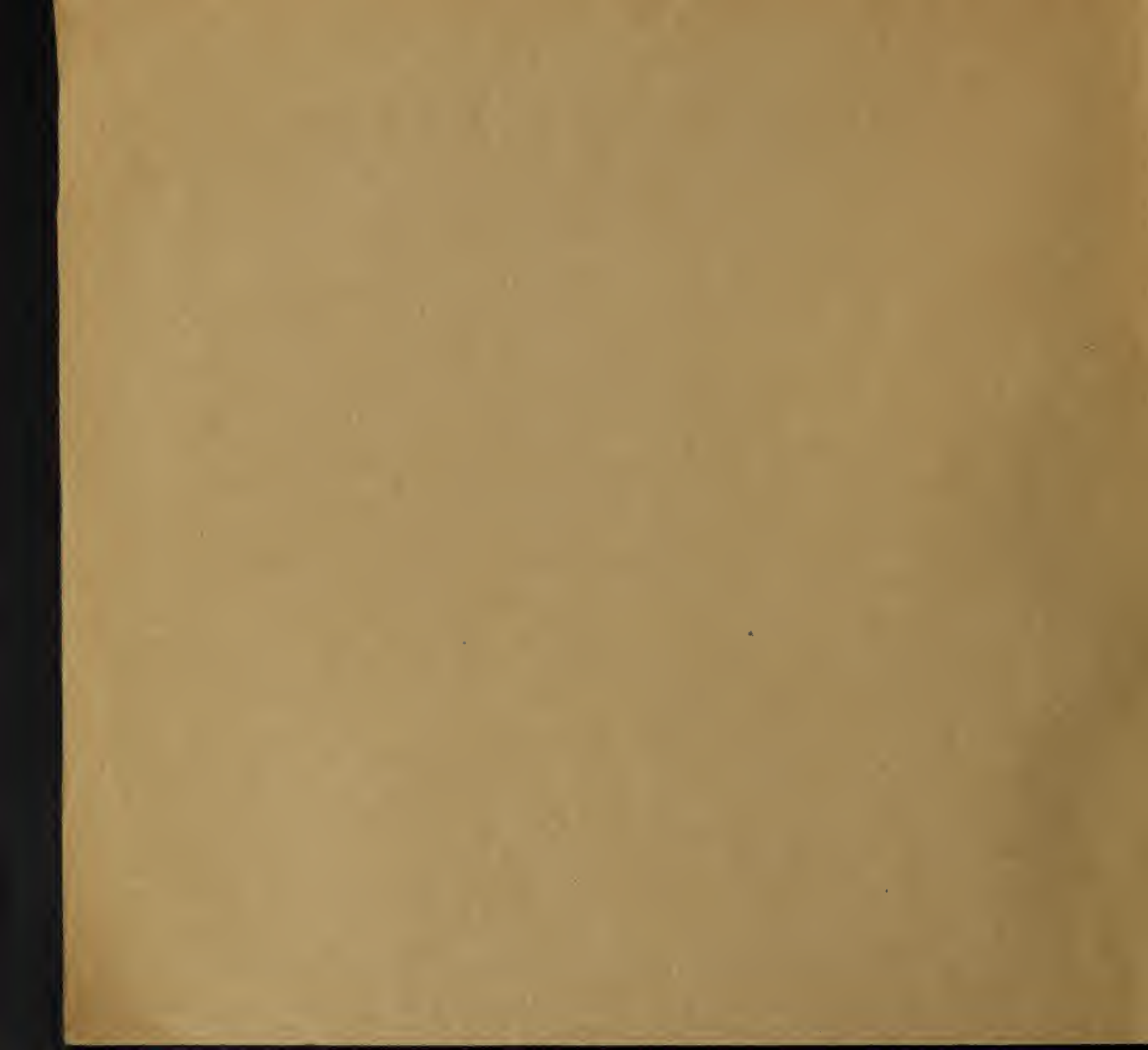


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o u.7



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 (f)-6-43-12056

1 PLACE OF DEATH
Suffolk.
(County)
Wintthrop
(City or Town)
No. 50 Trident Ave Wintthrop 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. 1

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

(a) Residence, No. 50 Trident Ave Wintthrop St.
(Usual place of abode)

(If nonresident, give city or town and State)

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

PERSONAL AND STATISTICAL PARTICULARS

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

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

6 Age of husband or wife if alive years

7 IF STILLBORN, enter that fact here.

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

9 Occupation: Press Cutter (retired)

10 Industry or Business:

11 Social Security No. 021-03-2614

12 BIRTHPLACE (City) Russia
(State or country)

13 NAME OF FATHER Abraham Shepard Zimmerman

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

15 MAIDEN NAME OF MOTHER Sarah Kopolovitz (OK)

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

17 Informant Lena Zimmerman (Relation, if any)
(Address) 50 Trident Ave - Wintthrop

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

Walter F. Baker
Signature of Agent of Board of Health or other
Health Officer (Date of Issue of Permit) 1/2/51
(Official Designation)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH January - 1 - 1951
(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.)
External & Internal hemorrhage
Increased pressure of neck

20 Accident, suicide, or homicide (specify) suicide
Date of occurrence Jan - 1 - 1951
Where did injury occur? Wintthrop
(City or town and State)

