OF MOTHER

20 BIRTHPLACE OF MOTHER (City) Hopkinton Mass.
(State or country)

21 Informant: Hospt Records V.A.
(Address) West Roxbury 32 Mass.

A TRUE COPY

ATTEST: [Signature] (Registrar of City or Town where death occurred)

DATE FILED Nov. 1/50

Entered Service 3-29-17 Discharged 3-21-19
Seaman U S Navy Service No. Unknown

PLACE OF DEATH

1

Suffolk
(County)

Winthrop
(City or Town)



The Commonwealth of Massachusetts
EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD
CERTIFICATE OF DEATH

Registered No.

To be filed for burial permit
with Board of Health
or its Agent.

199

No. 5 Bellevue Terrace

(If death occurred in a hospital or institution,
St. { give its NAME instead of street and number)

2 FULL NAME Thomas Gilbert Hetherington

(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT

(Was deceased a
U. S. War Veteran,
if so specify WAR)

(a) Residence. No. 5 Bellevue Terrace

(Usual place of abode)

St. (If nonresident, give city or town and State)

Length of stay: In place of death 20 years .. months .. days. In place of residence 25 years .. months .. days.

INSTRUCTIONS
FOR
AL CERTIFICATE

In giving
E OF DEATH

do 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
nderlying cause

nditions contrib-
the death but not
to the disease or
n causing death.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH October 29 1950
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from
Sept 7 1950 to Oct 29 1950

I last saw him alive on Oct 26 1950, death is said to

have occurred on the date stated above, at 9:55 A. M.

DISEASE OR CONDITION
DIRECTLY LEADING

TO DEATH (a) Cirrhosis of Liver year

INTERVAL BE-
TWEEN ONSET
AND DEATH

ANTE DUE TO
CEDENT (b) ..
CAUSES

Due To
(c) ..

OTHER
SIGNIFICANT
CONDITIONS

Angina Pectoris 10 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) Arthur G. Murray, M. D.
(Address) Winthrop Mass Date 30 Oct 1950

6 Mt Auburn Crematory Cambridge

Place of Burial or Cremation (City or Town)

DATE OF BURIAL Oct 31 1950

7 NAME OF FUNERAL DIRECTOR Howard S. Reynolds

ADDRESS Winthrop Mass

Received and filed .. 19

OCT 31 1950

(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 Dorothy Bell
(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 9 Months 4 Days If under 24 hours
Hours .. Minutes

13 Usual Occupation: Representative (School)
(Kind of work done during most of working life)

14 Industry or Business: Typewriter Co.

15 Social Security No. 028-05-3579

16 BIRTHPLACE (City) St. John
(State or country) New Brunswick

PARENTS

17 NAME OF FATHER Gilbert E Hetherington

18 BIRTHPLACE OF FATHER (City) ..
(State or country) New Brunswick

19 MAIDEN NAME OF MOTHER Carrie M Brooks

20 BIRTHPLACE OF MOTHER (City) Norridgewock
(State or country) Maine

21 Informant Dorothy Hetherington
(Address) 5 Bellevue Terrace Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:

Walter S. Baker
(Signature of Agent of Board of Health or other)
Health Officer (Official Designation) 10/30/50 (Date of Issue of Permit)

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

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)



The Commonwealth of Massachusetts
EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

To be filed for burial permit
with Board of Health
or its Agent.

STANDARD
CERTIFICATE OF DEATH

Registered No. **200**

No. *Winthrop Community Hosp.* St. (If death occurred in a hospital or institution, give its NAME instead of street and number)
2 FULL NAME **ALPERT EDWARD**
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(a) Residence. No. *30 Woodland* R.d. St. *Malden, Mass.*
(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 *5* years months days.

PHYSICIAN — IMPORTANT

(Was deceased a U. S. War Veteran, if so specify WAR *WAR I*)

INSTRUCTIONS
FOR
CERTIFICATE

In giving
E OF DEATH

do not enter
re than one
use 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
nderlying cause

nditions contrib-
the death but not
to the disease or
n causing death.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH *October 31 1950*
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from
August 1 1950 to October 31 1950
I last saw him alive on *October 31 1950* death is said to

have occurred on the date stated above, at *2:50 A.M.*

DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a) *Carcinoma of left lung*

ANTECEDENT CAUSES (b) *General Carcinomatosis*

Due To (c)

OTHER
SIGNIFICANT
CONDITIONS

Major findings: *none*
Of operations

Date of operation *none* Was autopsy performed? *no*

What test confirmed diagnosis? *clinical, X-ray, x*

5 Was disease or injury in any way related to occupation of deceased? *no*

If so, specify (Signed) *Jacob I. Abrams M.D.*

(Address) *562 Shirley St., Winthrop 10/31/50*

6 *CHEVRE* THILIM CEM. EVERETT *Malden*
Place of Burial or Cremation (City or Town)

DATE OF BURIAL *Oct. 31 1950*

7 NAME OF FUNERAL DIRECTOR *Murray Goldman*

ADDRESS *174 Ferry St. Malden*

Received and filed *NOV 6 1950*

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX *M* 9 COLOR OR RACE *W* 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 *54* Years Months *15* Days If under 24 hours Hours Minutes

13 Usual Occupation: *Auditor*
(Kind of work done during most of working life)

14 Industry or Business: *Auditing*

15 Social Security No.

16 BIRTHPLACE (City) *Zosla*
(State or country) *Lithuania*

17 NAME OF FATHER *David Alpert*

18 BIRTHPLACE OF FATHER (City) *Zosla*
(State or country) *Lithuania*

19 MAIDEN NAME OF MOTHER *Mary Raine*

20 BIRTHPLACE OF MOTHER (City) *Zosla*
(State or country) *Lithuania*

21 Informant *Samuel Alpert*
(Address) *32 Lawrence St. Everett*

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) *10/31/50* (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

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

NORFOLK
(County)

BROOKLINE
(City or Town)



The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

COPY OF
CERTIFICATE OF DEATH

BROOKLINE

(City or town making return)

Registered No. 688201

No. Bournemouth Hospital

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Bessie Schneiderman Newman

(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. 56 Lewis Avenue
(Usual place of abode)

xx Winthrop, Massachusetts
(If nonresident, give city or town and State)

Length of stay: In place of death 1 years 1 months 25 days In place of residence 10 years months days

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH October 17 1950
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from August 22 1949 to October 17 1950

I last saw her alive on October 17, 1950, death is said to have occurred on the date stated above, at 6:20 p.m.

DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a) Chronic Myocarditis

INTERVAL BETWEEN ONSET AND DEATH

5 yrs

ANTECEDENT CAUSES

Due To Coronary Sclerosis 10 yrs

Due To

Generalized Arterio Sclerosis many yrs

OTHER SIGNIFICANT CONDITIONS

Major findings:
Of operations

Date of operation Was autopsy performed?

What test confirmed diagnosis? Electrocardiogram

5 Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) Charles Saltzman
(Address) 300 South St Brookline, Mass. Date Oct. 17 1950

6 Ohel Jacob Cemetery, Woburn, Massachusetts
(Place of Burial or Cremation) (City or Town)

DATE OF BURIAL October 18 1950

7 NAME OF FUNERAL DIRECTOR Benjamin Birnbach

ADDRESS 10 Washington St., Dorchester, Mass

Received and filed NOV 14 1950

(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 Widowed

10a If married, widowed, or divorced

HUSBAND of (Give maiden name of wife in full)

(or) WIFE of David Newman

(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:

15 Social Security No. none

16 BIRTHPLACE (City) (State or country) Russia

17 NAME OF FATHER Louis Schneiderman

18 BIRTHPLACE OF FATHER (City) (State or country) Russia

19 MAIDEN NAME OF MOTHER Mabel (cannot be learned)

20 BIRTHPLACE OF MOTHER (City) (State or country) Russia

21 Informant Philip Newman (Address) 21 Supple Road, Roxbury, Mass.

A TRUE COPY

TEST: (Registrar of City or Town where death occurred)

DATE FILED October 23, 1950 Town Clerk



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
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-2-49-25666

PLACE OF DEATH

1

(County)

(City or Town)

No.

2 FULL NAME

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No.

(Usual place of abode)

Length of stay: In place of death years months days. In place of residence years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF
DEATH

Nov

2

1950

(Month)

(Day)

(Year)

4 I HEREBY CERTIFY, That I attended deceased from

Nov. 1, 1950, to Nov. 2, 1950

I last saw him alive on Nov 2, 1950, death is said to

have occurred on the date stated above, at 6:30 p. m.

DISEASE OR CONDITION

DIRECTLY LEADING

TO DEATH (a)

Bronchopneumonia

Atherosclerosis

ANTHE Due To

CEDENT (b)

CAUSES

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)

241 Marnech St.

St. M. C. Boston, Mass.

Place of Burial or Cremation

DATE OF BURIAL

Nov. 8 - 1950

7 NAME OF

FUNERAL DIRECTOR

ADDRESS

7 Chelsea St. E. B.

Received and filed. 19

NOV 6 1950

(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. 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

M

9 COLOR OR RACE

W

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

2

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

Vincent Abruzzese

18 BIRTHPLACE OF

FATHER (City)

(State or country)

Boston, Mass.

19 MAIDEN NAME

OF MOTHER

Marion Carpenter

20 BIRTHPLACE OF

MOTHER (City)

(State or country)

Sharon, Mass.

PARENTS

21

Informant

(Address)

241 Marnech St. E. B.

St. M. C. Boston, Mass.

I HEREBY CERTIFY that a satisfactory standard certificate of death was

filed with me BEFORE the burial or transit permit was issued:

Walter S. Baker

(Signature of Agent of Board of Health or other)

Health Officer

(Official Designation)

(Signature of Agent of Board of Health or other)

11/6/50

(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
FILLING OUT
THIS CERTIFICATE

1. In giving
E OF DEATH

2. Do not enter
more than one
cause for each
(b) and (c)

3. If does not mean
of dying, such
failure, asthenia,
means the disease,
indications which
death.

4. If bid conditions,
giving rise to the
use (a) stating
derlying cause

5. If conditions contrib-
the death but not
to the disease or
causing death.

100M-(D)-10-46-24686

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

203

Registered No.

No. *16 Lewis Terrace* (If death occurred in a hospital or institution,
St. give its NAME instead of street and number)
2 FULL NAME *Nina Mary D'Angelo (Vitale)* (If deceased is a married, widowed or divorced woman, give also maiden name.)
(a) Residence. No. *16 Lewis Terrace* 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 2, 1950*
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from
..... 19, to 19

I last saw him alive on *about 12:30 p.* 19, death is said to
have occurred on the date stated above, at m.

DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a) *Natural causes*

ANTECEDENT CAUSES Due To (b) *Presumably coronary occlusion*

Due To (c) *Known to have hypertension*

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: *father's occupation*
(Signed) *Wm. H. Murray* M. D.
(Address) *Winthrop Board of Health* Date *Nov 2, 1950*

6 Place of Burial or Cremation *Health Ward* (City or Town)

DATE OF BURIAL *Nov. 6, 1950* 19

7 NAME OF FUNERAL DIRECTOR *Alexander Struzziero*
ADDRESS *493 Somerville Ave. Somerville*

Received and filed *NOV 6 1950* 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 *Laurence D'Angelo* (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE *52* Years *7* Months *30* 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) *Vigiano* (State or country) *Italy*

17 NAME OF FATHER *Salvatore Vitale*

18 BIRTHPLACE OF FATHER (City) *Vigiano* (State or country) *Italy*

19 MAIDEN NAME OF MOTHER *Rachelle Pugliese*

20 BIRTHPLACE OF MOTHER (City) *Vigiano* (State or country) *Italy*

21 Informant (Address) *Laurence D'Angelo*
16 Lewis Terrace Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:

Walter J. Baker
(Signature of Agent of Board of Health or other)
(Official Designation) (Date of Issue of Permit) *11/2/50*

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 only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith 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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(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection 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

Italy
(County)
Rome
(City or Town)



The Commonwealth of Massachusetts
EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

Registered No. 204

No. Rome, Italy
2 FULL NAME. Michael J. Hennessy
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(a) Residence. No. 74 Washington Ave. 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.

PHYSICIAN — IMPORTANT

(Was deceased a
U. S. War Veteran,
if so specify WAR) No.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH November 2, 1950
(Month) (Day) (Year)
4 I HEREBY CERTIFY, That I attended deceased from
19 to 19
I last saw h alive on 19, death is said to
have occurred on the date stated above, at m.
DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a)

INTERVAL BE-
TWEEN ONSET
AND DEATH

ANTECEDENT
CAUSES

Due To
(b)

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 Winthrop, Winthrop
Place of Burial or Cremation (City or Town)
DATE OF BURIAL November 18, 1950

7 NAME OF FUNERAL DIRECTOR John C. Kelly
ADDRESS 286 Meridian St., E.B.

Received and filed 19

NOV 29 1950 (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 Mary A. M. E. Enaney
(Give maiden name of wife in full)
(or) WIFE of (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 67 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: Beer

15 Social Security No. Enb

16 BIRTHPLACE (City) Boston
(State or country) Mass.

17 NAME OF FATHER Thomas Hennessy

18 BIRTHPLACE OF FATHER (City) Ireland
(State or country)

19 MAIDEN NAME OF MOTHER Mary Cummings

20 BIRTHPLACE OF MOTHER (City) Boston
(State or country) Mass.

21 Informant Thomas Hennessy
(Address) 23 Gould St., Woburn, Mass.

I HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:

William J. Kane 23/1/8
Nov. 16, 1950
(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

TRANSIT LABEL

DEPARTMENT OF HEALTH OF THE CITY OF NEW YORK

(This certificate must be securely attached to the box)

FUNERAL DIRECTOR'S CERTIFICATE

I hereby certify that I hold Undertaker's License No. 5024, issued by the Department of Health of the State ofNew York, and New York City Permit No. 2177 I further certify that the dead body of MichaelJ. Hennessy, who died in the Borough of Rome, Italy, City of New York, State of NewYork, on Nov 2, 1950, consigned to Boston, Mass, has beenprepared under my direction for transportation, in conformity with Regulation 1, Subdivision 2, of the rules printed

on the reverse of this certificate. I have been granted permission to remove and ship this body by Burial-Cremation-Transit

Transit Queens
Permit No. 421, issued by the Department of Health of the City of New York.

Embalmer's License No. _____

Signed Universal Funeral Chapel
597 Lexington Ave. N.Y.C.
NY 22, N.Y.Name of Escort Railway Express

Place of Business _____

EXCERPTS FROM REGULATION 1 OF CHAPTER XIII OF THE SANITARY CODE OF THE STATE OF NEW YORK, RELATING TO THE TRANSPORTATION OF DEAD BODIES BY COMMON CARRIERS:

(2) The transportation by common carriers of bodies dead of any diseases other than those mentioned in subdivision (1) shall be permitted only under the following conditions:

(a) The coffin or casket shall be encased in a strong outer box made of good sound lumber, not less than $\frac{7}{8}$ of an inch thick. All joints shall be securely put together and the box tightly closed. Either the coffin or casket, or the outer box or case, shall be water-tight. Every outside case holding any dead body offered for transportation by common carrier shall bear at least four handles and when over 5 feet 6 inches in length, shall bear 6 handles.

(b) When the destination cannot be reached within 60 hours after death, all body orifices shall be closed with absorbent cotton and the body placed at once in a coffin or casket which shall be immediately closed and the coffin or casket shall be prepared as indicated in subdivision (2-a) of this regulation.

(3) The transportation by common carrier of bodies dead of smallpox, plague, Asiatic cholera, typhus fever, diphtheria (membranous croup, diphtheritic sore throat), scarlet fever (scarlet rash, scarlatina), shall be permitted only under the following conditions:

All body orifices shall be closed with absorbent cotton, the body shall be enveloped in a sheet saturated with an effective disinfecting fluid and shall be placed at once in a coffin which shall be immediately and permanently closed. The coffin or casket shall be prepared as indicated in subdivision (2-a) of this regulation.

421

This permit must be handed to the keeper of the Cemetery or mortuary by the Funeral Director in charge of the funeral.

DEPARTMENT OF HEALTH OF THE CITY OF NEW YORK
BUREAU OF RECORDS AND STATISTICS
TRANSIT PERMIT
DEATHS OCCURRING OUTSIDE CITY LIMITS

New York, November 15, 1950

A Transit Permit*

The Certificate of Death* having been furnished to this Department, as required by the Sanitary Code, permission is hereby given to Universal Funeral Chapel of

remove the remains of Michael J. Armessey, Aged Yrs. Mo. Days

died at Rome, Italy

Nov 2, 1950 from HOME OF ELLEN

cremation* East Boston Rural on November 18, 1950

burial* at Cemetery

East Boston, Mass. Per Mary J. Core

Borough Registrar

out one.

Crematory*
Record by Cemetery* Representative

Date of Burial*

Location of Grave.....

.....
Signature

*Cross out one.

TRANSIT PERMITS

When the body is accompanied by an acceptable burial or transit permit issued by a board of health, health officer, registrar, or other duly authorized person in any state of the United States, that permit may be accepted by the cemetery for disposal of the body in accordance with the terms of that permit, provided the name of the cemetery or crematory appears on the permit. If the name of the cemetery or crematory does not appear, or if disposition of the body is desired other than as prescribed on that permit, such permit must then be exchanged for one issued by the Department of Health of the City of New York. A permit will be issued by the New York City Department of Health *only* in exchange for the papers and evidences of identity which have accompanied the body from the place of death and upon a written application on blanks furnished by this Department. Permits will not, in any case, be issued in advance of the arrival of the body.

EXTRACTS FROM SANITARY CODE

Section 41. The body of every person who has died in the City of New York shall be buried, cremated or otherwise disposed of, within four days after the date of death; however, upon application by the funeral director, the Registrar of Records may extend the time limitation, and specify how long and under what conditions the body may be retained unburied.

Section 42. No interment, cremation, or other disposition, of the dead body of any human being shall be made in the City of New York without a permit therefor issued by the Bureau of Records and Statistics of the Department of Health of the City of New York or other authority as hereinafter in this section provided or otherwise than in accordance with the terms of such permit and the regulations of the Board of Health. . . . A permit issued by the department of health, health officer, registrar of vital statistics or other authorized person in any state of the United States may be accepted in lieu of the permit of the Bureau of Records and Statistics provided the name of the cemetery appears thereon. It shall be the duty of every person having charge of any cemetery, mausoleum, vault, tomb, or crematory in the City of New York, to file such permit as a permanent record.

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.)

25m-(b)11-49-900,475

PLACE OF DEATH

Suffolk

(County)

Boston

(City or Town)



The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH

DIVISION OF VITAL STATISTICS

COPY OF

CERTIFICATE OF DEATH

Boston

(City or town making return)

Registered No. 9323205

No. Beth Israel Hospital

St. { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Mary Pinksohn

(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.

28 Neptune 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.....3.....days. In place of residence.....35.....years.....months.....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH

Nov. 2/50

(Month)

(Day)

(Year)

4 I HEREBY CERTIFY, That I attended deceased from

Oct. 31, 19 50 to Nov. 2, 19 50

I last saw her alive on Nov. 2, 19 50, death is said to

have occurred on the date stated above, at 5:30P m.

INTERVAL BETWEEN ONSET AND DEATH

4 Days

DISEASE OR CONDITION DIRECTLY LEADING

TO DEATH (a) Acute myocardial infarction

ANTECEDENT CAUSES

Due To (c)

OTHER SIGNIFICANT CONDITIONS

Pneumonia

4 Days

Major findings: Of operations.

None

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) R Wolff

(Address)

Beth Israel Hospital, 11-2 M. B. 50
Ohabei Shalom Cem-East Boston

6 Place of Burial or Cremation (City or Town)

DATE OF BURIAL Nov. 5/50 19

7 NAME OF FUNERAL DIRECTOR B F Solomon

ADDRESS Brookline Mass.

Received and filed.....19

NOV 15 1950

(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 Widowed
or DIVORCED

10a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

George Pinksohn

(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12

AGE 83

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:

At Home

15 Social Security No.

None

16 BIRTHPLACE (City) (State or country)

Boston Mass.

17 NAME OF FATHER

Simon Reinstein

18 BIRTHPLACE OF

FATHER (City)

Germany

(State or country)

19 MAIDEN NAME

OF MOTHER

Augusta Kyle

20 BIRTHPLACE OF

MOTHER (City)

Germany

(State or country)

21

Informant (Address)

Mrs Ruth Luftman

A TRUE COPY

ATTEST:

(Registrar of City or Town where death occurred)

DATE FILED

Nov. 6/50

19

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or 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

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.)

25m-(U)-11-40-900,475

PLACE OF DEATH

1

SUFFOLK

(County)

BOSTON

(City or Town)



The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH

DIVISION OF VITAL STATISTICS

COPY OF

CERTIFICATE OF DEATH

BOSTON

(City or town making return)

93 64

207

Registered No.

No. Mass. General Hosp.

St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Jacob Sprinse

(If deceased is a married, widowed or divorced woman, give also maiden name.)

47 Nevada

Winthrop

(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 1 days. In place of residence 26 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH Nov. 4, 1950
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from Nov. 4, 1950 to Nov. 4, 1950

I last saw him alive on Nov. 4, 1950, death is said to

have occurred on the date stated above, at 9:25 P.M.

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION

DIRECTLY LEADING

TO DEATH (a)

Infarction of the myocardium due to thrombosis

ANTE DUE TO CEDENT CAUSES (b)

Coronary arteriosclerosis

22 yrs

DUE TO (c)

Diabetes mellitus 25 yrs

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) Edwin C. WOOD M. D.

(Address) MASS. GEN. HOSP. Date 11-5-50

6 Mt. Lebanon W. R. Place of Burial or Cremation (City or Town)

DATE OF BURIAL NOV. 5, 1950 19

7 NAME OF FUNERAL DIRECTOR Benjamin Birnbach

10 Washington St. Dor.

ADDRESS

Received and filed Nov. 7, 1950 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
MALE WHITE MARRIED

10a If married, widowed, or divorced HUSBAND of Rebecca Taplin (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 64 Years Months Days If under 24 hours Hours Minutes

13 Usual Occupation: ret. tailor (Kind of work done during most of working life)

14 Industry or Business:

15 Social Security No. 010-03-4909

16 BIRTHPLACE (City) RUSSIA (State or country)

17 NAME OF FATHER Bernaro Sprinse

18 BIRTHPLACE OF FATHER (City) Russia (State or country)

19 MAIDEN NAME OF MOTHER Hannah -----

20 BIRTHPLACE OF MOTHER (City) Russia (State or country)

21 Informant: WIFE (Address)

A TRUE COPY

ATTEST: (Registrar of City or Town where death occurred)

NOV. 7, 1950

DATE FILED 19

RECEIVED



Nov.

~~OCT~~ 13 1950 AM

PLACE OF DEATH

Suffolk
(County)
Winthrop
(City or Town)



The Commonwealth of Massachusetts
EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

208

No. 57 Loring Road

(If death occurred in a hospital or institution,
St. (give its NAME instead of street and number)

2 FULL NAME Edward B Currier
(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. 57 Loring Road
(Usual place of abode)

St. (If nonresident, give city or town and State)

Length of stay: In place of death 43 years... months... days. In place of residence 43 years... months... days.

INSTRUCTIONS
FOR
FILLING OUT
THIS
CERTIFICATE

In giving
PLACE 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, ashenia,
means the disease,
specifications which
death.

Underlying conditions,
giving rise to the
cause (a) stating
underlying cause

Conditions contrib-
uting to the death but not
causing death.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH November 5, 1950
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from
Sept 26, 1950 to Nov 5, 1950

I last saw him alive on Nov 4, 1950, death is said to

have occurred on the date stated above, at 6:45 A. M.

DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a)

Generalized

ANTE DUE TO
CEDENT (b)
CAUSES

arterio-sclerotic

Due To
(c)

OTHER
SIGNIFICANT
CONDITIONS

Prostatism

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?

If so, specify

(Signed)

(Address)

Woodlawn

Everett

DATE OF BURIAL

Nov. 7

1950

7 NAME OF
FUNERAL DIRECTOR

Edward S. Dunobis

ADDRESS

Winthrop Mass

Received and filed

NOV 10 1950

19

(Registrar)

NOV 10 1950

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 Sarah Gardner
(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 9 Months 21 Days If under 24 hours
Hours Minutes

13 Usual Occupation: Fruit Merchant
(Kind of work done during most of working life)

14 Industry or Business: Export

15 Social Security No. 019-12-8219

16 BIRTHPLACE (City) Wakefield
(State or country) Mass.

17 NAME OF FATHER Horace P Currier

18 BIRTHPLACE OF FATHER (City) Lyman
(State or country) Maine

19 MAIDEN NAME OF MOTHER Ellen Boardman

20 BIRTHPLACE OF MOTHER (City) Wakefield
(State or country) Mass.

21 Informant (Address) Gardner Currier
Oswego New York

I HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:

Walter G. Baker

(Signature of Agent of Board of Health or other)

Health Officer

(Date of Issue of Permit) 11/7/50

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 fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six 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 served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or 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
AL CERTIFICATE

In 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
nderlying cause

nditions contrib-
the death but not
to the disease or
n 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 days. In place of residence 33 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH November 5 1950
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
Nov 3 1950, to Nov 5 1950I last saw her alive on Nov 4 1950, death is said to
have occurred on the date stated above, at 1:00 P. M.DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a) UREMIAANTE Due To
CEDENT (b)
CAUSESDue To
(c)OTHER
SIGNIFICANT
CONDITIONS SenilityMajor findings:
Of operations

Date of operation Was autopsy performed?

What test confirmed diagnosis? URINAYSES

5 Was disease or injury in any way related to occupation of deceased? No

If so, specify.

(Signed)

(Address) 447 Shirley St. Wrentham, Mass. D. Nov 7 1950

6 Wrentham Wrentham
Place of Burial or Cremation (City or Town)

DATE OF BURIAL Nov 8 1950

7 NAME OF FUNERAL DIRECTOR Maurice N. Gaby

ADDRESS 210 Wrentham St. Wrentham

Received and filed NOV 10 1950

(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. 209

(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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Male 9 COLOR OF RACE White 10 SINGLE MARRIED WIDOWED OR DIVORCED Widowed

10a If married, widowed, or divorced
HUSBAND of John C. (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

11 IF STILL BORN, enter that fact here.

12 AGE 24 Years Months Days If under 24 hours Hours Minutes

13 Usual Occupation: Home (Kind of work done during most of working life)

14 Industry or Business:

15 Social Security No.

16 BIRTHPLACE (City) (State or country) Prince Edward Island Canada

17 NAME OF FATHER Ronald McLean

18 BIRTHPLACE OF FATHER (City) (State or country) P.E.I. Canada

19 MAIDEN NAME OF MOTHER Mary E. McPherson

20 BIRTHPLACE OF MOTHER (City) (State or country) Scotland

21 Informant (Address) Mary E. McPherson 67 Bates Ave Wrentham

I HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:

Walter S. Baker (Signature of Agent of Board of Health or other)

Health Officer (Official Designation)

11/8/50 (Date of Issue of Permit)

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith 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

CORRECTED COPY

The Commonwealth of Massachusetts

EDWARD L. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICSCOPY OF
CERTIFICATE OF DEATH

BOSTON

(City or town making return)

Registered No. 9422 210

PLACE OF DEATH

{ SUFFOLK
(County)
BOSTON
(City or Town)

No. Harley Hosp. St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Sadie Housman (If deceased is a married, widowed or divorced woman, give also maiden name.) (Was deceased a U. S. War Veteran, if so specify WAR)

(a) Residence. No. 50 CUTLER ST. 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 Nov. 6, 1950 (Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from April 10 1949, to Nov. 6, 1950.

I last saw her alive on Nov. 6, 1950 death is said to have occurred on the date stated above, at 3:50A.m.

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) carcinoma of brain metastasis

INTERVAL BETWEEN ONSET AND DEATH 6 mos

ANTE CEDENT (b) Due To carcinoma of breast CAUSES

Due To (c) 2 yrs

OTHER SIGNIFICANT CONDITIONS gen. metastases

Major findings: cancer of breast Of operations.

Date of operation Apr. 14 '49 Was autopsy performed? path. What test confirmed diagnosis?

5 Was disease or injury in any way related to occupation of deceased? If so, specify J. A. Meehan (Signed) Commonwealth Ave. (Address) M. D. 19.

6 Pride of Jacob West Roxbury (City or Town) DATE OF BURIAL Nov. 7, 1950 19.

7 NAME OF FUNERAL DIRECTOR Louis Levine ADDRESS 470 HARVARD ST. BROOKLINE

Received and filed. JUN 25 1951 19.

(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 or DIVORCED MARRIED

10a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full)

(or) WIFE of MAX HOUSMAN (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: at home

15 Social Security No.

16 BIRTHPLACE (City) LONDON ENGLAND (State or country)

17 NAME OF FATHER HARRIS GOLDSTEIN

18 BIRTHPLACE OF FATHER (City) RUSSIA (State or country)

19 MAIDEN NAME OF MOTHER HANNA LEVY

20 BIRTHPLACE OF MOTHER (City) RUSSIA (State or country)

21 Informant MAX HOUSMAN HUSBAND (Address)

A TRUE COPY Charles H. Inatt ATTEST: (Registrar of City or Town where death occurred)

DATE FILED NOV. 9, 1950 19.

FORM R-302

WRITE PLAINLY, WITH UNFADING BLACK INK — THIS IS A PERMANENT RECORD

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.)

25m-(b)-11-49-900,475

RECEIVED



OCT 13 1950 AM

INSTRUCTIONS
FOR
MEDICAL CERTIFICATEIn giving
USE OF DEATHdo not enter
more than one
cause for each
(a), (b) and (c)This does not mean
mode of dying, such
as failure, asphyxia,
It means the disease,
complications which
led death.Morbidity conditions,
giving rise to the
cause (a) stating
underlying causeConditions contrib-
ing to the death but not
due to the disease or
condition causing death.

50m-(b)-11-49-900,560

The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICSTo be filed for burial permit
with Board of Health
or its Agent.STANDARD
CERTIFICATE OF DEATH

Registered No. 311

PLACE OF DEATH

1

Suffolk
(County)
Winthrop
(City or Town)

No. 4 Woodside Park St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Joseph J. Mc Mullen
(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. 14 Woodside Park St. (If nonresident, give city or town and State)
(Usual place of abode)

Length of stay: In place of death 4 years months days. In place of residence 4 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH 11 / 5 / 50
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
June 1, 1950, to Nov 6, 1950I last saw him alive on 11 / 7, 1950 death is said to
have occurred on the date stated above, at 4 A. m.DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a)INTERVAL
BETWEEN
ONSET
AND
DEATH

ANTECEDENT CAUSES Due To (b) Cerebral Hemorrhage 3 days

Due To (c) Myocardial Infarction 5 yrs

OTHER
SIGNIFICANT
CONDITIONSMajor findings:
Of operations

Date of operation 6 Was autopsy performed?

What test confirmed diagnosis?

5 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. J. Mc Mullen M. D.
(Address) 67 Central Ave. Boston Date 11/9/506 Holy Cross Hospital, Malden
Place of Burial or Cremation (City or Town)

DATE OF BURIAL 11/10/50 19

7 NAME OF FUNERAL DIRECTOR John T. White

ADDRESS 135 London St. E. Boston

Received and filed. NOV 10 1950 19

(Registrar)

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 Margaret Collins
(Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 59 Years Months Days If under 24 hours
Hours Minutes13 Usual Occupation: Guard
(Kind of work done during most of working life)

14 Industry or Business: Gardener/Museum

15 Social Security No. 010-05-0704

16 BIRTHPLACE (City) East Boston
(State or country) Mass

17 NAME OF FATHER Hugh A. Mc Mullen

18 BIRTHPLACE OF FATHER (City) P. O. Island
(State or country) Canada

19 MAIDEN NAME OF MOTHER Mary Gooden

20 BIRTHPLACE OF MOTHER (City) Maine
(State or country)

21 Informant (Address) Mr. J. J. Mc Mullen

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 of Board of Health or other)

(Official Designation) Health Officer (Date of Issue of Permit) 11/9/50

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., (Centenary 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., (Centenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance 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

Registered No. 212

PLACE OF DEATH

Suffolk (County)

Winthrop (City or Town)

No. Winthrop Community Hosp

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Ellen Curran
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT

(Was deceased a
U. S. War Veteran,
if so specify WAR)

(a) Residence. No. 43 Bellevue St Ave Winthrop Mass
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death 0 years 0 months 4 days. In place of residence 2 years months days.

INSTRUCTIONS
FOR
CERTIFICATE

In giving
SE 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, ashenia,
means the disease,
implications which
death.

forbid conditions,
giving rise to the
cause (a) stating
underlying cause

Conditions contrib-
to the death but not
to the disease or
ion causing death.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH November 9 1950
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from
Nov 6 1950 to Nov 9 1950

I last saw her alive on Nov 9 1950, death is said to
have occurred on the date stated above, at 8.10 P. m.

DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a) Hypostatic
Pneumonia

INTERVAL BE-
TWEEN ONSET
AND DEATH

ANTE CEDENT CAUSES Due To Cerebral
(b) Thrombi

Due To Arteriosclerosis
(c)

OTHER SIGNIFICANT
CONDITIONS Diabetes Mellitus

Major findings:
Of operations none

Date of operation none Was autopsy performed? No
Blood & urine test for diabetes
What test confirmed diagnosis?

5 Was disease or injury in any way related to occupation of deceased? No
If so, specify John F. Baker
(Signed) (Address) Rensselaire Mass Date 9 Nov 1950

6 Place of Burial or Cremation St Pauls Arlington Mass
(City or Town)

DATE OF BURIAL November 13 1950

7 NAME OF FUNERAL DIRECTOR J. E. Baker
ADDRESS 265 Washington St

Received and filed NOV 14 1950

(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 (Give maiden name of wife in full)

(or) WIFE of Anthony Curran
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 67 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) Ireland
(State or country)

17 NAME OF FATHER John Brosnahan

18 BIRTHPLACE OF FATHER (City) Ireland
(State or country)

19 MAIDEN NAME OF MOTHER Margaret Dixon

20 BIRTHPLACE OF MOTHER (City) Ireland
(State or country)

PARENTS

21 Informant (Address) Anthony Curran
36 South Had Rensselaire 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 or Board of Health or other)
Health officer (Date of Issue of Permit) 11/10/50

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 fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or 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

Suffolk
(County)
Winthrop
(City or Town)



The Commonwealth of Massachusetts
EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

213

Registered No.