Did injury occur in or about home, on farm, in industrial place, or in public place? Beach
(Specify type of place)
Manner of injury Found collapsed on Wintthrop
Nature of injury Beach Jan - 1 - 1951
While at work? ✓ Was there an autopsy? no

21 Was disease or injury in any way related to occupation of deceased?.....
If so, specify Heart
(Signed) Wm. F. Bradley M.D. M. D.
(Address) Boston Jan - 2 - 1951

22 Hand in Hand, West Roxbury
Place of Burial, Cremation or Removal. (City or Town)
DATE OF BURIAL January 2, 1950

23 NAME OF FUNERAL DIRECTOR Benjamin F. Solomon
ADDRESS 420 Harvard St. Brookline

Received and filed..... 19.....
(Registrar)

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

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

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

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

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

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

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

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

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

RULES OF PRACTICE

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

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

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

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

STATEMENT OF CAUSE OF DEATH

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

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

DESCRIPTION (for unknown person)

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

THIS CERTIFICATE CONSTITUTES SUCH PERMIT

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

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

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

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

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

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

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

Statement of Cause of Death.—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)

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.

6

3

No. Holy Ghost Hospital

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

2 FULL NAME Frank McCluskey

(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. 206 Lincoln Street
(Usual place of abode)St. Winthrop, Mass.
(If nonresident, give city or town and State)

Length of stay: In place of death.....years.....months 17 days. In place of residence.....years.....months 26 days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH Jan. 4 1951
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
Dec. 18, 1950, to Jan. 4, 1951

I last saw him alive on Jan. 4, 1951 death is said to

have occurred on the date stated above, at 2:30 a.m.

DISEASE OR CONDITION

DIRECTLY LEADING

TO DEATH (a) Thrombosis of left
Papitral artery 1 mo.ANTE CEDENT CAUSES Due To (b) Arterio sclerosis,
general 15 yrsDue To
(c)OTHER SIGNIFICANT CONDITIONS Arteriosclerotic heart 12 yrs
disease Myocardial infarction 2 mos.Major findings:
Of operations.

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

What test confirmed diagnosis?

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

If so, specify.....

(Signed) Richard M. Dart M. D.
(Address) Holy Ghost Hosp. Date Jan. 4, 19516 Place of Burial or Cremation Lowell
(City or Town)

DATE OF BURIAL January 8, 1951

7 NAME OF FUNERAL DIRECTOR Maurice A. Kirby

ADDRESS 210 Winthrop St. Winthrop

Received

JAN 31 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 Married
WIDOWED
or DIVORCED10a If married, widowed, or divorced,
HUSBAND of Elizabeth V. Dunigan
(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: Unknown
(Kind of work done during most of working life)

14 Industry or Business: Unknown

15 Social Security No. Unknown

16 BIRTHPLACE (City) Ireland
(State or country)

17 NAME OF FATHER Patrick McCluskey

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

19 MAIDEN NAME OF MOTHER Ann Dolan

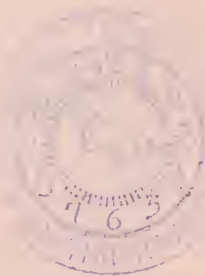
20 BIRTHPLACE OF MOTHER (City) Ireland
(State or country)21 Informant Mrs. Elizabeth V. McCluskey
(Address) 206 Lincoln St., Winthrop

A TRUE COPY,

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

DATE FILED January 4, 1951

RECEIVED



JAN 31 1951 AM

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. 4

No. 19 Buchanan St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME. DORA BECK
(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. 19 Buchanan 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 30 years..... months..... days.

INSTRUCTIONS
FOR
LEGAL 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.

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

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

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH January 5 1951
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from
May 1950, to Jan 5 1951

I last saw her alive on Jan 4 1951, death is said to

have occurred on the date stated above, at 10:15 a. m.

DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a) Hodgkin's disease

INTERVAL BE-
TWEEN ONSET
AND DEATH

2 1/2 yrs

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 Beth Israel Hosp

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

If so, specify

(Signed) H. S. Breechfield M. D.
(Address) 447 Shirley St Winthrop Date Jan 5 1951

6 OHEL JACOB - WOBURN
Place of Burial or Cremation (City or Town)

DATE OF BURIAL 1/7 1951

7 NAME OF FUNERAL DIRECTOR Benjamin Birnbach
ADDRESS 10 Washington St. Dor.

Received and filed 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

(or) WIFE of Rubin Beck
(Give maiden name of wife in full)
(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: Housework
(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 William Sklars

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

19 MAIDEN NAME OF MOTHER Brenda (cannot be learned)

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

21 Informant Helen Alferin
(Address) 550 Ward St. Newton

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. Jan. 5 1951
(Official Designation) (Date of Issue of Permit)

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

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

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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

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,
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
directly leading to the disease or
condition causing death.

50M (B)-12-49-900722

PLACE OF DEATH
1

WINTHROP
(County)
SUFFOLK

(City or Town)

No. Winthrop Comm Hospital

2 FULL NAME George Bokelman

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

(a) Residence. No. 53 Tremont
(Usual place of abode)

Winthrop

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

Registered No. 5

PHYSICIAN — IMPORTANT

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

Length of stay: In place of death 13 years 13 months 13 days. In place of residence 3 years 3 months 3 days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH Jan 5, 1951
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from
now. 1950 to Jan 5, 1951

I last saw him alive on Jan 5, 1951, death is said to
have occurred on the date stated above, at 11:45 A.M.

DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a) Cardiac Decompensation 2 wks.

ANTE CEDENT CAUSES (b) Rheumatic heart disease 40 yrs.
Aortic stenosis

(c) Pylonephritis 6 wks.

OTHER SIGNIFICANT CONDITIONS none

Major findings: none

Date of operation: none 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 Charles Liberman
(Signed) (Address) 26 Waverley Ave. Date 1/5/1951

6 Place of Burial or Cremation Woodlawn Everett (City or Town)
DATE OF BURIAL Jan 8 1951

7 NAME OF FUNERAL DIRECTOR Ernest PCaggiano
ADDRESS - 147 Winthrop St. Winthrop

Received and filed JAN 8 1951 (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 M 9 COLOR OR RACE W 10 SINGLE (write the word)
MARRIED
WIDOWED
or DIVORCED Divorced

10a If married, widowed, or divorced
HUSBAND of Manna Cash
(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 1 Months 1 Days If under 24 hours
Hours Minutes

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

14 Industry or Business: Railroad

15 Social Security No. None

16 BIRTHPLACE (City) State or country) Dorchester Mass

17 NAME OF FATHER George Bokelman

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

19 MAIDEN NAME OF MOTHER Mary Hollingworth

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

21 Informant (Address) Hazel Wolfe 168 Sea St. N. Weymouth Ma

I HEREBY CERTIFY that a satisfactory standard certificate of death was
issued 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) 1/8/51

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

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

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

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

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

2 FULL NAME William Sherman Hibbard

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

(a) Residence. No. 829 Shirley Street

(Usual place of abode)

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

PHYSICIAN — IMPORTANT

(Was deceased a U. S. War Veteran, if so specify WAR) W W1

(If nonresident, give city or town and State)

Length of stay: In place of death years months 15 days. In place of residence 25 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, asphyxia,
etc. means the disease,
implications which
led death.Morbid conditions,
giving rise to the
cause (a) stating
underlying causeConditions contrib-
ing to the death but not
leading to the disease or
condition causing death.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH January 7 1951
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from

May 1949 to Jan 7 1951

I last saw him alive on Jan 7 1951, death is said to

have occurred on the date stated above, at 4:40 P.M.

DISEASE OR CONDITION

DIRECTLY LEADING

TO DEATH (a) Acute myocardial infarct.

(b) Hypertension

ANTE CEDENT CAUSES (b) General arteriosclerosis

(c) Indurated atherosclerotic heart

Due To Interventricular block

OTHER SIGNIFICANT CONDITIONS

Jugular left fist

Major findings: lumbar sympathectomy

Of operations.

Date of operation: 1/6/51 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 Sturge St. Winthrop 1/7 1951

6 Winthrop Cemetery Winthrop

Place of Burial or Cremation (City or Town)

DATE OF BURIAL January 10, 1951 19

7 NAME OF FUNERAL DIRECTOR Alfred B. Marsh

ADDRESS 174 Winthrop St, Winthrop

Received and filed JAN 15 1951 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.

6

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 Anna Frances Stallery
(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 0 Months 18 Days If under 24 hours Hours Minutes

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

14 Industry or Business: Commercial Architects

15 Social Security No. 010-18-0112

16 BIRTHPLACE (City) North Brookfield
(State or country) Massachusetts

17 NAME OF FATHER John Lawton Hibbard

18 BIRTHPLACE OF FATHER (City) West Brookfield
(State or country) Massachusetts

19 MAIDEN NAME OF MOTHER Abigail Ayers Poland

20 BIRTHPLACE OF MOTHER (City) North Brookfield
(State or country) Massachusetts21 Informant Atty. R. Gaynor Wellings
(Address) 1 Court St, Boston, Mass.I HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:Walter A. Baker
(Signature of Agent of Board of Health or other)
Health Officer (Official Designation) 1/9/51
(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.

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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	February 15, 1918
DATE OF DISCHARGE	February 13, 1919
RANK, RATING	Major
ORGANIZATION AND OUTFIT	U.S. Army Quartermasters Corp
SERVICE NUMBER	326-C.R.-O.P.

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

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

PLACE OF DEATH

1

Cesep

(County)

Salem

(City or Town)



The Commonwealth of Massachusetts

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

Salem

(City or town making return)

Registered No. 127

No. Salem Hospital

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

2 FULL NAME Fremalle Inf. Little

(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 Erie Ave

(Usual place of abode)

St. Wintthrop 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 Jan 7 1951

(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

INTERVAL BETWEEN ONSET AND DEATH

ANTE 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) R. F. Cornwall M. D.

(Address) Salem, Mass Date 1-7 1951

6 Place of Burial or Cremation Lynn

DATE OF BURIAL Jan 9 1951

7 NAME OF FUNERAL DIRECTOR H. L. Richardson

ADDRESS Lynn, Mass

Received and filed. FEB 8 1951

(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

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

10a If married, widowed, or divorced

HUSBAND of (Give maiden name of wife in full)

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

11 IF STILLBORN, enter that fact here. 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) Salem Mass
(State or country)

17 NAME OF FATHER Richard J. Little

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

19 MAIDEN NAME OF MOTHER Dorothy D. Dussell

20 BIRTHPLACE OF MOTHER (City) Boston Mass
(State or country)21 Informant (Address) Richard J. Little
Wintthrop Mass

A TRUE COPY.