No. Winthrop Community Hospital

(If death occurred in a hospital or institution,
St. give its NAME instead of street and number)

2 FULL NAME Minnie J (MacNeill) Tewksbury
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT
(Was deceased a
U. S. War Veteran,
if so specify WAR)

(a) Residence. No. 32 Lewis Ave.
(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 65 years months days.

INSTRUCTIONS
FOR
FILLING OUT
THIS
CERTIFICATE

In giving
PLACE OF DEATH

Do not enter
more than one
place for each
a), (b) and (c)

This does not mean
mode of dying, such
as failure, asphemia,
means the disease,
implications which
death.

Under forbid conditions,
giving rise to the
cause (a) stating
underlying cause

Under conditions contrib-
uting to the death but not
to the disease or
condition causing death.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH November 9 1950
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from
June 12 1945 to November 9 1950
I last saw her alive on November 9 1950, death is said to

have occurred on the date stated above, at 8:30 p.m.

DISEASE OR CONDITION

DIRECTLY LEADING

TO DEATH (a)

Acute Coronary
Occlusion

ANTECEDENT CAUSES
(b)

Angina Pectoris

Due To
(c)

Arteriosclerotic
Heart Disease

OTHER
SIGNIFICANT
CONDITIONS

none

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

(Signed) Jacob J. Abagnis M.D.
(Address) 662 Stanley St. Date Nov 11/50

6 Winthrop Winthrop
Place of Burial or Cremation (City or Town)

DATE OF BURIAL Nov. 13 1950

7 NAME OF FUNERAL DIRECTOR Edward S. Reynolds
ADDRESS Winthrop Mass.

Received and filed NOV 14 1950 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 Horace W Tewksbury
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 73 Years 4 Months 16 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, State or country) Milton
Prince Edward Island

17 NAME OF FATHER John F MacNeill

18 BIRTHPLACE OF FATHER (City, State or country) Unable to obtain

19 MAIDEN NAME OF MOTHER Eliza Cobb

20 BIRTHPLACE OF MOTHER (City, State or country) Unable to obtain

21 Informant Horace W Tewksbury
(Address) 32 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)

Health Officer 11/13/50
(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.

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that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or 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

INSTRUCTIONS
FOR
MEDICAL CERTIFICATE

In giving
USE OF DEATH

do not enter
more than one
cause for each
(a), (b) and (c)

This does not mean
mode of dying, such
as heart failure, asphyxia,
etc. means the disease,
complications which
led to death.

Morbid conditions,
giving rise to the
cause (a) stating
underlying cause

Conditions contrib-
ing to the death but not
leading to the disease or
condition 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 days. In place of residence years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH November 10 / 1950
(Month) (Day) (Year)

I HEREBY CERTIFY That I attended deceased from November 9, 1950 to November 10, 1950

I last saw him alive on November 10, 1950 death is said to

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Acute Coronary Occlusion

ANTE CEDENT CAUSE (b) Gastric ulcer with severe hemorrhage

Due To (c)

OTHER SIGNIFICANT CONDITIONS none

Major findings: Of operations none

Date of operation none 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) Jacob J. Adams, M.D. (Address) 562 Shirley St., Cambridge, Mass. Nov 11/50

6 Place of Burial or Cremation (City or Town)

DATE OF BURIAL Nov 13 1950

7 NAME OF FUNERAL DIRECTOR Maurice W. Kelly

ADDRESS

Received and filed Nov 14 1950

NOV 14 1950 (Registrar)

The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS



STANDARD

CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

Registered No. 214

No. (If death occurred in a hospital or institution, give its NAME instead of street and number)

PHYSICIAN - IMPORTANT

(Was deceased a
U. S. War Veteran,
if so specify WAR)

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 Married

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: Doctor (Kind of work done during most of working life)

14 Industry or Business: Intensive Care Unit

15 Social Security No.

16 BIRTHPLACE (City) Boston (State or country)

17 NAME OF FATHER William J. Adams

18 BIRTHPLACE OF FATHER (City) Lincoln, Mass. (State or country)

19 MAIDEN NAME OF MOTHER Mary A. Crosby

20 BIRTHPLACE OF MOTHER (City) England (State or country)

21 Informant (Address) Ella M. Laughlin

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Walter J. Babcock (Signature of Agent of Board of Health or other)

(Date of Issue of Permit) 11/13/50

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or 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

INSTRUCTIONS
FOR
FILLING OUT
THIS CERTIFICATEIN GIVING
CAUSE OF DEATH

Do not enter
more than one
cause for each
(a), (b) and (c)

is does not mean
failure of dying, such
as failure, asthenia,
means the disease,
complications which
lead to death.

Under morbid conditions,
giving rise to the
cause (a) stating
underlying cause

Under morbid conditions contrib-
uting to the death but not
causing the disease or
causing death.

50M (B)-12-49-900722

PLACE OF DEATH

No.

2 FULL NAME

(a) Residence. No.

(Usual place of abode)

Length of stay: In place of death

years 2 months days

In place of residence

years 2 months days

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH Nov 11 1950
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from July 1948 to Nov 11 1950

I last saw him alive on Nov 4 1950, death is said to have occurred on the date stated above, at 7:30 p.m.

DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a)Acute Coronary
OcclusionANTE
CEDENT
CAUSESDue To
(b)Due To
(c)OTHER
SIGNIFICANT
CONDITIONSMajor findings:
Of operations

Date of operation... Was autopsy performed?

What test confirmed diagnosis? Electrocardiograph

5 Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) S. C. Cohen M. D.
(Address) 416 Marlboro St. Boston Date Nov 11 19506 Beth Israel West Rox.
Place of Burial or Cremation (City or Town)

DATE OF BURIAL November 13 1950

7 NAME OF FUNERAL DIRECTOR Edwin L. Levine

ADDRESS 470 Harvard St. Brookline

Received and filed NOV 14 1950

(Registrar)

The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD

CERTIFICATE OF DEATH

Registered No.

215

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)

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 Married
WIDOWED
or DIVORCED

10a If married, widowed, or divorced

HUSBAND of

Lillian Liansky
(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:

Retailer
(Kind of work done during most of working life)

14 Industry

or Business:

Meats

15 Social Security No.

16 BIRTHPLACE (City)

(State or country)

Russia

17 NAME OF FATHER

Eli Aron Levitor

18 BIRTHPLACE OF FATHER (City)

(State or country)

Russia

19 MAIDEN NAME OF MOTHER

Rachel (unknown)

20 BIRTHPLACE OF MOTHER (City)

(State or country)

Russia

21

Informant (Address)

Lillian Levitor
132 Shore Dr. WeymouthI 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)

11/13/50

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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that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or 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).

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.

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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
MEDICAL CERTIFICATE

In giving
STATE 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,
complications which
lead to death.

Morbid conditions,
giving rise to the
cause (a) stating
underlying cause

Conditions contrib-
uting to the death but not
causing death.

1 PLACE OF DEATH

Suffolk
(County)
Winthrop
(City or Town)



The Commonwealth of Massachusetts
EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD
CERTIFICATE OF DEATH

Registered No. 216

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 (Female) Kearney
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT

(Was deceased a
U. S. War Veteran,
so specify WAR)

(a) Residence. No. 40 Quincy Ave., 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 November 14, 1950
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from
19 to Nov 14, 1950.

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) Stillborn (8 mos)
(malformation)

ANTECEDENT (b)
CAUSES

Due To
(c)

OTHER
SIGNIFICANT
CONDITIONS

Major findings:
Of operations.

Date of operation. Was autopsy performed?

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. J. O'Brien M.D. M. D.
(Address) Winthrop Date Nov 14 1950

6 Holy Cross, Malden
Place of Burial or Cremation (City or Town)
DATE OF BURIAL November 16, 1950

7 NAME OF FUNERAL DIRECTOR John C. Kelly
ADDRESS 286 Meridian St., E. D.

Received and filed NOV 21 1950 19

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Female 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) Mass.

17 NAME OF FATHER Hugh L. Kearney

18 BIRTHPLACE OF FATHER (City) Chelsea
(State or country) Mass.

19 MAIDEN NAME OF MOTHER Mary L. W. Mannus

20 BIRTHPLACE OF MOTHER (City) East Boston
(State or country) Mass.

21 Informant Hugh L. Kearney
(Address) 40 Quincy Ave., Win.

I HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:

Walter S. Baker
Signature of Agent of Board of Health or other
Health Officer 11/16/50
(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.

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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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(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance 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

WRITE PLAINLY, WITH UNFADING BLACK INK — THIS IS A PERMANENT RECORD

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.)

25m-(b)-11-49-900, 475

PLACE OF DEATH
1

SUFFOLK
BOSTON

(City or Town)



The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

BOSTON

(City or town making return)

COPY OF
CERTIFICATE OF DEATH

Registered No.

964217

No. Beth Israel Hospital

St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME. Netta Shaler

(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. 332 Shirley
(Usual place of abode)

St. Winthrop Mass.
(If nonresident, give city or town and State)

Length of stay: In place of death. years. months. 10 days. In place of residence. years. months. days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH Nov. 14/50
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from Nov. 5 19 50 to Nov. 14 19 50

I last saw her alive on Nov. 14 19 50, death is said to have occurred on the date stated above, at 6:55A.

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Vascular collapse

INTERVAL BETWEEN ONSET AND DEATH 20 Hrs

ANTECEDENT CAUSES Due To Subtotal gastrectomy

Due To Gastric ulcer

6 Days

? Mos.

OTHER SIGNIFICANT CONDITIONS

Major findings: Gastric ulcer eroding into pancreas

Date of operation. 11-8-50 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

(Signed) Saul Lerner

(Address) Beth Israel Hospt. date 11-14 19 50

6 Place of Burial or Cremation Mt. Lebanon Steiner West Roxbury Mass.
(City or Town)

DATE OF BURIAL Nov. 15/50

7 NAME OF FUNERAL DIRECTOR B Birnbach

ADDRESS Dorchester Mass.

Received and filed. NOV 25 1950

(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 Joseph Shaler

(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 68 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). Russia
(State or country)

17 NAME OF FATHER Frank Schneider

18 BIRTHPLACE OF FATHER (City). Russia
(State or country)

19 MAIDEN NAME OF MOTHER Rose

20 BIRTHPLACE OF MOTHER (City). Russia
(State or country)

21 Informant (Address) Rose Gallin

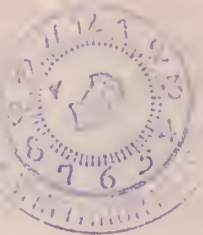
A TRUE COPY Charles H. Inacke

ATTEST: (Registrar of City or Town where death occurred)

Nov. 16/50

DATE FILED 19

RECEIVED



NOV 26 1950 PM

PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)

No. 105 Grovers Ave.

2 FULL NAME James William Kingsbury

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 105 Grovers Ave.

(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 5 years months days. In place of residence 5 years months days.

INSTRUCTIONS
FOR
FILLING OUT
THIS CERTIFICATEIn giving
SE OF DEATHdo not enter
more than one
cause for each
(a), (b) and (c)his does not mean
mode of dying, such
as failure, asthenia,
means the disease,
and complications which
lead to death.orbid conditions,
giving rise to the
cause (a) stating
underlying causeconditions contrib-
uting to the death but not
causing death.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH Nov. 16 1950
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from June 1950 to Nov. 16 1950

I last saw him alive on Nov. 16 1950, death is said to have occurred on the date stated above, at 5:30 P. M.

DISEASE OR CONDITION

DIRECTLY LEADING

TO DEATH (a) Coronary thrombosis strain

ANTE CEDENT CAUSES Due To (b) Arteriosclerosis, generalized

Due To (c) Hypertension, essential, severe

OTHER SIGNIFICANT CONDITIONS Aortic aneurysm, chronic, severe

Major findings: heart disease

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) Joseph Eszterne M. D.
(Address) 500 Washington St. Date 11/7 1950

6 Hope Winthrop Worcester

Place of Burial or Cremation (City or Town)

DATE OF BURIAL Nov. 20 1950

7 NAME OF FUNERAL DIRECTOR Howard S. Parnolds

ADDRESS Winthrop Mass.

Received and filed NOV 21 1950

(Registrar)

The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD

CERTIFICATE OF DEATH

Registered No. 213

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 Married

10a If married, widowed, or divorced HUSBAND of Estelle M Chase
(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 6 Months 28 Days If under 24 hours Hours Minutes

13 Usual Occupation: Maintenance Maintenance
(Kind of work done during most of working life)

14 Industry or Business: Apartment House

15 Social Security No. 034-20-0441

16 BIRTHPLACE (City) Bridgewater (State or country) Maine

17 NAME OF FATHER Adolphus Kingsbury

18 BIRTHPLACE OF FATHER (City) Maine (State or country)

19 MAIDEN NAME OF MOTHER Eldora

20 BIRTHPLACE OF MOTHER (City) Maine (State or country)

21 Informant Estelle Kingsbury (Address) 105 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 S. Baker H. O.
(Signature of Agent of Board of Health or other)

(Official Designation) (Date of Issue of Permit)

Nov 18-50

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 fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or 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 1915.

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)

No.

Mounts Rest Home

2 FULL NAME

Anne Elizabeth Visall

(If deceased, married, widowed or divorced woman, give also maiden name.)

(a) Residence. No.

186 Pleasant St

(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 35 years months days.

INSTRUCTIONS
FOR
AL CERTIFICATEIn giving
E OF DEATHnot enter
more than one
cause for each
(a), (b) and (c)is does not mean
de of dying, such
failure, ashenia,
means the disease,
lications which
death.orbid conditions,
giving rise to the
cause (a) stating
underlying causenditions contrib-
to the death but not
to the disease or
on causing death.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH Nov 16 1950
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
Jan 15 1948 to Nov 15 1950last saw h alive on Nov. 16, 1950. Death is said to
have occurred on the date stated above, at 6:40 A.M.

DISEASE OR CONDITION

DIRECTLY LEADING

TO DEATH (a)

coronary embolism 9 hours

ANTECEDENT
CAUSESDue To
(c)

Cerebral hemorrhage 2 yrs

hypertension 2 yrs

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)

St. Marys

Dorchester

Boston

DATE OF BURIAL

Nov. 18 1950

7 NAME OF
FUNERAL DIRECTOR.

John F. O'Malley

ADDRESS

Winthrop

Received and filed

NOV 21 1950

(Registrar)

The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD

CERTIFICATE OF DEATH

Registered No. 219

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 Female 9 COLOR OR RACE White 10 SINGLE (write the word)
MARRIED
WIDOWED
or DIVORCE 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 Months Days If under 24 hours
Hours Minutes13 Usual Occupation: Accountant
(Kind of work done during most of working life)

14 Industry or Business: Hardware

15 Social Security No.

16 BIRTHPLACE (City) East Boston
(State or country) Mass

17 NAME OF FATHER Joseph Visall

18 BIRTHPLACE OF FATHER (City) Boston
(State or country) Mass

19 MAIDEN NAME OF MOTHER Mary J. Crowley

20 BIRTHPLACE OF MOTHER (City) Boston
(State or country) Mass21 Informant Julia Visall
(Address) 186 Pleasant StI HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transfer permit was issued:

Walter J. Baker

(Official Designation)

(Date of Issue of Permit) 11/17/50

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 fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six 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 served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or 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 supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection 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
OF DEATH

Do not enter
more than one
cause for each
(a), (b) and (c)

This does not mean
of dying, such
failure, asthenia,
means the disease,
complications which
death.

orbid conditions,
giving rise to the
cause (a) stating
underlying cause

Conditions contrib-
to the death but not
to the disease or
on causing death.

504 (B) 1-2-49-900722

PLACE OF DEATH

Suffolk
(County)

Winthrop
(City or Town)

No. Winthrop Community Hospital

2 FULL NAME Mary Baxter (Burns)
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 17 Circuit Road
(Usual place of abode)

Length of stay: In place of death years months 2 days. In place of residence 9 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH Nov 18 1950
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from
Sept 10 1950 to Nov 18 1950

I last saw her alive on Nov 18 1950, death is said to
have occurred on the date stated above, at 5:45 P. M.

DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a) Coronary occlusion
& cerebral hemorrhage

ANTECEDENT (b) Due To essential hypertension

Due To
(c)

OTHER
SIGNIFICANT
CONDITIONS

Major findings:
Of operations.

Date of operation Was autopsy performed?

What test confirmed diagnosis? Ekg

5 Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) H. Greenfield MD M. D.
(Address) 447 Shirley St. Winthrop Date Nov 18 1950

6 Winthrop Winthrop
Place of Burial or Cremation (City or Town)

DATE OF BURIAL Nov 21 1950

7 NAME OF FUNERAL DIRECTOR John F. O'Malley

ADDRESS Winthrop Mass

Received and filed NOV 21 1950

(Registrar)

The Commonwealth of Massachusetts
EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS



STANDARD
CERTIFICATE OF DEATH

Registered No.

To be filed for burial permit
with Board of Health
or its Agent

220

(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 DIVORCED Married

10a If married, widowed, or divorced
HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of ERNEST BAXTER
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 54 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) Gourock
(State or country) Scotland

17 NAME OF FATHER Michael Burns

18 BIRTHPLACE OF FATHER (City) Scotland
(State or country)

19 MAIDEN NAME OF MOTHER Ellen McMEEKIN

20 BIRTHPLACE OF MOTHER (City) Scotland
(State or country)

21 Informant Ernest Baxter
(Address) 17 Circuit 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 H. Baker
Health Officer
(Official Designation) (Date of Issue of Permit) 11/20/50

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.

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that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or 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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(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance 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)

Mount Convalescent Home, Winthrop, Mass. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Julia Nutting

(If deceased is a married, widowed or divorced woman, give also maiden name.)

Registered No.

221

To be filed for burial permit
with Board of Health
or its Agent.INSTRUCTIONS
FOR
CERTIFICATEn giving
E OF DEATHnot enter
than one
e for each
, (b) and (c)s does not mean
e of dying, such
ailure, ashenia,
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the death but not
o the disease or
a causing death.

The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICSSTANDARD
CERTIFICATE OF DEATH(a) Residence. No. 515 Belmont Street, St. Belmont, 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 20 years - months - days.

PHYSICIAN — IMPORTANT

(Was deceased a
U. S. War Veteran,
if so specify WAR) None

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH November 20 1950
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
19 45 to Nov. 20 19 50I last saw her alive on Nov. 20 19 50, death is said to
have occurred on the date stated above, at 9 42 P.M.DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a) Left femoral embolism
with anginaANTECEDENT CAUSES Due To Arterio Sclerotic
(b) Cardio-renal diseaseDue To Generalized arteria
(c) sclerosis & hypertensionOTHER
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 Paul D. Wenzel
(Signed) 235 Shoreway, Fitchburg, Mass. Date 11/20 19 50
(Address)6 St. Bernards Cemetery, Fitchburg, Mass.
(City or Town)

DATE OF BURIAL November 22, 19 50

7 NAME OF FUNERAL DIRECTOR Tom J. Mahoney & Co.
ADDRESS 598 Dudley St., Rox., Mass.

Received and filed. NOV 29 1950

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Female 9 COLOR OR RACE White 10 SINGLE MARRIED WIDOWED or DIVORCED Widowed

10a If married, widowed, or divorced
HUSBAND of (Give maiden name of wife in full)
(or) WIFE of Henry M. Nutting
(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: Housewife
(Kind of work done during most of working life)

14 Industry or Business: At Home

15 Social Security No. None

16 BIRTHPLACE (City) Fitchburg,
(State or country) Mass.

17 NAME OF FATHER John Costello

18 BIRTHPLACE OF FATHER (City) Fitchburg,
(State or country) Mass.

19 MAIDEN NAME OF MOTHER Unknown

20 BIRTHPLACE OF MOTHER (City) Unknown
(State or country)21 Informant Mrs. Edmund Low (Daughter)
(Address) 515 Belmont St., Belmont, Mass.I HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transfer permit was issued:Walter S. Baker
(Signature of Agent of Board of Health or other)
(Official Designation) 11/21/50
(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

that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or 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. 114, Sec. 46, 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

Suffolk
(County)
Winthrop
(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. *222*

No. *40 Pico Ave* St. (If death occurred in a hospital or institution, give its NAME instead of street and number)
2 FULL NAME *Anne M. (Parey) Wakefield*
(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. *40 Pico Ave* St. (If nonresident, give city or town and State)
(Usual place of abode)

Length of stay: In place of death. *47* years *+* months *+* days. In place of residence *47* years *+* months *+* days.

INSTRUCTIONS
FOR
CERTIFICATE

in giving
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than one
for each
, (b) and (c)

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failure, ashenia,
means the disease,
lications which
death.

rbid conditions,
giving rise to the
use (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 *Nov. 20 1950*
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from
Jan. 1947 to *Nov. 20 1950*
I last saw her alive on *Nov. 20 1950* death is said to

have occurred on the date stated above, at *4:30 P. m.*

DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a) *Coronary Thrombosis* *1 wk.*

INTERVAL BE-
TWEEN ONSET
AND DEATH

ANTE CEDENT CAUSES (b) *Hypertensive - Coronary*
Artery Heart Disease *3 yrs*

Due To (c)

OTHER SIGNIFICANT CONDITIONS *None*

Major findings:
Of operations *None*

Date of operation *no* 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) *Charles Liberman* M. D.
(Address) *264 Wall Way Ave* Date *11/20/1950*

6 *Winthrop* *Winthrop*
Place of Burial or Cremation (City or Town)

DATE OF BURIAL *Nov 24 1950*

7 NAME OF FUNERAL DIRECTOR *C. P. Graham*

ADDRESS *Woburn Mass*

Received and filed *NOV 24 1950* 19

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX *F* 9 COLOR OR RACE *W* 10 ~~SINGLE~~ (write the word)
~~MARRIED~~
~~WIDOWED~~ *Widowed*
~~DIVORCED~~

10a If married, widowed, or divorced
HUSBAND of

(Give maiden name of wife in full)
(or) WIFE of *John P. Wakefield*
(Husband's name in full)

11 IF STILLBORN, enter that fact here. ☒

12 AGE *67* Years *8* Months *6* 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: *No*

15 Social Security No. *No*

16 BIRTHPLACE (City) *Kent England*
(State or country)

PARENTS

17 NAME OF FATHER *Henry Parey Dunn*

18 BIRTHPLACE OF FATHER (City) *England*
(State or country)

19 MAIDEN NAME OF MOTHER *Elice Ford Dunn*

20 BIRTHPLACE OF MOTHER (City) *England*
(State or country)

21 Informant (Address) *John Wakefield*
Forest St Winchester

I HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transfer permit was issued:

Walter S. Baker
(Signature of Agent of Board of Health or other)

H. O. *Nov 22, 50*
(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

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or 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 death 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 2 days. In place of residence years months days.

INSTRUCTIONS
FOR
CERTIFICATEn giving
E OF DEATHnot enter
than one
e for each
, (b) and (c)is does not mean
e 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
to the disease or
n causing death.

The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICSSTANDARD
CERTIFICATE OF DEATH

Registered No.

To be filed for burial permit
with Board of Health
or its Agent.

223

No.

(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)(a) Residence. No.
(Usual place of abode)St. E. Boston
(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 DEATH Nov. 22 50
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
10/21 1947, to 11/22 1950

I last saw him alive on 11/21 1950, death is said to

have occurred on the date stated above, at 1:10 A. M.

DISEASE OR CONDITION

DIRECTLY LEADING

TO DEATH (a)

Arteriosclerotic
heart disease withANTE DUE TO
CEDENT (b)
CAUSESAcute dilatation of
heart andDUE TO
(c)

Cardiac Decompensation

OTHER
SIGNIFICANT
CONDITIONSMajor findings:
Of operations

Date of operation... Was autopsy performed? 0

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

7 NAME OF
FUNERAL DIRECTOR

ADDRESS

Received and filed

NOV 29 1950

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX male 9 COLOR OR RACE white 10 SINGLE MARRIED
WIDOWED
or DIVORCED10a If married, widowed, or divorced
HUSBAND of Ersilia Jannucci
(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: Converse Rubber Co.
(Kind of work done during most of working life)

14 Industry or Business: Retired

15 Social Security No. ?

16 BIRTHPLACE (City)
(State or country) Italy17 NAME OF
FATHER Joseph Mascatelli18 BIRTHPLACE OF
FATHER (City) Italy
(State or country)19 MAIDEN NAME
OF MOTHER Angelina Leocosta20 BIRTHPLACE OF
MOTHER (City) Italy
(State or country)21 Informant (Address)
Ersilia Jannucci
179 London St. E. BostonI HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent or 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 served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or 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

M R-301A

PLACE OF DEATH

Suffolk
(County)
Waltham
(City or Town)

The Commonwealth of Massachusetts
EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

224

Registered No.

2 FULL NAME

No. 104 Highland Avenue

Bella Kaity (Katy)
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No.

(Usual place of abode)

50 Chester Avenue St.

Chelsea, Mass.
(If nonresident, give city or town and State)

Length of stay: In place of death ~ years 3 months ~ days. In place of residence 35 years ~ months ~ days.

INSTRUCTIONS
FOR
CERTIFICATEn giving
E OF DEATHnot enter
re than one
se for each
, (b) and (c)is does not mean
ie of dying, such
failure, asthenia,
means the disease,
lications which
death.rbd conditions.
giving rise to the
ause (a) stating
nderlying causenditions contrib-
the death but not
to the disease or
on causing death.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH November 24 1950
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
Dec 1, 1946 to Nov. 24 1950I last saw her alive on Nov. 19 1950, death is said to
have occurred on the date stated above, at 5:22 A.M.DISEASE OR CONDITION
DIRECTLY LEADING

TO DEATH (a) Coronary heart disease

ANTE Due To
CEDENT (b)

CAUSES

Arteriosclerosis

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 Chel Jacobson
Place of Burial or Cremation

DATE OF BURIAL

7 NAME OF
FUNERAL DIRECTOR

ADDRESS

Received and filed

INTERVAL BE-
TWEEN ONSET
AND DEATH

12 yr.

20 yr.

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(or) WIFE of Morris Kaity
(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

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

Beyl Katz

18 BIRTHPLACE OF
FATHER (City)

(State or country)

Russia

19 MAIDEN NAME

OF MOTHER

Cannot be learned

20 BIRTHPLACE OF

MOTHER (City)

(State or country)

Russia

21 Informant
(Address)Victor W. Kaity
50 Chester Ave. ChelseaI HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

(Registrar)

50W (8-12-49-900722)

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six 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 served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or 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 trauma (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection 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)

The Commonwealth of Massachusetts
EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

225

Registered No.

Winthrop

(City or Town)

No. 46 Moore St

2 FULL NAME Margaret Madeline Fanning Collins
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 46 Moore St
(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)

Length of stay: In place of death. years months days. In place of residence 4 years months days.

INSTRUCTIONS
FOR
CERTIFICATE

in giving
E OF DEATH

not enter
re than one
se for each
, (b) and (c)

is does not mean
ie of dying, such
failure, asthenia,
means the disease,
lications which
death.

orbid conditions,
giving rise to the
ause (a) stating
nderlying cause

nditions contrib-
the death but not
to the disease or
on causing death.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH November 25, 1950
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from
Jan. 22, 1946, to November 25, 1950
I last saw her alive on November 24, 1950, death is said to
have occurred on the date stated above, at 9:15 P. m.

DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a) Carcinomatosis

ANTE Due To Carcinoma of Cervix
CEDENT (b) Uteri
CAUSES

Due To
(c)

OTHER
SIGNIFICANT
CONDITIONS None

Major findings: Carcinoma of Cervix
Of operations.

Date of operation May 20, 1946 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) Maurice Frankel
(Address) 562 Shubley St. Winthrop Date Nov. 20, 1950

6 Immaculate Conception Marlboro
Place of Burial or Cremation (City or Town)

DATE OF BURIAL Nov 29 1950

7 NAME OF FUNERAL DIRECTOR John F. O'Maley
ADDRESS Winthrop

Received and filed Nov 22 1950

(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 John H. Collins
(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: Housewife
(Kind of work done during most of working life)

14 Industry or Business: Own Home

15 Social Security No.

16 BIRTHPLACE (City) Marlboro
(State or country) Mass

17 NAME OF FATHER James Fanning

18 BIRTHPLACE OF FATHER (City) Ireland
(State or country)

19 MAIDEN NAME OF MOTHER Mary Canty

20 BIRTHPLACE OF MOTHER (City) Ireland
(State or country)

21 Informant John H. Collins
(Address) 46 Moore 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
Health Officer) (Date of Issue of Permit) 11/27/50

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 fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen 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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that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or 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).

RECEIVED

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection 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.)

25m-(b)-11-49-900.475

PLACE OF DEATH

1

(County)

(City or Town)



The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH

DIVISION OF VITAL STATISTICS

COPY OF
CERTIFICATE OF DEATH

(City or town making return)

Registered No. 10029226

No. Palmer Mem. Hospt (N.E. Deaconess Hospt) If death occurred in a hospital or institution, St. give its NAME instead of street and number

2 FULL NAME. Pauline I Holmes
(If deceased is a married, widowed or divorced woman, give also maiden name.)

8 Waldemar Ave.

(Was deceased a
U. S. War Veteran,
if so specify WAR)
Winthrop Mass.

(a) Residence. No. 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 Nov. 25/50
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from
Nov. 23, 19 50 to Nov. 25, 19 50
I last saw h. er alive on Nov. 25, 19 50, death is said to
have occurred on the date stated above, at 4:37PM.

DISEASE OR CONDITION
DIRECTLY LEADING TO DEATH (a) Myocardial infarction 10 Days

INTERVAL BE-
TWEEN ONSET
AND DEATH

ANTE Due To Hypertensive cardio vascular
CEDENT (b) dis. 10 Yrs
CAUSES

Due To
(c)

OTHER SIGNIFICANT CONDITIONS Diabetes mellitus 10 Yrs

Major findings: None
Of operations. No

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) R F Bradley
(Address) Boston Mass. Date 11-25, 19 50

6 Place of Burial or Cremation Winthrop Cem-Winthrop Mass.
(City or Town)

DATE OF BURIAL Nov. 28/50 19

7 NAME OF FUNERAL DIRECTOR J F O'Maley
ADDRESS Winthrop Mass.

Received and filed. DEC 9 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 Married
WIDOWED
or DIVORCED

10a If married, widowed, or divorced
HUSBAND of

(Give maiden name of wife in full)
(or) WIFE of Oswald W Holmes
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 60 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. East Boston Mass.

16 BIRTHPLACE (City) East Boston Mass.
(State or country)

17 NAME OF FATHER John Kelly

18 BIRTHPLACE OF FATHER (City) East Boston Mass.
(State or country)

19 MAIDEN NAME OF MOTHER Elizabeth Little

20 BIRTHPLACE OF MOTHER (City) East Boston Mass.
(State or country)

21 Informant O W Holmes
(Address)

A TRUE COPY

ATTEST: (Registrar of City or Town where death occurred)

DATE FILED Nov. 29/50 19



PLACE OF DEATH

Suffolk
(County)

Winthrop
(City or Town)

No.

25 George St.

2 FULL NAME

John Wilbur Clark

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No.

(Usual place of abode)

25 George St.

St.

(If nonresident, give city or town and State)

Length of stay: In place of death years months days In place of residence 45 years months days.

INSTRUCTIONS
FOR
MEDICAL CERTIFICATE
OF DEATH

not enter
more than one
cause for each
(b) and (c)

is does not mean
of dying, such
failure, asthenia,
means the disease,
lications which
death.

rbid conditions,
giving rise to the
use (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 November 28 1950
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from April 14 1950 to Nov 28 1950

I last saw him alive on Nov 27 1950, death is said to have occurred on the date stated above, at 8:30 A.M.

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Myocardial Failure

ANTECEDENT CAUSES Due To (b) Arteriosclerosis

Due To (c) Senility

OTHER SIGNIFICANT CONDITIONS

Major findings: Arteriosclerosis
Date of operation July 13-1950 Was autopsy performed? no
What test confirmed diagnosis? Exam of Blood Vessels

5 Was disease or injury in any way related to occupation of deceased? no
If so, specify (Signed) John F. Collins M. D.
(Address) Revere Mass Date 28 Nov 1950

6 Wildwood Cemetery, Ashland, Mass.
Place of Burial or Cremation (City or Town)

DATE OF BURIAL November 30, 1950

7 NAME OF FUNERAL DIRECTOR Victoria A. Reynolds
ADDRESS 180 Winthrop St. Winthrop Mass

Received and filed 19

DEC 4 1950 (Registrar)



The Commonwealth of Massachusetts
EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD
CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

Registered No. 227

(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 WIDOWED or DIVORCED

10a If married, widowed or divorced HUSBAND of Julia William 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 93 Years II Months I4 Days If under 24 hours Hours Minutes

13 Usual Occupation: Engineer
(Kind of work done during most of working life)

14 Industry or Business: Railroad

15 Social Security No.

16 BIRTHPLACE (City) Ashland
(State or country) Mass.

17 NAME OF FATHER Robert Clark

18 BIRTHPLACE OF FATHER (City) Unknown
(State or country) Conn.

19 MAIDEN NAME OF MOTHER Jane Jennings

20 BIRTHPLACE OF MOTHER (City) Ashland
(State or country) Mass.

21 Informant (Address) 25 Robert Clark
25 George St. Winthrop, Mass.

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transfer permit was issued:

Walter E. Baker
(Signature of Agent of Board of Health or other Health Officer) 11/29/50
(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 served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or 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

The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICSTo be filed for burial permit
with Board of Health
or its Agent.

228

STANDARD
CERTIFICATE OF DEATH

Registered No.

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

SAIGEON, Webster

(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT

(Was deceased a
U. S. War Veteran,
if so specify WAR)

(a) Residence. No.

(Usual place of abode)

84 Cliff Ave

St.

Winthrop man

(If nonresident, give city or town and State)

Length of stay: In place of death... years ... months ... 7 days. In place of residence 30 years ... months ... days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF
DEATHNovember 28 1950
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from

September 1950 to November 28 1950

I last saw him alive on 11/28/50, death is said to

have occurred on the date stated above, at 9:25 A. M.

DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a)

Uremia

INTERVAL BE-
TWEEN ONSET
AND DEATH

8 days

ANTE Due To
CEDENT (b)
CAUSESCardio. Renal
Disease

Due To

Generalized arterio-
sclerosisOTHER
SIGNIFICANT
CONDITIONSRheumatoid arthritis
Renal diseaseMajor 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)

Date

M. D.
1950

6

Place of Burial or Cremation

Winthrop

(City or Town)

DATE OF BURIAL

Dec 1 1950 19

7 NAME OF
FUNERAL DIRECTOR

ADDRESS

Winthrop

Received and filed

DEC 4 1950

(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 F. O'Connor

(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:

Wood Healer

(Kind of work done during most of working life)

14 Industry

or Business:

Shoe

15 Social Security No.

032--10--2965

16 BIRTHPLACE (City)

(State or country)

Canada

17 NAME OF

FATHER

Rene A. W. Saigeon

18 BIRTHPLACE OF

FATHER (City)

(State or country)

Canada

19 MAIDEN NAME

OF MOTHER

Nancy Bovair

20 BIRTHPLACE OF

MOTHER (City)

(State or country)

Canada

21

Informant

(Address)

Eleanor M. Kirby

84 Cliff 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. Baker

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

11/29/50

RM R-301A

PLACE OF DEATH

INSTRUCTIONS
FOR
AL CERTIFICATEIn giving
E OF DEATHnot enter
re than one
se for each
, (b) and (c)his does not mean
de of dying, such
t failure, asthenia,
means the disease,
lications which
death.orbid conditions,
giving rise to the
ause (a) stating
nderlying causenditions contrib-
o the death but not
to the disease or
on causing death.

50M (B)-12-49-900722

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal, provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given, and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or 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).

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The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

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- (2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—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.)

25m-(b)-11-49-900,475

PLACE OF DEATH

1

Essex

(County)

Danvers

(City or Town)



The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH

DIVISION OF VITAL STATISTICS

COPY OF
CERTIFICATE OF DEATH

Danvers

(City or town making return)

Registered No. 229

Danvers State Hospital, Hathorne, Mass. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME. MURDOCK, Alice E.
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 105 Grovers Ave., St. Winthrop, Mass.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death. 4 months 20 days. In place of residence. years. months. days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH November 30, 1950
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from July 10, 1950 to Nov. 30, 1950
I last saw her alive on Nov. 30, 1950 death is said to have occurred on the date stated above, at 5:35 A.M.

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Senile Cachexia

INTERVAL BETWEEN ONSET AND DEATH

Yrs.

ANTECEDENT 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) Andrew Nichols III M.D.
(Address) Danvers, Mass. Date 12/1/1950

6 Old Pine Hill Cem. Dover, N.H.
Place of Burial or Cremation (City or Town)

DATE OF BURIAL December 4, 1950 19

7 NAME OF FUNERAL DIRECTOR George L. Doherty
ADDRESS Somerville, Mass.

Received and filed. DEC 9 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

10a If married, widowed, or divorced HUSBAND of

(Give maiden name of wife in full) Harold Parke Murdock
(or) WIFE of (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 73 Years 11 Months 26 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) Dover
(State or country) New Hampshire

17 NAME OF FATHER Oscar Kimball

18 BIRTHPLACE OF FATHER (City) Dover
(State or country) New Hampshire

19 MAIDEN NAME OF MOTHER Abbie Moulton

20 BIRTHPLACE OF MOTHER (City) Worcester
(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 December 5, 1950 19

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PLACE OF DEATH

Suffolk

(County)

Boston

(City or Town)



The Commonwealth of Massachusetts

 EDWARD J. CRONIN
 SECRETARY OF THE COMMONWEALTH
 DIVISION OF VITAL STATISTICS

 COPY OF
 CERTIFICATE OF DEATH

Boston

(City or town making return)

Registered No. 1025630

No. 45 Townsend St Jewish Mem. Hospt St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Fannie Kumins (If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 200 Shirley St. Winthrop Mass. (If nonresident, give city or town and State)

Length of stay: In place of death 9 years 5 months 5 days. In place of residence 1 years months days.

MEDICAL CERTIFICATE OF DEATH

 3 DATE OF DEATH Dec. 3/50
 (Month) (Day) (Year)

 4 I HEREBY CERTIFY, That I attended deceased from Feb. 28 19 50 to Dec. 3 19 50
 I last saw her alive on Dec. 3 19 50, death is said to have occurred on the date stated above, at 7 AM m.

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Arterio sclerotic heart disease

ANTE DUE TO CEDENT (b) Hypertensive cardio vascular disease

DUE TO (c) Bronchial pneumonia

OTHER SIGNIFICANT CONDITIONS Diabetes mellitus

 Major findings: Of operations. Date of operation. Was autopsy performed? Yes
 What test confirmed diagnosis? No

 5 Was disease or injury in any way related to occupation of deceased? No
 If so, specify H Baker (Signed) 183 Beacon St Date 12-3 19 50 (Address)

 6 Winthrop Cem-Winthrop Mass. (City or Town)
 DATE OF BURIAL Dec. 4/50 19

 7 NAME OF FUNERAL DIRECTOR B Birnbach
 ADDRESS Dorchester Mass.

 Received and filed DEC 13 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 MARRIED WIDOWED Married or DIVORCED

10a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full) Simon Kumins (or) WIFE of (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: Housewife (Kind of work done during most of working life)

14 Industry or Business:

15 Social Security No. None

16 BIRTHPLACE (City) Russia (State or country)

17 NAME OF FATHER Myer Wolf Sherman

18 BIRTHPLACE OF FATHER (City) Russia (State or country)

19 MAIDEN NAME OF MOTHER Elkie

20 BIRTHPLACE OF MOTHER (City) Russia (State or country)

21 Informant S Kumins (Address)

A TRUE COPY ATTEST: Charles A. Mack (Registrar of City or Town where death occurred)

Dec. 6/50 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 furnished 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.)



PLACE OF DEATH

Suffolk
(County)Winthrop
(City or Town)

No. 104 Highland av.,

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. 231

2 FULL NAME. Henrietta Small nee' Logan

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(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)

(a) Residence. No. 124 Lexington St.,

(Usual place of abode)

St. East Boston
(If nonresident, give city or town and State)

Length of stay: In place of death. years 7 months days. In place of residence 20 years months days.

INSTRUCTIONS
FOR
L 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-
the death but not
the disease or
causing death.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH Dec 6 1950.
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
July 19 45 to Dec 6 1950

I last saw her alive on 12/6 1950, death is said to

have occurred on the date stated above, at 2:05 P.m.

DISEASE OR CONDITION
DIRECTLY LEADING

TO DEATH (a)

Cerebral
hemorrhageINTERVAL BE-
TWEEN ONSET
AND DEATH

2 d.

ANTE Due To
CEDENT (b)
CAUSESGeneralized
arteriosclerosisDue 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)

6 Place of Burial or Cremation Woodlawn (City or Town) Everett

DATE OF BURIAL December 9, 1950

7 NAME OF

FUNERAL DIRECTOR

ADDRESS 726 Saratoga St., E. Boston

Received and filed DEC 13 1950 19

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX 9 COLOR OR RACE 10 SINGLE (write the word)
Female White MARRIED
WIDOWED
or DIVORCED Widow

10a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of Willard L. Small

(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 25 Years 5 Months 8 Days If under 24 hours
Hours Minutes13 Usual Occupation: none
(Kind of work done during most of working life)

14 Industry or Business: at home

15 Social Security No. none

16 BIRTHPLACE (City) St. John
(State or country) New Brunswick

17 NAME OF FATHER John M. Logan

18 BIRTHPLACE OF FATHER (City) St. John
(State or country) New Brunswick

19 MAIDEN NAME OF MOTHER Julia Flagg

20 BIRTHPLACE OF MOTHER (City) Grand Manan
(State or country) New Brunswick21 Informant Cora M. Hargrave
(Address) 124 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 S. Baker
(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit) 12/8/50

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith 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
EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

Registered No. 232

No. WINTHROP Com. Hosp. (If death occurred in a hospital or institution, give its NAME instead of street and number)
2 FULL NAME Julius Grant (If deceased is a married, widowed or divorced woman, give also maiden name.)
(a) Residence. No. 457 SHIRLEY 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 30 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH Dec 7 1950
(Month) (Day) (Year)
4 I HEREBY CERTIFY, That I attended deceased from Dec 10 1949 to Dec 7 1950
I last saw him alive on Dec 7 1950, death is said to have occurred on the date stated above, at 11:35 P.M.
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Cerebral thrombosis
INTERVAL BETWEEN ONSET AND DEATH 48 hours
ANTECEDENT CAUSES Due To (b) arteriosclerosis Generalized
Due To (c)
OTHER SIGNIFICANT CONDITIONS angine pectoris Coronary Occlusion

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) H. S. Newfield M. D. (Address) 447 Shirley St. WINTHROP Date Dec 7 1950
6 OHEL JACOB OF EAST BOSTON WOBURN
Place of Burial or Cremation (City or Town)
DATE OF BURIAL DEC. 8 1950
7 NAME OF FUNERAL DIRECTOR MURRAY GOLDMAN
ADDRESS 174 FERRY ST. MALDEN
Received and filed. DEC 13 1950 (Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX M 9 COLOR OR RACE W 10 SINGLE (write the word) MARRIED MARRIED WIDOWED or DIVORCED
10a If married, widowed, or divorced HUSBAND of ANNIE GOLDBERG (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 Minutes
13 Usual Occupation: PAINTER (Kind of work done during most of working life)
14 Industry or Business: PAINT CONTRACTOR
15 Social Security No.
16 BIRTHPLACE (City) BOLINA RUSSIA (State or country)
17 NAME OF FATHER ISAAC Grant
18 BIRTHPLACE OF FATHER (City) UNKNOWN (State or country) RUSSIA
19 MAIDEN NAME OF MOTHER BESSIE GRANT (a)
20 BIRTHPLACE OF MOTHER (City) UNKNOWN (State or country) RUSSIA
21 Informant LOUIS GRANT (Address) 581 FELLISWAY EAST MALDEN

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Walter S. Baker (Signature of Agent of Board of Health or other)
Health Officer (Official Designation) 12/8/50 (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

Suffolk
(County)

Winthrop
(City or Town)

No. 17 Centre Street

2 FULL NAME Alexander Bernhard Ruden

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 17 Centre Street
(Usual place of abode)

Length of stay: In place of death 22 years months days. In place of residence 22 years months days.

INSTRUCTIONS
FOR
FILLING OUT
THIS CERTIFICATE

in giving
OF DEATH

not enter
more than one
cause for each
(b) and (c)

is does not mean
of dying, such
failure, asthenia,
means the disease,
lications which
death.

rbid conditions,
giving rise to the
use (a) stating
derlying cause

ditions contrib-
the death but not
to the disease or
a causing death.



The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD
CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

Registered No. 233

(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 December 7 1950
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from
Nov. 14, 1950, to Dec. 7, 1950

I last saw him alive on December 7, 1950, death is said to
have occurred on the date stated above, at 5 p.m.

DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a) Pneumonia

INTERVAL BE-
TWEEN ONSET
AND DEATH
about 7 days.

ANTECEDENT CAUSES Due To Arteriosclerosis

10 yrs.

Due To
(c)

OTHER SIGNIFICANT CONDITIONS Chronic myocarditis 5 yrs.
Pulmonary asthma 30 yrs.

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? no
If so, specify: Syphilis w. Dickenson M. D.
(Signed) (Address) Winthrop Mass. Date Dec. 8 1950.

6 Woodlawn Everett
Place of Burial or Cremation (City or Town)
DATE OF BURIAL Dec. 11 1950

7 NAME OF FUNERAL DIRECTOR Howard S. Reynolds
ADDRESS Winthrop Mass.

Received and filed DEC 13 1950

(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 Matilda Enroth
(Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 83 Years 11 Months 6 Days If under 24 hours
Hours Minutes

13 Usual Occupation: Captain
(Kind of work done during most of working life)

14 Industry or Business: Fishing Boat

15 Social Security No. 031-10-8995A

16 BIRTHPLACE (City) Finland
(State or country)

17 NAME OF FATHER Jacob Ruden

18 BIRTHPLACE OF FATHER (City) Finland
(State or country)

19 MAIDEN NAME OF MOTHER Helena *****

20 BIRTHPLACE OF MOTHER (City) Finland
(State or country)

21 Informant Matilda Ruden
(Address) 17 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:

(Signature of Agent of Board of Health or other)

(Official Designation) (Date of Issue of Permit)

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

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Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

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Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, 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)

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. 231

2 FULL NAME

Enroute to Winthrop Community Hosp. St. { (If death occurred in a hospital or institution, give its NAME instead of street and number)

James L. Hannaford
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT

{ (Was deceased a U. S. War Veteran, if so specify WAR)

(a) Residence. No. 6 Jefferson 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 2 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH

December 8, 1950
(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? no

6 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Michael D. Longo, M. D.

(A dress) 25 Shattuck St. Date 12/9/1950

7

Place of Burial, or Cremation Winthrop Winthrop
(City or Town)

DATE OF BURIAL Dec 11 1950

8 NAME OF

FUNERAL DIRECTOR John H. Haley

ADDRESS Winthrop

Received and filed

DEC 13 1950

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

9 SEX

Male

10 COLOR OR RACE

White

11

SINGLE (write the word)

MARRIED

WIDOWED

or DIVORCED

11a If married, widowed, or divorced
HUSBAND of Johanna Dungan
(Give maiden name of wife in full)(or) WIFE of
(Husband's name in full)

12 IF STILLBORN, enter that fact here.

13

AGE 71 Years Months Days

If under 24 hours

Hours Minutes

14 Usual

Occupation Retired Custodian
(Kind of work done during most of working life)

15 Industry

or Business: School

16 Social Security No.

17 BIRTHPLACE (City) East Boston
(State or country) Mass

18 NAME OF FATHER

Samuel Hannaford

19 BIRTHPLACE OF

FATHER (City) Maine
(State or country)

20 MAIDEN NAME

OF MOTHER Mellisa Poole

21 BIRTHPLACE OF

MOTHER (City) Maine
(State or country)

22

Informant James Hannaford
(Address) 420 Winthrop St

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Walter E. Baker
(Signature of Agent of Board of Health or other)

40 (Official Designation)

DEC 17 1950 (Date of Issue of Permit)

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L. 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.)

25m-(b)-11-49-900,475

1 PLACE OF DEATH

Suffolk
(County)
Boston
(City or Town)



The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

Boston
(City or town making return)

COPY OF
CERTIFICATE OF DEATH

Registered No. 10110235

No. Mass. General Hospital
(If death occurred in a hospital or institution, St. { give its NAME instead of street and number)

2 FULL NAME John F Kelly
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 59 Crest Ave. Winthrop Mass.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death 2 years 2 months 2 days. In place of residence 22 years 2 months 2 days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH Dec. 8/50
(Month) (Day) (Year)
4 I HEREBY CERTIFY, That I attended deceased from
Dec. 6 19 50 to Dec. 8 19 50
I last saw him alive on Dec. 8 19 50 death is said to
have occurred on the date stated above, at 2:20A m.

DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a) Uremia

INTERVAL BE-
TWEEN ONSET
AND DEATH
1 Mo.

ANTE Due To Chronic nephrosclerosis 6 Mos.
CEDENT (b)
CAUSES

Due To
(c)

OTHER SIGNIFICANT
CONDITIONS Pulmonary edema

Hrs.

Major 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. 1. Lezer
(Signed) Mass. General Hosp. 12-8 M. D.
(Address) 19 50

6 Winthrop Cem-Winthrop Mass.
Place of Burial or Cremation (City or Town)
DATE OF BURIAL Dec. 11/50 19

7 NAME OF FUNERAL DIRECTOR M W Kirby

ADDRESS Winthrop 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 DIVORCED

10a If married, widowed, or divorced
HUSBAND of Mary F Macdonald
(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 Mailing Clerk
(Kind of work done during most of working life)

14 Industry Newspaper Co.
or Business

15 Social Security No. ---
16 BIRTHPLACE (City) Charlestown Mass.
(State or country)

17 NAME OF FATHER Edward J Kelly

18 BIRTHPLACE OF FATHER (City) Haverhill Mass.
(State or country)

19 MAIDEN NAME OF MOTHER Margaret Hughes

20 BIRTHPLACE OF MOTHER (City) Malden Mass.
(State or country)

21 Informant Mrs John Kelly
(Address)

A TRUE COPY

ATTEST: (Registrar of City or Town where death occurred)

DATE FILED Dec. 12/50 19

RECEIVED



DEC 20 1900 AM

M R-301A

PLACE OF DEATH

Suffolk
(County)Winthron
(City or Town)

No. Bay View Rest Home

2 FULL NAME

Alice Edson

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No.

(Usual place of abode)

57 Cottage Park Road

(If death occurred in a hospital or institution,
St. { give its NAME instead of street and number)

Registered No.

233

To be filed for burial permit
with Board of Health
or its Agent.

The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD

CERTIFICATE OF DEATH

INSTRUCTIONS
FOR
L CERTIFICATEgiving
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,
ving 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

December

9

1950

(Month)

(Day)

(Year)

4 I HEREBY CERTIFY, That I attended deceased from

July 1950 to Dec. 9 1950

I last saw h alive on 12/9/1950, death is said to

have occurred on the date stated above, at 3:30 A.M.

DISEASE OR CONDITION

DIRECTLY LEADING

TO DEATH (a) Broncho pneumonia

INTERVAL BE-
TWEEN ONSET
AND DEATH

1 wk.

ANTE
CEDENT
CAUSES

Due To

(b)

Generalized arterio-

sclerosis

10 yrs.

Due To

(c)

Cerebral Thrombosis

3 mos.

OTHER
SIGNIFICANT
CONDITIONS

Major findings:

Of operations

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? no

If so, specify

(Signed)

(Address)

Charles Liberman M. D.