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

DATE FILED 1-8 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.)

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. 154

8

No. Beth Israel Hosp.

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

2 FULL NAME Israel Canner

(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 Perkins St.
(Usual place of abode)

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

Length of stay: In place of death... years... 1 months... 5 days. In place of residence... 20 years... months... days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH January 8, 1951

(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from Dec. 2, 1950, to Jan. 8, 1951

I last saw him alive on Jan. 3, 1951, death is said to

have occurred on the date stated above, at 4:00A.m.

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Respiratory failure few

INTERVAL BETWEEN ONSET AND DEATH

min.

ANTE CEDENT CAUSES Due To (b) Carcinoma of ascending colon

yrs.

Due To (c)

OTHER SIGNIFICANT CONDITIONS arteriosclerotic ht. dis.

Major findings: Of operations carcinoma of ascending colon

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) Burrell A. Josephs M. D.
(Address) Beth Israel Hosp. Date 1-8-51

6 Winthrop Cem. Everett, Mass.
Place of Burial or Cremation (City or Town)

DATE OF BURIAL January 8, 1951

7 NAME OF FUNERAL DIRECTOR Benjamin Birnbach

ADDRESS 10 Washington St. Dorchester

Received and filed JAN 23 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 married

10a If married, widowed, or divorced HUSBAND of Rose 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 83 Years Months Days If under 24 hours Hours Minutes

13 Usual Occupation Furniture dealer
(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 Abraham Canner

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 Morris Canner
(Address)

A TRUE COPY

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

JAN. 10, 1951

DATE FILED 19

RM R-301A

INSTRUCTIONS
FOR
FILLING OUT
THIS CERTIFICATE

1. In giving
cause of death

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

3. This does not mean
mode of dying, such
as failure, asthenia,
means the disease,
and complications which
lead to death.

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

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

7

PLACE OF DEATH

Suffolk County
Winthrop
(County)
(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. 9

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

2 FULL NAME Ralph Viscione (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. 235 East Eagle St. East Boston
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death: years months 16 days. In place of residence: years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH January 9 1951
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from
Dec. 24, 1950 to Jan. 9, 1951

I last saw him alive on Jan 8, 1951, death is said to
have occurred on the date stated above, at 6:35 a. m.

DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a) Cerebral Thrombosis 8 days

ANTE CEDENT CAUSES (b) Hypertension 2 yrs
cerebral thrombosis

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: Joseph Samuels
(Signed) (Address) 382 W. 1st St. Malden
Date 1-9-1951

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

DATE OF BURIAL Jan. 12 1951

7 NAME OF FUNERAL DIRECTOR Vincent Marino

ADDRESS 9 Chelsea St. E. B.

Received and filed

JAN 15 1951

(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 Anna D. Pasquale
(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: Retired
(Kind of work done during most of working life)

14 Industry or Business: Laborer

15 Social Security No. none

16 BIRTHPLACE (City) Italy
(State or country)

17 NAME OF FATHER Francesco Viscione

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

19 MAIDEN NAME OF MOTHER Maria Viscione (sk)

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

21 Informant Anna D. Pasquale Viscione
(Address) 235 East Eagle 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 J. Baker
(Signature of Agent of Board of Health or other)

Health Officer 1/10/51
(Official Designation) (Date of Issue of Permit)

50-M (B)-12-49-900722

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

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

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

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

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or 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. 58 Pleasant St. Winthrop, Mass.

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

FULL NAME

Frederick Wagner Brush

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

(a) Residence. No.

58 Pleasant Street

(Usual place of abode)

St.

(If nonresident, give city or town and State)

Length of stay: In place of death

8

years months days

In place of residence

36

years months days

The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD

CERTIFICATE OF DEATH

Registered No.

10

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

INSTRUCTIONS
FOR
FILLING OUT
THIS CERTIFICATE

1. In giving
PLACE OF DEATH

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

3. If the cause of death is
not clearly stated, such
as failure, asthenia,
means the disease,
and complications which
lead to death.

4. In giving
CAUSE OF DEATH

5. In giving
CAUSE OF DEATH

MEDICAL CERTIFICATE OF DEATH

3 DATE OF
DEATH

January 10 1951
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from

July 15 1949 to January 9 1951

I last saw him alive on January 9, 1951, death is said to

have occurred on the date stated above, at 6:00 a. m.

DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a)

Cerebral Hemorrhage

INTERVAL
BETWEEN
ONSET
AND
DEATH

Several
years

ANTE
CEDENT
CAUSES

Due To
(c)

Hypertension

OTHER
SIGNIFICANT
CONDITIONS

Esophageal Varices

1 1/2
years

Major findings:
Of operations

None

Date of operation

Was autopsy performed?

20

What test confirmed diagnosis?

Clinical Signs

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

If so, specify

(Signed)

(Address)

As of 10/1/51
Winthrop, Mass

Date Jan 10 1951

6 Woodlawn Crematory

Everett

DATE OF BURIAL

Jan. 12

1951

7 NAME OF
FUNERAL DIRECTOR

Howard S. Rynders

ADDRESS

Winthrop, Mass.