26 Waverley Ave. Date 12/10/1950

6 Pine Hill Cemetery W. Bridgewater

Place of Burial or Cremation

(City or Town)

DATE OF BURIAL Dec. 11, 1950

7 NAME OF

FUNERAL DIRECTOR

Alfred B. Marsh

ADDRESS 174 Winthron St. Winthron

Received and filed

DEC 13 1950

(Registrar)

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 84 Years 6 Months 21 Days

If under 24 hours

Hours Minutes

13 Usual

Occupation: retired clerk

(Kind of work done during most of working life)

14 Industry

or Business:

Met. Water Comm.

15 Social Security No.

none

16 BIRTHPLACE (City)

(State or country)

West Bridgewater

Mass.

17 NAME OF

FATHER

Nathan Edson

18 BIRTHPLACE OF

FATHER (City)

West Bridgewater

(State or country)

Mass.

19 MAIDEN NAME

OF MOTHER

Eunice Ryder

20 BIRTHPLACE OF

MOTHER (City)

West Bridgewater

(State or country)

Mass.

21

Informant

(Address)

Mrs. Charles Crane

4 Moore St. Winthron

I HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:

Walter D. Baker

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

12/11/50

50M (B)-12-49-900722

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Centenary 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., (Centenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance 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. 11 Revere St



The Commonwealth of Massachusetts
EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD
CERTIFICATE OF DEATH

Registered No. 237

To be filed for burial permit
with Board of Health
or its Agent.

2 FULL NAME **Bridget Fitzgibbons Christopher**
(If deceased is a married, widowed or divorced woman, give also maiden name.)
St. { (If death occurred in a hospital or institution, give its NAME instead of street and number)

PHYSICIAN — IMPORTANT
(Was deceased a U. S. War Veteran, if so specify WAR)

(a) Residence. No. 11 Revere 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 38 years months days.

INSTRUCTIONS
FOR
FILLING OUT
THIS CERTIFICATE

In 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
nderlying cause

nditions contrib-
the death but not
to the disease or
n causing death.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH **December 11 1950**
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from
May 8 1946 to **December 11 1950**

I last saw her alive on **December 11 1950** death is said to
have occurred on the date stated above, at **6:45 PM**

DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a) **Acute Coronary
Occlusion**

ANTECEDENT CAUSES
Due To (b) **Arteriosclerotic
Heart Disease**

Due To (c) **Senility**

OTHER SIGNIFICANT CONDITIONS
Blindness both eyes (cataracts) 2 years.

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 M.D.** M. D.
(Address) **562 Shirley St. W. 12/11/50**

6 **Winthrop Winthrop**
Place of Burial or Cremation (City or Town)

DATE OF BURIAL **Dec. 14 1950**

7 NAME OF FUNERAL DIRECTOR **John H. Malley**
ADDRESS **Winthrop**

Received and filed **DEC 13 1950**

(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 **Peter Christopher**
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE ☒ Years **82** 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) **Ireland**
(State or country)

17 NAME OF FATHER **Michael Fitzgibbons**

18 BIRTHPLACE OF FATHER (City) **Ireland**
(State or country)

19 MAIDEN NAME OF MOTHER **Cannot be learned**

20 BIRTHPLACE OF MOTHER (City) **Ireland**
(State or country)

21 Informant **Cecelia Christopher**
(Address) **11 Revere St**

I HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:

Walter J. Bakers
(Signature of Agent of Board of Health or other)
Health Officer (Official Designation) **12/12/50** (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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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
AL CERTIFICATEIn 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.orbid conditions,
giving rise to the
ause (a) stating
derlying causeditions contrib-
the death but not
to the disease or
n causing death.

PLACE OF DEATH

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No.

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 Dec. 11, 1950
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from July 1947 to Dec. 11, 1950
I last saw him alive on Dec. 11, 1950, death is said to

have occurred on the date stated above, at 8:30 A.M.

DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a) Septicemia

ANTECEDENT CAUSES Due To Gangrene left leg

Due To Diabetes mellitus

OTHER CONDITIONS Atherosclerosis

Major findings: none

Date of operation: none Was autopsy performed? no

What test confirmed diagnosis? Clinical + Lab.

5 Was disease or injury in any way related to occupation of deceased? no

If so, specify: Charles Liberman M.D.

(Signed) Address: 26 Wave Way Ave. Date 12/11/1950

6 Winthrop Everett
Place of Burial or Cremation (City or Town)

DATE OF BURIAL Dec. 12, 1950

7 NAME OF FUNERAL DIRECTOR Benjamin Birnbaum

ADDRESS 1024 Washington St. Dor.

Received and filed DEC 13, 1950

(Registrar)

The Commonwealth of Massachusetts

EDWARD J. CRONIN, SECRETARY
DIVISION OF VITAL STATISTICSSTANDARD
CERTIFICATE OF DEATH

Registered No. 233

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

10a If married, widowed, or divorced
HUSBAND of: Chime Edelstein
(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: Upholsterer Manufacturer
(Kind of work done during most of working life)

14 Industry or Business: cannot be learned

15 Social Security No. cannot be learned

16 BIRTHPLACE (City) Russia
(State or country)

17 NAME OF FATHER Abraham Shpunk

18 BIRTHPLACE OF FATHER (City) Russia
(State or country)

19 MAIDEN NAME OF MOTHER Deborah (cannot be learned)

20 BIRTHPLACE OF MOTHER (City) Russia
(State or country)

21 Informant (Address) Harry Shpunk 167 Fuller St. Brookline

I HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:Napier J. Baker
(Signature of Agent of Board of Health or other)

(Official Designation) Health Officer (Date of Issue of Permit) 12/11/50

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 supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection 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)



STANDARD
CERTIFICATE OF DEATH

Registered No.

239

No. 392 Revere Street

(If death occurred in a hospital or institution,
St. give its NAME instead of street and number)

2 FULL NAME Alice (Boardman) Kendall

(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. 392 Revere Street
(Usual place of abode)

St. (If nonresident, give city or town and State)

Length of stay: In place of death 30 years months days. In place of residence 30 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH December 13 1950
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from
February 6 1950, to December 13 1950

I last saw her alive on December 13, 1950, death is said to
have occurred on the date stated above, at 8:15 P. m.

DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a)

Cerebral Hemorrhage
with left hemiplegia

INTERVAL BE-
TWEEN ONSET
AND DEATH

23 days

ANTECEDENT (b) CAUSES
Hypertensive + arterio-
sclerotic heart disease

1 year

Due To (c) Generalized arterio-
sclerosis

2 years

OTHER SIGNIFICANT
CONDITIONS
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 Traubstein Jr. M. D.
(Address) 562 Shubert St. Winthrop Dec. 14 1950

6 Winthrop Winthrop
Place of Burial or Cremation (City or Town)

DATE OF BURIAL Dec. 16 1950

7 NAME OF FUNERAL DIRECTOR Howard S. Reynolds

ADDRESS Winthrop Mass

Received and filed DEC 18 1950 19

(Registrar)

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 Ambrose Boardman
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 87 Years 6 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: Own home

15 Social Security No. none

16 BIRTHPLACE (City) Germany
(State or country)

17 NAME OF FATHER Boardman

18 BIRTHPLACE OF FATHER (City) Germany
(State or country)

19 MAIDEN NAME OF MOTHER Unable to obtain

20 BIRTHPLACE OF MOTHER (City) Germany
(State or country)

21 Informant Marion Coffin
(Address) 392 Revere St. Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transfer permit was issued:

Walter F. Baker
(Signature of Agent of Board of Health or other)
Health Officer
(Official Designation)

12/15/50
(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 exhum a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of 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
AL CERTIFICATE

IN GIVING
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
nderlying cause

nditions contrib-
the death but not
to the disease or
n causing death.

50m-(b)-11-49-900,560

PLACE OF DEATH

1

Suffolk
(County)
Winthrop
(City or Town)



The Commonwealth of Massachusetts
EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD
CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

Registered No. **240**

No. *Winthrop Comm.* St. (If death occurred in a hospital or institution, give its NAME instead of street and number)
2 FULL NAME *Mary Costa* (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. *76 Freeman St.* St. (If nonresident, give city or town and State)

Length of stay: In place of death. *1 hr 20 min.* years months days. In place of residence years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH *December 14 1950*
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from *December 14 1950* to *December 14 1950*
I last saw her alive on *December 14 1950* death is said to have occurred on the date stated above, at *2:00 P. M.*

INTERVAL BETWEEN ONSET AND DEATH
2 hrs.

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) *Congenital Cranio-Schisis + Anencephaly*

ANTECEDENT CAUSES Due To (b) *Anencephaly*

Due To (c)

OTHER SIGNIFICANT CONDITIONS *Prematurity 7 mos. baby.*

Major 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 Trumette Jr.* M. D.
(Address) *562 Cherry St, Winthrop* Date *Dec. 14 1950*

6 Place of Burial or Cremation *Winthrop* (City or Town)

DATE OF BURIAL *Dec 15 1950*

7 NAME OF FUNERAL DIRECTOR *Ernest Plaggenburg*
ADDRESS *147 Winthrop St Winthrop*

Received and filed. *DEC 15 1950* 19.

(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 *1-20* If under 24 hours *7* 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*

17 NAME OF FATHER *Francis Frank Costa*

18 BIRTHPLACE OF FATHER (City) *East Boston* (State or country) *Mass*

19 MAIDEN NAME OF MOTHER *Anna M. Gibbons*

20 BIRTHPLACE OF MOTHER (City) *East Boston* (State or country) *Mass*

Informant *Francis Frank Costa* (Address) *76 Freeman St Winthrop*

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Waste & R.R. (Signature of Agent of Board of Health or other)

HO (Official Designation) *Dec. 15/1950* (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 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)

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. . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance 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
EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD
CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

Registered No. **241**

No. **10 Orlando Avenue** (If death occurred in a hospital or institution, St. { give its NAME instead of street and number)

2 FULL NAME **John Cessna Huxley**
(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. **10 Orlando Avenue** 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 **35** years months days.

INSTRUCTIONS
FOR
FILLING OUT
THIS CERTIFICATE

In giving
PLACE 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.

Under morbid conditions,
giving rise to the
cause (a) stating
underlying cause

Under morbid conditions contrib-
uting to the death but not
to the disease or
on causing death.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH **December 14, 1950**
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from
November 19, 1946 to **Dec 14, 1950**

I last saw him alive on **Dec 14, 1950** death is said to

have occurred on the date stated above, at **10:30 p.m.**

DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a) **Acute Coronary
Occlusion**

ANTE DUE TO (b) **Angina Pectoris**
CEDENT CAUSES

DUE TO (c) **Intermyocardial
Heart Disease**

OTHER
SIGNIFICANT
CONDITIONS

Major 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) **Walter J. Baker, M.D.**
(Address) **3502 Shirley St. Cambridge, Mass.** Date **Dec 14, 1950**

6 **Ellsworth Cemetery Ellsworth, Ohio**
Place of Burial or Cremation (City or Town)

DATE OF BURIAL **December 18, 1950**

7 NAME OF FUNERAL DIRECTOR **Alfred B. Marsh**

ADDRESS **174 Winthrop St. Winthrop Mass.**

Received and filed **DEC 19 1950**

(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 **Effie May Kesselmire**
(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 **0** Months **1** Days
Hours Minutes

13 Usual Occupation: **Account representative**
(Kind of work done during most of working life)

14 Industry or Business: **Wholesale Hardware Co.**

15 Social Security No. **032-05-1181**

16 BIRTHPLACE (City) **Ellsworth**
(State or country) **Ohio**

17 NAME OF FATHER **Philo Huxley**

18 BIRTHPLACE OF FATHER (City) **Ellsworth**
(State or country) **Ohio**

19 MAIDEN NAME OF MOTHER **Evelyn Cessna**

20 BIRTHPLACE OF MOTHER (City) **Ellsworth**
(State or country) **Ohio**

21 Informant **Mrs. Lowell Mason**
(Address) **2083 Main St. Stratford, Conn.**

I HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial of a transit permit was issued:

(Signature of Agent of Board of Health or other)
Walter J. Baker
(Official Designation) **Health Officer** (Date of Issue of Permit) **12/15/50**

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 fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or 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

INSTRUCTIONS
FOR
CERTIFICATE

In giving
OF DEATH

to not enter
more than one
use for each
(a), (b) and (c)

his does not mean
of dying, such
failure, asthenia,
means the disease,
lications which
death.

orbid conditions,
giving rise to the
cause (a) stating
underlying cause

conditions contrib-
to the death but not
to the disease or
on causing death.

50M (B1-12-49-900722

PLACE OF DEATH

Suffolk
(County)

Winthrop
(City or Town)

No. 187 Bartlett Road

2 FULL NAME Lucy F (Riley) Griffin
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 187 Bartlett Road
(Usual place of abode)

Length of stay: In place of death 36 years.. months days. In place of residence 45 years .. months .. days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH Dec 17 1950
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from
Jan 7 1944 to Dec 17 1950

I last saw h-u alive on Dec 17 1950, death is said to
have occurred on the date stated above, at 6 A.M.

DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a) Broncho-pneumonia

ANTE Due To
CEDENT (b) Coronary Thrombosis
CAUSES

Due To
(c)

OTHER
SIGNIFICANT
CONDITIONS Secondary Anemia

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 F. Salerno M. D.
(Address) 75 Pleasant St. Date Dec 18 1950

6 Winthrop Winthrop
Place of Burial or Cremation (City or Town)

DATE OF BURIAL Dec 20 1950

7 NAME OF FUNERAL DIRECTOR Howard S. Reynolds
ADDRESS Winthrop, Mass.

Received and filed DEC 20 1950

(Registrar)

The Commonwealth of Massachusetts
EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

Registered No. 242

(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 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 Leslie E Griffin
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 75 Years 2 Months 5 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) Cambridge
(State or country) Mass.

17 NAME OF FATHER Frederick Riley

18 BIRTHPLACE OF FATHER (City) Unable to obtain
(State or country)

19 MAIDEN NAME OF MOTHER Mary Delano

20 BIRTHPLACE OF MOTHER (City) Unable to obtain
(State or country)

21 Informant Leslie E Griffin
(Address) 187 Bartlett Rd. Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:

Walter J. Baker
(Signature of Agent of Board of Health or other)
Health Officer (Date of Issue of Permit) 12/19/50
(Official Designation)

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

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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.

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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

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.)

25m-(b)-11-49-900,475

PLACE OF DEATH

SUFFOLK
(County)
BOSTON
(City or Town)



The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

BOSTON

(City or town making return)

10755 243
Registered No.

COPY OF
CERTIFICATE OF DEATH

MASS. MEMORIAL HOSPITALS

No. St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME CARRIE M. Greathead
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 52 WASHINGTON AVE. St. WINTHROP
(Usual place of abode) (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.....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH DEC. 18, 1950
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from
11 DEC. 50 to 18 DEC. 50
I last saw her alive on 18 DEC. 50, death is said to
have occurred on the date stated above, at 6:10A m.

DISEASE OR CONDITION
DIRECTLY LEADING TO DEATH (a) Arteriosclerotic
heart dis with congestive
failure 10 yrs.

ANTECEDENT (b) CAUSES

Due To (c)

OTHER SIGNIFICANT CONDITIONS massive intestinal hemorrhage
acute duodenal ulcers 2 wks

Major findings: 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? no
If so, specify J. E. FUCHS
(Signed) 750 HARRISON AVE Date 12-18-50
(Address)

6 WOODLAWN CREM. EVERETT
Place of Burial or Cremation (City or Town)
DATE OF BURIAL DEC. 21, 1950

7 NAME OF FUNERAL DIRECTOR HOWARD S. REYNOLDS
ADDRESS WINTHROP MASS.

Received and filed JAN 8 1951

(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX F. 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.

12 AGE 80 Years 0 Months 8 Days If under 24 hours
Hours Minutes

13 Usual Occupation sales clerk retired
(Kind of work done during most of working life)

14 Industry or Business DEPT. STORE

15 Social Security No.

16 BIRTHPLACE (City) NEW BRUNSWICK
(State or country)

17 NAME OF FATHER WILLIAM GREATHEAD

18 BIRTHPLACE OF FATHER (City) WALES
(State or country)

19 MAIDEN NAME OF MOTHER MARY COLLINS

20 BIRTHPLACE OF MOTHER (City) WALES
(State or country)

21 Informant (Address) JEANETTE GREATHEAD

A TRUE COPY Charles H. Thacker

ATTEST: (Registrar of City or Town where death occurred)

DATE FILED DEC. 22, 1950

RECEIVED



JAN - 6 1951 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.)