Received and filed

JAN 15 1951

19

(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

Lillia H Reed

(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

8

Months

29

Days

If under 24 hours

Hours

Minutes

13 Usual

Occupation:

Salesman

(Kind of work done during most of working life)

14 Industry

or Business:

Dental Supplies

15 Social Security No.

022-07-5489

16 BIRTHPLACE (City)

Boston

(State or country)

Mass

17 NAME OF

FATHER

Michael Brush

18 BIRTHPLACE OF

FATHER (City)

Unable to obtain

(State or country)

New York

19 MAIDEN NAME

OF MOTHER

Ermina Snedecker

20 BIRTHPLACE OF

MOTHER (City)

New York

(State or country)

21

Informant

(Address)

Lillia H Brush

58 Pleasant St. Winthrop, Mass

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

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

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

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

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RULES OF PRACTICE

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

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

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

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

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

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

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

Registered No. 11

PLACE OF DEATH

Suffolk
(County)
Winthrop
(City or Town)

No. 527 Pleasant

(If death occurred in a hospital or institution,
St. { give its NAME instead of street and number)2 FULL NAME. Thomas J. Grant
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT

(Was deceased a
U. S. War Veteran, none
if so specify WAR)(a) Residence. No. 527 Pleasant
(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 January 10, 1951
(Month) (Day) (Year)4 I HEREBY CERTIFY That I attended deceased from
Jan 9, 1951, to Jan 10, 1951

I last saw him alive on Jan 9, 1951, death is said to

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

DISEASE OR CONDITION

DIRECTLY LEADING

TO DEATH (a) Congestive Heart Failure

INTERVAL BETWEEN ONSET AND DEATH

2 mo.

ANTECEDENT CAUSES

Due To (b) Cor Pulmonale 5 years

Due To (c) Emphysema years

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? no

If so, specify (Signed) Arthur J. Warran, M. D.

(Address) Winthrop, Mass Date 10 Jan 1951

Place of Burial or Cremation (City or Town) Mt Auburn

DATE OF BURIAL January 13, 1951

7 NAME OF FUNERAL DIRECTOR Frederick J. Magnitt

ADDRESS East Boston

Received and filed JAN 15 1951

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

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

10a If married, widowed or divorced HUSBAND of Mary Grant
(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: Bartender
(Kind of work done during most of working life)

14 Industry or Business: Retired

15 Social Security No. 025-09-6416 A

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

17 NAME OF FATHER Charles Grant

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

19 MAIDEN NAME OF MOTHER Anna Coady

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

21 Informant Mrs. Anna Pucci (Address) 527 Pleasant St. Winthrop

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

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

(Official Designation) Health Officer (Date of Issue of Permit) 1/10/51

R-301A

INSTRUCTIONS
FOR
CERTIFICATEgiving
OF DEATHnot enter
than one
for each
(b) and (c)does not mean
of dying, such
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ing rise to the
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lying causetions contrib-
death but not
he disease or
causing death.

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

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

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

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

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

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

No undertaker or other 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. 63 Rear Freemont St.

2 FULL NAME. Katherine (Pond) Rogers

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

(a) Residence. No. 63 Rear Freemont 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)

(If nonresident, give city or town and State)

Length of stay: In place of death. 16 years months days. In place of residence 36 years months days.

INSTRUCTIONS FOR FILLING OUT THIS CERTIFICATE

1. In giving information, state the cause of death.

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

3. If the cause of death is due to a disease, state the disease, and its complications which led to death.

4. If the cause of death is due to a condition, state the condition, and its complications which led to death.

5. If the cause of death is due to a condition, state the condition, and its complications which led to death.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH Jan. 10, 1951 (Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from Jan. 2, 1951, to Jan. 10, 1951.

I last saw her alive on Jan. 9, 1951, death is said to have occurred on the date stated above, at 8 a. m.

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

ANTECEDENT CAUSES (b) Generalized Arteriosclerosis

(c) Due To

OTHER SIGNIFICANT CONDITIONS

Major 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) Lydia W. Leitch, M. D. (Address) Winthrop, Mass. Date 19, 1951

6 Place of Burial or Cremation East Berkshire Vermont (City or Town)

DATE OF BURIAL Jan. 13, 1951

7 NAME OF FUNERAL DIRECTOR Edward S. Reynolds

ADDRESS Winthrop Mass

Received and filed JAN 15 1951 19

(Registrar)

The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD

CERTIFICATE OF DEATH

Registered No.