25m-(b)-11-49-900,475

1 PLACE OF DEATH	SUFFOLK (County) BOSTON (City or Town)		The Commonwealth of Massachusetts EDWARD J. CRONIN SECRETARY OF THE COMMONWEALTH DIVISION OF VITAL STATISTICS COPY OF CERTIFICATE OF DEATH	BOSTON (City or town making return) 107244 Registered No.
No. Mass. General Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)				
2 FULL NAME Elizabeth Magee (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. 150 Hermon 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.....6.....days. In place of residence.....10.....years.....months.....days.				
MEDICAL CERTIFICATE OF DEATH				
3 DATE OF DEATH Dec. 18/50 (Month) (Day) (Year)				
4 I HEREBY CERTIFY, That I attended deceased from Dec. 12, 19 50, to Dec. 18, 19 50 I last saw him/her alive on Dec. 18, 19 50, death is said to have occurred on the date stated above, at 8:54A m.				
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Malignant lymphoma				INTERVAL BETWEEN ONSET AND DEATH 1 Yr Plus
ANTECEDENT CAUSES (b) Due To				
(c) Due To				
OTHER SIGNIFICANT CONDITIONS				
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? If so, specify (Signed) C L Clay (Address) Mass. General Hospt 12-18 M. D. 19 50				
6 Place of Burial or Cremation Winthrop Cem-Winthrop Mass. (City or Town)				
DATE OF BURIAL Dec. 21/50				
7 NAME OF FUNERAL DIRECTOR C H Treanor				
ADDRESS East Boston Mass.				
Received and filed. JAN 19 51				
(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 MARRIED WIDOWED or DIVORCED
10a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full) James J Magee (or) WIFE of (Husband's name in full)				
11 IF STILLBORN, enter that fact here.				
12 AGE 50 Years Months Days		If under 24 hours Hours Minutes		
13 Usual Occupation: Cashier (Kind of work done during most of working life)				
14 Industry or Business: Bank Cafeteria				
15 Social Security No. 023-20-3295				
16 BIRTHPLACE (City) Charlestown Mass. (State or country)				
17 NAME OF FATHER James H Hanton				
18 BIRTHPLACE Boston Mass. FATHER (City) (State or country)				
19 MAIDEN NAME Elizabeth Carrigan OF MOTHER				
20 BIRTHPLACE OF MOTHER (City) Manchester N.H. (State or country)				
21 Informant J J Magee (Address)				
A TRUE COPY				
ATTEST: (Registrar of City or Town where death occurred)				
DATE FILED Dec/22/50 19 50				

RECEIVED



JAN - 6 1951 AM

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

PLACE OF DEATH

Suffolk
Winthrop
(County)
(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. 245

No. 63 Fremont St. (If death occurred in a hospital or institution, give its NAME instead of street and number)
2 FULL NAME William M. Donough (If deceased is a married, widowed or divorced woman, give also maiden name.)
(a) Residence. No. 63 Fremont St. Winthrop (Usual place of abode) (If nonresident, give city or town and State)
Length of stay: In place of death years months 30 days In place of residence years months 30 days

PHYSICIAN — IMPORTANT
(Was deceased a U. S. War Veteran, if so specify WAR) No

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH December 19, 1950
(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 inhalation of carbon monoxide — presumably suicidal

5 Accident, suicide, or homicide (specify) Suicide

Date and hour of injury Dec 19 19 50

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 illuminating gas
(How did injury occur?)

Nature of injury Asphyxia

While at work? Was autopsy performed? yes

6 Was disease or injury in any way related to occupation of deceased?

If so, specify
(Signed) Michael J. Donough M. D.

(A. dress) 25 Pleasant St. Date 12/19/1950

7 Place of Burial, or Cremation Boston
(City or Town)

DATE OF BURIAL Dec 21, 1950

8 NAME OF FUNERAL DIRECTOR James J. Flaherty

ADDRESS 54 Pleasant St.

Received and filed DEC 22 1950

(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 45 Years Months Days If under 24 hours Hours Minutes

14 Usual Occupation: Laborer
(Kind of work done during most of working life)

15 Industry or Business: General

16 Social Security No. Unknown

17 BIRTHPLACE (City) Boston Mass
(State or country)

18 NAME OF FATHER William P. M. Donough

19 BIRTHPLACE OF FATHER (City) Ireland
(State or country)

20 MAIDEN NAME OF MOTHER Mary Hubanon

21 BIRTHPLACE OF MOTHER (City) Ireland
(State or country)

22 Informant (Address) P. J. Donough 33 State St. Boston

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Matthew J. Mullaney

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit) 24 2 96

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, 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. 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

RM R-301A

INSTRUCTIONS
FOR
CERTIFICATE

IN GIVING
OF DEATH

DO NOT ENTER
MORE THAN ONE
CAUSE FOR EACH
(a), (b) and (c)

THIS DOES NOT MEAN
OF DYING, SUCH
FAILURE, ASTHENIA,
MEANS THE DISEASE,
COMPLICATIONS WHICH
DEATH.

ORBITAL CONDITIONS,
GIVING RISE TO THE
CAUSE (a) STATING
UNDERLYING CAUSE

CONDITIONS CONTRIB-
UTING TO THE DEATH BUT NOT
TO THE DISEASE OR
CAUSING DEATH.

50M (B)-12-49-900722

X

PLACE OF DEATH
1

Suffolk
(County)
Winthrop
(City or Town)

No. Winthrop Community Hospital 40 Lincoln St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Alice Burns Doherty
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 47 Loring Road, Winthrop, Mass. St. (If nonresident, give city or town and State)
(Usual place of abode)

Length of stay: In place of death 0 years 0 months 23 days. In place of residence 10 years months days.

Registered No. 246

PHYSICIAN - IMPORTANT
(Was deceased a U. S. War Veteran, if so specify WAR) None

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH Dec. 20 1950
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from Nov. 24, 1950, to Dec. 20, 1950
I last saw her alive on Dec. 19, 1950, death is said to have occurred on the date stated above, at 7:30 A. M.

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Carcinomatosis

ANTECEDENT CAUSES (b) Carcinoma of Uterus

Due To (c)

OTHER SIGNIFICANT CONDITIONS Anemia, 6 mos.

Major findings: Carcinoma of Uterus with metastases

Date of operation June 1949 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) Charles Lieberman M. D.
(Address) 26 Wane Way Ave. Date 12/20/1950
Rindge Ave. Cambridge
(Place of Burial or Cremation) (City or Town)

DATE OF BURIAL Dec 22 1950

7 NAME OF FUNERAL DIRECTOR Frederick J. Magrath
ADDRESS East Boston

Received and filed DEC 23 1950

(Registrar)

The Commonwealth of Massachusetts
EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

PERSONAL AND STATISTICAL PARTICULARS

8 SEX F 9 COLOR OR RACE White 10 SINGLE (or the word) MARRIED WIDOWED or DIVORCED Divorced

10a If married, widowed, or divorced HUSBAND of XXXXXXXXXXXXXXXXXXXXXXXX (Give maiden name of wife in full) Charles R. Doherty
(or) WIFE of (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 60 Years 0 Months 3 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. 012-03-7278

16 BIRTHPLACE (City) Burlington (State or country) Vermont

17 NAME OF FATHER John Burns

18 BIRTHPLACE OF FATHER (City) Bolton (State or country) Vermont

19 MAIDEN NAME OF MOTHER Mary Purcell

20 BIRTHPLACE OF MOTHER (City) Vergennes (State or country) Vermont

21 Informant Charles R. Doherty Jr. (Address) 47 Loring 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 E. Baker (Signature of Agent of Board of Health or other) Health Officer (Official Designation) 12/21/50 (Date of Issue of Permit)

ARTICLE

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or 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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(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance 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. 466 Pleasant Street

2 FULL NAME

Benjamin Frederick Joy

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No.

466 Pleasant Street

(Usual place of abode)

Length of stay: In place of death 25 years months days. In place of residence 25 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH December 22 1950
(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 6:30 A.M.

DISEASE OR CONDITION

DIRECTLY LEADING
TO DEATH (a)

Natural Causes

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?

If so, specify

(Signed)

(Address)

6 Pine Hill

Place of Burial or Cremation

DATE OF BURIAL

7 NAME OF

FUNERAL DIRECTOR

ADDRESS

Received and filed

The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS



STANDARD

CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

Registered No.

247

{(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 DIVORCED Widowed

10a If married, widowed, or divorced
HUSBAND of Louise Silver
(Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 89 Years 4 Months 16 Days If under 24 hours
Hours Minutes

13 Usual Occupation: Janitor
(Kind of work done during most of working life)

14 Industry or Business: Manufacturing plant

15 Social Security No. 031-07-2843

16 BIRTHPLACE (City) Kittery
(State or country) Maine

17 NAME OF FATHER Jacob Joy

18 BIRTHPLACE OF FATHER (City) Unable to obtain
(State or country)

19 MAIDEN NAME OF MOTHER Jenney

20 BIRTHPLACE OF MOTHER (City) Unable to obtain
(State or country)

21 Informant Josephine Fay
(Address) 466 Pleasant St. Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:

Walter L. Bakers
(Signature of Agent of Board of Health or other)

(Official Designation) Health Officer (Date of Issue of Permit) 12/26/50

DEC 26 1950 Registrar

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

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... 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

INSTRUCTIONS
FOR
FILLING OUT
THIS CERTIFICATE

IN GIVING
E OF DEATH

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
o the disease or
n causing death.

STANDARD
CERTIFICATE OF DEATH

Registered No.

248

PLACE OF DEATH

No.

40 Sea foam ave.

St. (If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME

(If deceased is a married, widowed or divorced woman, give also maiden name.)

Abraham Cedar

PHYSICIAN — IMPORTANT

(Was deceased a
U. S. War Veteran,
if so specify WAR)

NO

(a) Residence. No.

(Usual place of abode)

40 Sea foam ave.

St.

Wunthrop

(If nonresident, give city or town and State)

Length of stay: In place of death 25 years months days. In place of residence 25 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF
DEATH

December 24, 1950
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from

Dec. 19 49, to Dec. 24, 19 50

I last saw him alive on Dec 24, 19 50 death is said to

have occurred on the date stated above, at 9:30 P.m.

INTERVAL BE-
TWEEN ONSET
AND DEATH

DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a)

Coronary Decomposition 1 yr.

ANTE
CEDENT
CAUSES

Due To Hypertensive Heart Disease 5 yrs.

Due To Diabetes Mellitus 5 yrs.

OTHER
SIGNIFICANT
CONDITIONS

Gangrene Rt. Foot 2 mos

Major findings:
Of operations

Date of operation

Was autopsy performed? NO

What test confirmed diagnosis?

Chloroal

5 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Charles Liberman M. D.
(Address) 26 Wave Way Ave. Date 12/24, 19 50

6 Place of Burial or Cremation

City or Town

DATE OF BURIAL

December 25, 19 50

7 NAME OF
FUNERAL DIRECTOR

Edward L. Levine

ADDRESS

470 Harvard St. Brookline

Received and filed

DEC 26 1950

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 Minnie Kabatchnick
(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:

fruit - distributor
(Kind of work done during most of working life)

14 Industry
or Business:

retired

15 Social Security No.

16 BIRTHPLACE (City)
(State or country)

Lithuania

17 NAME OF
FATHER

Isaac Cedar

18 BIRTHPLACE OF
FATHER (City)
(State or country)

Lithuania

19 MAIDEN NAME
OF MOTHER

Fannie (unknown)

20 BIRTHPLACE OF
MOTHER (City)
(State or country)

Lithuania

21

Informant
(Address)

Minnie Cedar
40 Sea foam ave. Wunthrop

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
(Official Designation)

12/25/50
(Signature of Agent of Board of Health or other)

(Date of Issue of Permit)

N. O.

COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or 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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SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

INSTRUCTIONS
FOR
AL CERTIFICATEn giving
E OF DEATH

not enter
more than one
cause for each
(b) and (c)

is does not mean
of dying, such
failure, ashenia,
means the disease,
lications which
death.

rbid conditions,
giving rise to the
ause (a) stating
derlying cause

ditions contrib-
the death but not
to the disease or
n causing death.

50M (B)-12-49-900722

PLACE OF DEATH

1

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 35 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH Dec. 24 1950
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from
Dec 10 1950, to Dec 24 1950
I last saw him alive on Dec 24 1950 death is said to

have occurred on the date stated above, at 1:50 A. M.

DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a)

Lobar pneumonia

ANTE
CEDENT
CAUSES

Due To

(b)

(c)

(c)

(c)

(c)

(c)

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(c)

DATE OF BURIAL Dec 27 1950

7 NAME OF FUNERAL DIRECTOR

ADDRESS

Received and filed

DEC 29 1950

(Registrar)

The Commonwealth of Massachusetts
EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS



STANDARD
CERTIFICATE OF DEATH

Registered No. 249

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,
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 Anna M Coleman
(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: Shoe business, barman
(Kind of work done during most of working life)

14 Industry or Business: Shoe Factory

15 Social Security No.

16 BIRTHPLACE (City)
(State or country) Italy

17 NAME OF FATHER Luigi Poto

18 BIRTHPLACE OF FATHER (City)
(State or country) Italy

19 MAIDEN NAME OF MOTHER Phylomenia

20 BIRTHPLACE OF MOTHER (City)
(State or country) Italy

21 Informant (Address) Anna M Poto
19 Banks St Wrentham

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 Office (Official Designation) 12/27/50
(Date of Issue of Permit)

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. . . G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

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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)



The Commonwealth of Massachusetts
EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD
CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

Registered No. 250

No. 953 Shirley Street (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Helen (Gentle) Garbutt (If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT

(a) Residence. No. 2035 27th Street South St. St Petersburg Fla. (If nonresident, give city or town and State)

Length of stay: In place of death. 2 years 27 months 27 days. In place of residence 6 years months days.

INSTRUCTIONS
FOR
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
on causing death.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH December 29 1950
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Nov 13 1950 to Dec 29 1950

I last saw her alive on Dec 29 1950, death is said to have occurred on the date stated above, at 1.55 p.m.

DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a)

Hyperstatic
Pneumonia

INTERVAL BE-
TWEEN ONSET
AND DEATH

1 day

ANTE DUE TO
CEDENT (b)
CAUSES

Metastatic
Carcinoma

4
mos

Due To
(c)

OTHER
SIGNIFICANT
CONDITIONS

none

Major findings: Cancer of ovary
Of operations.

Date of operation. Aug 1950 Was autopsy performed? No

What test confirmed diagnosis Exam. of material of operation

5 Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) John F. Collins M. D.
(Address) Winthrop Mass Date 29 Dec 1950

6 Winthrop Winthrop
Place of Burial or Cremation (City or Town)

DATE OF BURIAL Jan. 2 1951

7 NAME OF FUNERAL DIRECTOR Howard S. Reynolds

ADDRESS Winthrop Mass

Received and filed JAN 2 1951 19

(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 (Give maiden name of wife in full) Alfred Garbutt (or) WIFE of (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 75 Years 5 Months 5 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) Glasgow (State or country) Scotland

17 NAME OF FATHER Cuthbert Gentle

18 BIRTHPLACE OF FATHER (City) Scotland (State or country)

19 MAIDEN NAME OF MOTHER Catherine Millen

20 BIRTHPLACE OF MOTHER (City) Scotland (State or country)

21 Informant Dorothy Belcher (Address) 953 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 S. Gately (Signature of Agent of Board of Health or other) Health Officer 1/2/51 (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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RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance 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-(i)-1-45-15510

1 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. **251**

No. *Winthrop Community Hospital* St. { If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME *Liana Lee Barringer* { PHYSICIAN—IMPORTANT
(If deceased is a married, widowed or divorced woman give also maiden name)
(Was deceased a U. S. War Veteran, if so specify WAR)

(a) Residence, No. *40 Chester Ave. Winthrop Mass*
(Usual place of abode) (If nonresident, give city of town and State)

Length of stay: In hospital or institution *—* years months days. In this community yrs. *2* mos. days.
(Before death) (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS		
3 SEX <i>Female</i>	4 COLOR OR RACE <i>White</i>	5 SINGLE (write the word) MARRIED WIDOWED or DIVORCED <i>Single</i>
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 <i>6</i> Years <i>1</i> Months <i>8</i> Days If less than 1 day Hours _____ Minutes _____		
9 Occupation: Usual <i>At School</i>		
10 Industry or Business:		
11 Social Security No. <i>None</i>		
12 BIRTHPLACE (City) <i>Winthrop</i> (State or country) <i>Mass.</i>		
13 NAME OF FATHER <i>Raymond W Barringer</i>		
14 BIRTHPLACE OF FATHER (City) <i>Warren</i> (State or country) <i>Ohio</i>		
15 MAIDEN NAME OF MOTHER <i>Beverly Buck</i>		
16 BIRTHPLACE OF MOTHER (City) <i>Winthrop</i> (State or country) <i>Mass.</i>		
17 Informant <i>Beverly Barringer</i> (Mother) (Address) <i>40 Chester Ave. Winthrop</i>		

PARENTS

MEDICAL CERTIFICATE OF DEATH	
18 DATE OF DEATH <i>December 30 1950</i> (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.) <i>Asphyxia due to drowning - accidental</i>	
20 Accident, suicide, or homicide (specify) <i>Accident</i> Date of occurrence <i>Dec 30 19 50</i> Where did Injury occur? <i>Winthrop, Mass</i> (City or town and State)	
Did Injury occur in or about home, on farm, in industrial place, or in public place? <i>Lewis Pond</i> (Specify type of place)	
Manner of Injury <i>Fell thru ice</i> Nature of Injury <i>Asphyxia by drowning</i> While at work? _____ Was there an autopsy? <i>no</i>	
21 Was disease or injury in any way related to occupation of deceased? _____ If so, specify <i>Michael J. Long</i> (Signed) _____, M. D. (Address) <i>25 Shattuck St</i> Date <i>12/30 19 50</i>	
22 <i>Winthrop</i> <i>Winthrop</i> Place of Burial, Cremation or Removal. (City or Town)	
DATE OF BURIAL <i>Jan 2 1951</i>	
23 NAME OF FUNERAL DIRECTOR <i>Edward S. Reynolds</i> <i>Winthrop Mass</i> ADDRESS _____	
Received and filed <i>Jan 2 1951</i> _____ 19 _____ (Registrar)	

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Walter J. Baker
(Signature of Agent of Board of Health or other)
Health Officer (Official Designation) *1/3/51* (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).

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made... Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same;...—General Laws, Chap. 38, Sec. 6.

...He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—General Laws, Chap. 38, Sec. 7.