12

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 Charles Rogers (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: 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, Berkshire (State or country) Vermont

17 NAME OF FATHER Addison Pond

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

19 MAIDEN NAME OF MOTHER Fanny Janes

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

21 Informant Charles H Rogers (Address) 63 Rear 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 G. Baker, Health Officer (Signature of Agent of Board of Health or other) (Official Designation) 1/11/51 (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 exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

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

Dr Dickinson

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		BOSTON (City or town making return)	
1		No. PETER BENT BRIGHAM HOSPITAL		St. (If death occurred in a hospital or institution, give its NAME instead of street and number)		Registered No. 36313	
2		FULL NAME WILLIAM J KENNEY (If deceased is a married, widowed or divorced woman, give also maiden name.)		(Was deceased a U. S. War Veteran, if so specify WAR)			
(a)		Residence. No. 75 CREST 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. 8 days.		In place of residence. 10 years..... months..... days.			
MEDICAL CERTIFICATE OF DEATH				PERSONAL AND STATISTICAL PARTICULARS			
3 DATE OF DEATH JAN 12/51 (Month) (Day) (Year)				8 SEX MALE 9 COLOR OR RACE WHITE 10 SINGLE (write the word) MARRIED WIDOWED OR DIVORCED WIDOWED			
4 I HEREBY CERTIFY, That WE attended deceased from JAN 4, 19 51, to JAN 12, 19 51. I last saw him alive on JAN 12 19 51. Death is said to have occurred on the date stated above, at 7:35 Am.				10a If married, widowed, or divorced HUSBAND of LOUISE NOLAN (Give maiden name of wife in full)			
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) CARCINOMA OF STOMACH				(or) WIFE of (Husband's name in full)			
INTERVAL BETWEEN ONSET AND DEATH 1 YR				11 IF STILLBORN, enter that fact here.			
ANTE CEDENT CAUSES Due To (b) CORONARY OCCLUSION				12 AGE 88 Years 7 Months 16 Days If under 24 hours Hours Minutes			
TERM				13 Usual Occupation: ACTOR (Kind of work done during most of working life)			
Due To (c)				14 Industry or Business: PROFESSIONAL STAGE			
OTHER SIGNIFICANT CONDITIONS				15 Social Security No. --			
Major findings: Of operations.				16 BIRTHPLACE (City) (State or country) NEW YORK NY			
Date of operation. Was autopsy performed? NO				17 NAME OF FATHER PATRICK KENNEY			
What test confirmed diagnosis? CLINICAL				18 BIRTHPLACE OF FATHER (City) (State or country) IRELAND			
5 Was disease or injury in any way related to occupation of deceased? If so, specify N A WILHELM (Signed) BOSTON MASS Date JAN 12 19 51				19 MAIDEN NAME OF MOTHER SARAH MCGURK			
6 WINTHROP CEM. WINTHROP (City or Town) DATE OF BURIAL JAN 15 19 51				20 BIRTHPLACE OF MOTHER (City) (State or country) IRELAND			
7 NAME OF FUNERAL DIRECTOR A B MARSH ADDRESS WINTHROP MASS				21 Informant F W KENNEY, SON (Address)			
Received and filed. JAN 25 1951 (Registrar of City or Town where deceased resided)				A TRUE COPY ATTEST: Charles H. Macke (Registrar of City or Town where death occurred)			
DATE FILED JAN 16 19 51							

October 1, 1914

Dear Sirs:

I have

been

very busy

and

cannot

write

you more fully

at present

Very truly

Yours

W. H. C.

N. B.—WRITE PLAINLY, WITH UNFADING INK. THIS IS A PERMANENT RECORD. BE CAREFUL TO 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. (1)-1-45-15510

1 PLACE OF DEATH Suffolk County Wintthrop (City or Town) No. 104 Highland Ave Mount's Nursing Home 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. 14 Registered No.	
2 FULL NAME Mary M. Cauley (If deceased is a married, widowed or divorced woman, give also maiden name.)		PHYSICIAN IMPORTANT U. S. War Veteran, 40 If so specify WAR			
(a) Residence, No. 104 Moore St. East Boston St. (Usual place of abode)		(If nonresident, give city or town and State)			
Length of stay: In hospital or institution (Before death)		years months 3 days (Specify whether)		In this community 60 yrs. mos. days.	
PERSONAL AND STATISTICAL PARTICULARS					
3 SEX Female	4 COLOR OR RACE White	5 SINGLE (write the word) MARRIED WIDOWED or DIVORCED Widowed			
5a If married, widowed, or divorced HUSBAND of (Give maiden name & wife in full) (or) WIFE of Patrick M. Cauley (Husband's name in full)					
6 Age of husband or wife if alive deceased years					
7 IF STILLBORN, enter that fact here.					
8 AGE 75 Years Months Days If less than 1 day Hours Minutes					
9 Usual Occupation: House wife Industry: own home 10 or Business:					
11 Social Security No. none					
12 BIRTHPLACE (City) Co. Kerry (State or country) Ireland					
13 NAME OF FATHER Cornelius Diinneen					
14 BIRTHPLACE OF FATHER (City) Co. Kerry (State or country) Ireland					
15 MAIDEN NAME OF MOTHER Johannah Donahue					
16 BIRTHPLACE OF MOTHER (City) Co. Kerry (State or country) Ireland					
17 Informant Mary J. M. Cauley (Daughter) (Address) 104 Moore St., E. B.					
I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued: Walter A. Baker (Signature of Agent of Board of Health or other) Health Officer 1/15/57 (Official Designation) (Date of Issue of Permit)					
MEDICAL CERTIFICATE OF DEATH					
18 DATE OF DEATH Jan-13-1951 (Month) (Day) (Year)					
19 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows: (If an injury was involved, state fully.) Brain aneurysm fractured left femur Senility Manner of death: accidental					
20 Accident, suicide, or homicide (specify) accidental Date of occurrence Nov-17-1950 Where did Injury occur? Boston (City or town and State)					
Did Injury occur in or about home, on farm, in industrial place, or in public place? (Specify type of place)					
Manner of Injury Fell accidentally at her home Nature of Injury Nov-17-1950 While at work? Was there an autopsy? No					
21 Was disease or injury in any way related to occupation of deceased? If so, specify Dr. J. Brickley, M. D. (Signed) (Address) Boston Jan-13-1951					
22 Holy Cross, Malden Place of Burial, Cremation or Removal (City or Town)					
DATE OF BURIAL January 16, 1951					
23 NAME OF FUNERAL DIRECTOR John G. Kelly ADDRESS 286 Meridian St., E. Bos.					
Resolved and filed JAN 15 1951 19 (Registrar)					

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

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

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

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

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

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

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

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

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

RULES OF PRACTICE

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

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

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

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

STATEMENT OF CAUSE OF DEATH

Medical Examiners in certifying to a death will state the cause and manner thereof, and will specify: (1) Under cause, the nature of an injury and of its consequences; and (2) under manner, the mode of its production together with the circumstances when these are known. For example: "Compound fracture of the femur with ensuing septicemia (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

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)		WATERTOWN (City or Town)		The Commonwealth of Massachusetts EDWARD J. CRONIN SECRETARY OF THE COMMONWEALTH DIVISION OF VITAL STATISTICS COPY OF CERTIFICATE OF DEATH 119 PALFREY ST.		WATERTOWN (City or town making return)	
1	No.	JEANETTE CONVALESCENT HOME				St. { (If death occurred in a hospital or institution, give its NAME instead of street and number)			
2	FULL NAME	HENRY V. RAWLINGS (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.	497A SHIRLEY				St. WINTHROP (If nonresident, give city or town and State)			
	(Usual place of abode)								
	Length of stay: In place of death.....years.....3 months.....days. In place of residence.....4 years.....months.....days.								
MEDICAL CERTIFICATE OF DEATH									
3	DATE OF DEATH	JANUARY 14, 1951 (Month) (Day) (Year)							
4	I HEREBY CERTIFY, That I attended deceased from	SEPT. 12 1950 to JAN. 14 1951							
	I last saw h.....in alive on.....JAN. 6, 1951 death is said to								
	have occurred on the date stated above, at.....3:20 P.m.	INTERVAL BETWEEN ONSET AND DEATH 10 YRS.							
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a).	AORTIC STENOSIS INSUFFICIENCY							
	ANTE CEDENT CAUSES (b)	Due To ARTERIOSCLEROSIS							
	(c)	Due To							
	OTHER SIGNIFICANT CONDITIONS	CEREBRAL ARTERIOSCLEROSIS							
	Major findings: Of operations.....								
	Date of operation.....Was autopsy performed? NO								
	What test confirmed diagnosis? NO								
5	Was disease or injury in any way related to occupation of deceased? NO								
	If so, specify (Signed) CHARLES F. WALCOTT M.D. (Address) CAMBRIDGE, MASS. Date 1/14 1951								
6	Place of Burial or Cremation	MT. PLEASANT CEMETERY, ARLINGTON, MASS. (City or Town)							
	DATE OF BURIAL	JANUARY 17, 1951							
7	NAME OF FUNERAL DIRECTOR	D. N. GRANNAN & SON 378 MASS. AVE., ARLINGTON, MASS.							
	ADDRESS								
	Received and filed.....JAN 10 1951.....19.....								
	(Registrar of City or Town where deceased resided)								
PERSONAL AND STATISTICAL PARTICULARS									
8	SEX	9 COLOR OR RACE		10 SINGLE (write the word) MARRIED WIDOWED OR DIVORCED					
	MALE	WHITE		VID.					
10a	If married, widowed, or divorced	HUSBAND of MARY R. HURLEY (RAWLINGS) (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:	SUPERINTENDENT (Kind of work done during most of working life)							
14	Industry or Business:	OFFICE BUILDING							
15	Social Security No.	022-65-2865A							
16	BIRTHPLACE (City) (State or country)	GASPORT HANTS, ENGLAND							
PARENTS	17 NAME OF FATHER	JOHN RAWLINGS							
	18 BIRTHPLACE OF FATHER (City) (State or country)	GASPORT HANTS, ENGLAND							
	19 MAIDEN NAME OF MOTHER	CAROLINE SCOTT							
	20 BIRTHPLACE OF MOTHER (City) (State or country)	ENGLAND							
21	Informant. (Address)	MRS. M. FRASER (DAUGHTER) RINDGE AVE., CAMBRIDGE, MASS.							
A TRUE COPY									
ATTEST: George B. Wellman (Registrar of City or Town where death occurred)									
DATE FILED JAN. 18, 1951									

M R-301A

INSTRUCTIONS
FOR
L CERTIFICATEn giving
OF DEATHnot enter
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50M (B) 12-49-90C722

PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)