...The medical examiner certifies the cause and manner of death to the best of his knowledge and belief.

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

STATEMENT OF CAUSE OF DEATH

Medical Examiners in certifying to a death will state the cause and manner thereof, and will specify: (1) Under cause, the nature of an injury and of its consequences; and (2) under manner, the mode of its production together with the circumstances when these are known. For example: "Compound fracture of the femur with ensuing septicemia (gas bacillus) caused by a steam railway accident." "Pistol shot wound of the chest with associated hemorrhage, homicidal." "Asphyxiation by suspension, suicidal." "Syncope while under the influence of ether administered as a surgical anaesthetic." "Fracture of the skull with associated internal injury sustained under circumstances unknown."

If disease or injury was related to occupation, specify. If investigation shows the death to have been due to disease, specify: (1) Under cause its known or presumable nature; and (2) under manner, indicate the circumstances leading to medico-legal inquiry. For example: "Hemorrhage spontaneous of the brain (basal ganglia) (found dead in bed)." "Heart disease, presumably coronary sclerosis. (Sudden death)."

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 STATISTICSSTANDARD
CERTIFICATE OF DEATHTo be filed for burial permit
with Board of Health
or its Agent.Registered No. **252**

PLACE OF DEATH

Suffolk County
Winthrop
(City or Town)

No.

Bay View Rest Home

St. (If death occurred in a hospital or institution,
give its NAME instead of street and number)

1. FULL NAME

Margaret A. Rita M^cGovern
(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.

65 St Andrew Road

St.

East Boston

(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 69 years months days.

INSTRUCTIONS
FOR
CERTIFICATEIn giving
USE OF DEATHdo not enter
more than one
cause for each
(a), (b) and (c)his does not mean
mode of dying, such
as failure, asthenia,
means the disease,
complications which
death.orbid conditions,
giving rise to the
cause (a) stating
underlying causeconditions contrib-
to the death but not
to the disease or
on causing death.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH December 30 1950
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
Dec 2 1950 to Dec 30 1950

I last saw her alive on Dec 30 1950, death is said to

have occurred on the date stated above, at 6 P. M.

DISEASE OR CONDITION

DIRECTLY LEADING
TO DEATH (a) Chronic hepatitisINTERVAL BE-
TWEEN ONSET
AND DEATH

1948

ANTE Due To
CEDENT (b) ArteriosclerosisDue To
(c) HypertensionOTHER
SIGNIFICANT
CONDITIONSMajor findings:
Of operations.

Date of operation. Was autopsy performed?

What test confirmed diagnosis? Urinalysis - microscope

5 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

Date 12-30 1950 M. D.

6

Place of Burial or Cremation

DATE OF BURIAL

Jan 2 1951

7 NAME OF

FUNERAL DIRECTOR

ADDRESS

East Boston

Received and filed.

JAN 3 1951

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX 9 COLOR OR RACE 10 SINGLE (write the word)

Female White 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 69 Years Months Days If under 24 hours
Hours Minutes13 Usual
Occupation:Clerk
(Kind of work done during most of working life)14 Industry
or Business:

Waldo Bros

15 Social Security No.

011-03-2950

16 BIRTHPLACE (City)
(State or country)East Boston
Mass17 NAME OF
FATHERCharles M^cGovern

18 BIRTHPLACE OF

FATHER (City)

(State or country)

Chuland

19 MAIDEN NAME

OF MOTHER

Mary M^cGovern (O.K.)

20 BIRTHPLACE OF

MOTHER (City)

(State or country)

Chuland

21

Informant

(Address)

Mary Rita
65 St Andrew Road EBI HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:

Walter S. Baker, H. O.

(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.

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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).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith 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

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.)

25m-(b)-11-49-900,475

PLACE OF DEATH

Middlesex

(County)

Framingham

(City or Town)



The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

Framingham

(City or town making return)

COPY OF

CERTIFICATE OF DEATH

Registered No.

253

No. Framingham Community Hospital

{ (If death occurred in a hospital or institution,
St. { give its NAME instead of street and number)2 FULL NAME Rose E. Rubin
(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. 379 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.....2.....days. In place of residence.....30.....years.....months.....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH December 30, 1950
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
Dec. 29 19 50 to Dec. 30 19 50I last saw h.....er alive on Dec. 30 19 50 death is said to
have occurred on the date stated above, at 5:45 P.M.DISEASE OR CONDITION
DIRECTLY LEADING TO DEATH (a) Cerebral hemorrhage
18 hrsINTERVAL BE-
TWEEN ONSET
AND DEATHANTE Due To
CEDENT (b) Hypertension
CAUSESDue To
(c)OTHER SIGNIFICANT
CONDITIONS GlycosemiaMajor findings:
Of operations.....no

Date of operation.....none.....Was autopsy performed?.....no

What test confirmed diagnosis?.....Symptoms

5 Was disease or injury in any way related to occupation of deceased?.....no

If so, specify
(Signed) Herbert Frankel, M.D.
(Address) Framingham, Mass. Date 12/30/50 D.6 Tifereth Israel of Winthrop-Everett
Place of Burial or Cremation (City or Town)

DATE OF BURIAL January 1, 1951

7 NAME OF FUNERAL DIRECTOR Louis Levine
ADDRESS 470 Harvard St., Brookline

Received and filed. JAN 9 1951

(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 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 55 Years Months Days If under 24 hours
Hours Minutes13 Usual Occupation: Housekeeper
(Kind of work done during most of working life)

14 Industry or Business: Private residence

15 Social Security No.

16 BIRTHPLACE (City) Russia
(State or country)

17 NAME OF FATHER Edward Rubin

18 BIRTHPLACE OF FATHER (City) Russia
(State or country)

19 MAIDEN NAME OF MOTHER Sarah Silver

20 BIRTHPLACE OF MOTHER (City) Russia
(State or country)21 Informant Lena Disler
(Address) 379 Shirley St. Winthrop

A TRUE COPY

ATTEST: W. A. Walsh
(Registrar of City or Town where death occurred)

DATE FILED January 3, 1951

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

The Commonwealth of Massachusetts		OFFICE OF THE SECRETARY DIVISION OF VITAL STATISTICS		COPY OF CERTIFICATE OF DEATH		Issued (City or town making return)	
Essex (County)		Issued (City or town making return)		Registered No. 89 254			
1 PLACE OF DEATH Issued (City or Town)		No. Benjamin Stickney Cable Memorial Hospital		If death occurred in a hospital or institution, give its NAME instead of street and number)			
2 FULL NAME Jasper Lampasona (If deceased is a married, widowed or divorced woman, give also maiden name.)		(a) Residence. No. 80 Locust (Usual place of abode)		St. Winthrop (If nonresident, give city or town and State)		(Was deceased a U. S. War Veteran, if so specify WAR)	
Length of stay: In place of death..... years..... 4 months..... 7 days.		In place of residence..... 35 years..... months..... days.					
MEDICAL CERTIFICATE OF DEATH				PERSONAL AND STATISTICAL PARTICULARS			
3 DATE OF DEATH Dec 31 1950 (Month) (Day) (Year)				8 SEX male 9 COLOR OR RACE white 10 SINGLE (write the word) MARRIED WIDOWED OR DIVORCED Single			
4 I HEREBY CERTIFY, That I attended deceased from Aug. 24, 1950, to Dec. 31, 1950. I last saw him alive on Dec. 31, 1950, death is said to have occurred on the date stated above, at 3:15 a. m.				10a If married, widowed, or divorced HUSBAND of..... (Give maiden name of wife in full) (or) WIFE of..... (Husband's name in full)			
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Carcinomatosis of large bowel (b) With metastases to lungs (c) Due To				11 IF STILLBORN, enter that fact here.			
INTERVAL BETWEEN ONSET AND DEATH 1 yr.				12 AGE 60 Years Months Days If under 24 hours Hours Minutes			
ANTECEDENT CAUSES (b) With metastases to lungs (c) Due To				13 Usual Occupation: Fruit Peddler (Kind of work done during most of working life)			
OTHER SIGNIFICANT CONDITIONS Re. PNC Terminal Cardiac Decompensation 1 wk. 1 wk.				14 Industry or Business: Fruit Store			
Major findings: Of operations.....				15 Social Security No. none			
Date of operation..... Was autopsy performed? no				16 BIRTHPLACE (City) Sicily, Italy (State or country)			
What test confirmed diagnosis? Clinical				17 NAME OF FATHER Joseph			
5 Was disease or injury in any way related to occupation of deceased? If so, specify J. H. Foote (Signed) M. D. (Address) Ipswich Date Dec. 31, 1950				18 BIRTHPLACE OF FATHER (City) Sicily, Italy (State or country)			
6 Winthrop Cemetery Winthrop (City or Town)				19 MAIDEN NAME OF MOTHER Anna Diveta			
DATE OF BURIAL Jan. 3 1951				20 BIRTHPLACE OF MOTHER (City) Sicily, Italy (State or country)			
7 NAME OF FUNERAL DIRECTOR Ernest Coggiano				21 Informant Carmen Lampasona (Address) 23 Belcher St. Winthrop			
ADDRESS Winthrop, Mass.				A TRUE COPY Lucy J. Olan acting (Registrar of City or Town where death occurred)			
Received and filed.....19.....				DATE FILED January 2, 1951			
(Registrar of City or Town where deceased resided)							



N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. 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 file relative to the return of certificates of death.

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect

50m. (1)-1-45-15510

1 PLACE OF DEATH
Suffolk
(County)
Winthrop
(City or Town)
No. 233 Winthrop St



The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
MEDICAL EXAMINER'S
CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

Registered No. 255

2 FULL NAME Meriam Lightbown
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(a) Residence, No. 233 Winthrop St Winthrop Mass
(Usual place of abode) (If nonresident, give city or town and State)
Length of stay: In hospital or institution years months days. In this community 30 yrs. mos. days.
(Before death) (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female
4 COLOR OR RACE White
5 SINGLE (write the word) MARRIED WIDOWED or DIVORCED Widow
5a If married, widowed, or divorced HUSBAND of William Lightbown (Give maiden name of wife in full) (or) WIFE of (Husband's name in full)
6 Age of husband or wife if alive years
7 IF STILLBORN, enter that fact here.
8 AGE 80 Years 4 Months 5 Days | If less than 1 day Hours Minutes
9 Usual Occupation: Housewife
10 Industry or Business: Own home
11 Social Security No. None
12 BIRTHPLACE (City) England
(State or country)
13 NAME OF FATHER Frank Brendle
14 BIRTHPLACE OF FATHER (City) England
(State or country)
15 MAIDEN NAME OF MOTHER Ann Kellitt
16 BIRTHPLACE OF MOTHER (City) England
(State or country)
17 Informant Ida Leigh (Daughter)
(Address) 2048 Broad St. Edgewood R.I.

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH December 31 1950
(Month) (Day) (Year)
19 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows: (If an injury was involved, state fully.)
Asphyxia due to inhalation of carbon monoxide from a gas furnace.
20 Accident, suicide, or homicide (specify) Accidentally
Date of occurrence 12/31/50
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 illuminating gas
Nature of Injury Asphyxia
While at work? Was there an autopsy? no
21 Was disease or injury in any way related to occupation of deceased?
If so, specify Michael Phang, M. D.
(Signed) (Address) 25 Chatham St Date 12/31/1950
Winthrop Winthrop
22 Place of Burial, Cremation or Removal. (City or Town)
DATE OF BURIAL Jan. 3 1951
23 NAME OF FUNERAL DIRECTOR Howard S. Reynolds
ADDRESS Winthrop Mass.

Received and filed JAN 2 1951 19

(Registrar)

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Walter A. Baker
(Signature of Agent of Board of Health or other)
Health Officer 1/2/51
(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).

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

... He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—General Laws, Chap. 38, Sec. 7.

... The medical examiner certifies the cause and manner of death to the best of his knowledge and belief.

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

STATEMENT OF CAUSE OF DEATH

Medical Examiners in certifying to a death will state the cause and manner thereof, and will specify: (1) Under cause, the nature of an injury and of its consequences; and (2) under manner, the mode of its production together with the circumstances when these are known. For example: "Compound fracture of the femur with ensuing septicemia (gas bacillus) caused by a steam railway accident." "Pistol shot wound of the chest with associated hemorrhage, homicidal." "Asphyxiation by suspension, suicidal." "Syncope while under the influence of ether administered as a surgical anæsthetic." "Fracture of the skull with associated internal injury sustained under circumstances unknown."

If disease or injury was related to occupation, specify. If investigation shows the death to have been due to disease, specify: (1) Under cause its known or presumable nature; and (2) under manner, indicate the circumstances leading to medico-legal inquiry. For example: "Hemorrhage spontaneous of the brain (basal ganglia) (found dead in bed)." "Heart disease, presumably coronary sclerosis. (Sudden death.)"

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

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

Middlesex
(County)

Malden

(City or Town)



The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

Malden

(City or town making return)

COPY OF

CERTIFICATE OF DEATH

Registered No.

256

No. Churchill Nursing Home

St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME John Walsh

(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. 32 Marshall

(Usual place of abode)

St. Wintthrop

(If nonresident, give city or town and State)

Length of stay: In place of death 8 years months days. In place of residence 50 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH December 15, 1950
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from July 19 50 to Dec. 15 19 50

I last saw him alive on Dec. 15 19 50, death is said to have occurred on the date stated above, at 2.30 P.m.

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Hypostatic Pneumonia

INTERVAL BETWEEN ONSET AND DEATH

2 days

ANTE CEDENT CAUSES

Due To (c)

Diabetes Mellitus

6 mo.

Arteriosclerotic H.L. 6 mo.

OTHER SIGNIFICANT CONDITIONS

Major findings: Of operations.

Date of operation. Was autopsy performed? no

What test confirmed diagnosis? Clin.

5 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Edward Cardillo Date 12/16/50
(Address) 534 Broadway Everett

6 Holy Cross Malden

Place of Burial or Cremation (City or Town)

DATE OF BURIAL Dec. 18, 1950

7 NAME OF FUNERAL DIRECTOR Frederick J. Magrath

ADDRESS E. Boston

Received and filed 19

JAN 17 1951

(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 Mary (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: Painter (Kind of work done during most of working life)

14 Industry or Business: Retired

15 Social Security No.

16 BIRTHPLACE (City) St. Johns (State or country) Nfld.

17 NAME OF FATHER Cannot be learned

18 BIRTHPLACE OF FATHER (City) St. Johns (State or country) Nfld.

19 MAIDEN NAME OF MOTHER Cannot be learned

20 BIRTHPLACE OF MOTHER (City) St. Johns (State or country) Nfld.

21 Informant Elizabeth Ward (Address) 1655 Parkway Everett

A TRUE COPY.

ATTEST: (Registrar of City or Town where death occurred)

DATE FILED Dec. 27, 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.)

25m-(b)-11-49-900,475

PLACE OF DEATH

SUFFOLK
(County) BOSTON

(City or Town)



The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICSCOPY OF
CERTIFICATE OF DEATH

BOSTON

(City or town making return)

Registered No.

1115257

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 EDWARD J. BARTLETT

(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. 103-A SUMMIT AVE.
(Usual place of abode)St. WINTHROP
(If nonresident, give city or town and State)

Length of stay: In place of death..... years..... months..... 5..... days. In place of residence..... 6..... years..... months..... days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH DEC 31/50
WE (Month) (Day) WE (Year)
4 I HEREBY CERTIFY, That I attended deceased from
DEC 26 19 50, to DEC 31 19 50
I last saw h. IM alive on DEC 31 19 50 death is said to

have occurred on the date stated above, at 2:56 P. m.

DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a) BILATERAL PULMONARY
THROMBOTIC EMBOLI FROMINTERVAL BE-
TWEEN ONSET
AND DEATHANTE Due To
CEDENT (b) RIGHT AURICLE
CAUSESDue To
(c) ARTERIO SCLEROTIC
HEART DIS. WITH CONGESTIVE FAILURE

TERM.

OTHER SIGNIFICANT CONDITIONS PULMONARY EDEMA.
CARCINOMA OF PROSTATETERM
YRSMajor 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) N. A. WILHELM
(Address) BOSTON MASS Date DEC 31 19 506 WOODLAWN CEM EVERETT
Place of Burial or Cremation (City or Town)

DATE OF BURIAL JAN 3 19 51

7 NAME OF FUNERAL DIRECTOR A E EATON & SONS
ADDRESS NEEDHAM, MASS

Received and filed JAN 17 1951

(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX 9 COLOR OR RACE 10 SINGLE (write the word)
MALE WHITE MARRIED
WIDOWED MARRIED
or DIVORCED10a If married, widowed, or divorced
HUSBAND of ETHEL R PERKINS
(Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 7.7 Years 11 Months 17 Days
If under 24 hours
Hours Minutes13 Usual Occupation: SALESMAN
(Kind of work done during most of working life)

14 Industry or Business: AUTOMOBILE

15 Social Security No. --

16 BIRTHPLACE (City) BOSTON MASS
(State or country)

17 NAME OF FATHER EZRA BARTLETT

18 BIRTHPLACE OF FATHER (City) NEW HAMPSHIRE
(State or country)

19 MAIDEN NAME OF MOTHER FLORA MCINTYRE

20 BIRTHPLACE OF MOTHER (City) SCOTLAND
(State or country)21 Informant WIFE
(Address)A TRUE COPY
ATTEST: Charles H. Mackie
(Registrar of City or Town where death occurred)

DATE FILED JAN 3 19 51