No. Winthrop Community Hospital

2 FULL NAME JAMES C. Frost
(If deceased is a married, widowed or divorced woman, give also maiden name.)(a) Residence. No. 1024 Bennington St.
(Usual place of abode)St. East Boston
(If nonresident, give city or town and State)Length of stay: In place of death 18 years 18 months 18 days. In place of residence 15 years 18 months 18 days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH JANUARY 15 1951
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
Oct 1 1950 to Jan 15 1951I last saw him alive on 11/15/50, 1950, death is said to
have occurred on the date stated above, at 7:05 m.DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a) Brain tumorANTECEDENT CAUSES
Due To (b) Use of barbituratesDue To (c) Brain tumorOTHER
SIGNIFICANT
CONDITIONS
Chronic MyocarditisMajor findings:
Of operationsDate of operation 6 Was autopsy performed?What test confirmed diagnosis? Lab5 Was disease or injury in any way related to occupation of deceased? No
If so, specify(Signed) Walter H. Baker M. D.
(Address) 610 North 70th St. Date 1/15 19516 Pocasset Hill Tiverton
Place of Burial or Cremation (City or Town)DATE OF BURIAL Jan. 18 19517 NAME OF FUNERAL DIRECTOR William S Hathaway
ADDRESS 1813 Robeson St. Fall RiverReceived and filed JAN 22 1951

(Registrar)

The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICSSTANDARD
CERTIFICATE OF DEATHRegistered No. 16To 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)

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 43 Years 2 Months 2 Days If under 24 hours
Hours Minutes13 Usual Occupation: Overseer
(Kind of work done during most of working life)14 Industry or Business: Maverick Mills15 Social Security No. 024-07-220316 BIRTHPLACE (City) Somerset
(State or country) Mass.17 NAME OF FATHER Harrison Frost18 BIRTHPLACE OF FATHER (City) Bowdoinham
(State or country) Maine19 MAIDEN NAME OF MOTHER Jennie Orvis20 BIRTHPLACE OF MOTHER (City) Somerset
(State or country) Mass.21 Informant David Frost, brother
(Address) 965 Prospect St. SomersetI HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:Signature of Agent of Board of Health or other
Walter H. Baker
(Official Designation) Health Officer (Date of Issue of Permit) 1/16/51

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

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

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

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

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

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 under 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

PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH	
1 PLACE OF DEATH Su. Hollis (County) Winthrop (City or Town) No. 104 Highland Ave			St. { (If death occurred in a hospital or institution, give its NAME instead of street and number)	
2 FULL NAME Margaret MacDonald (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. 115 Hermon St. Winthrop (Usual place of abode)			(If nonresident, give city or town and State)	
Length of stay: In hospital or Institution (Before death) (Specify whether) years 1 months days. In this community 40 yrs. mos. days.				
3 SEX Female 4 COLOR OR RACE White 5 SINGLE (write the word) MARRIED, WIDOWED or DIVORCED Married			18 DATE OF DEATH Jan - 17 - 1951 (Month) (Day) (Year)	
5a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full) (or) WIFE of Joseph MacDonald (Husband's name in full)			19 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows: (If an injury was involved, state fully.) Hypertensive Heart Disease; Coronary Arteriosclerosis; Recent fracture Left Femur	
6 Age of husband or wife if alive 78 years			20 Accident, suicide, or homicide (specify) accidental Date of occurrence Oct 15, 1950 Where did injury occur? Winthrop (City or town and State)	
7 IF STILLBORN, enter that fact here.			Did injury occur in or about home, on farm, in industrial place, or in public place? (Specify type of place)	
8 AGE 70 Years Months Days If less than 1 day Hours Minutes			Manner of Injury Fell accidentally at her home Nature of Injury Oct. 15, 1950 While at work? No Was there an autopsy? No	
9 Usual Occupation: Housewife Industry Own Home 10 or Business:			21 Was disease or injury in any way related to occupation of deceased? If so, specify M. J. Bricker, M. D. (Signed) Boston Jan 1, 1951 (Address)	
11 Social Security No.			22 Winthrop Winthrop Place of Burial, Cremation or Removal. (City or Town) DATE OF BURIAL Jan 20 1951 19	
12 BIRTHPLACE (City) Newfoundland (State or country)			23 NAME OF FUNERAL DIRECTOR John F. O'Malley ADDRESS Winthrop	
13 NAME OF FATHER Cannot be learned 14 BIRTHPLACE OF FATHER (City) Newfoundland (State or country)			Received and filed Jan 22 1951 (Registrar)	
15 MAIDEN NAME OF MOTHER Alice Hanrahan 16 BIRTHPLACE OF MOTHER (City) Newfoundland (State or country)				
17 Informant Joseph MacDonald Relation, if any (Address) 115 Hermon St				
I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued: Walter H. Baker (Signature of Agent of Board of Health or other) Health Officer (Official Designation) 1/18/51 (Date of Issue of Permit)				

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

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

Registered No. 17

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

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

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

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

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

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

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

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

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

RULES OF PRACTICE

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

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

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

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

STATEMENT OF CAUSE OF DEATH

Medical Examiners in certifying to a death will state the cause and manner thereof, and will specify: (1) Under cause, the nature of an injury and of its consequences; and (2) under manner, the mode of its production together with the circumstances when these are known. For example: "Compound fracture of the femur with ensuing septicemia (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
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. Winthrop Convalescent Home (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Esola Simonini (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. 35 Lyden St East Boston St. (If nonresident, give city or town and State)

Length of stay: In place of death years months 20 days. In place of residence 30 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH Jan. 17 1951
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from Feb. 19 49 to Jan 17 1951
I last saw him alive on Jan 16 1951, death is said to have occurred on the date stated above, at 11:20 A. m.

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Carcinomatosis

INTERVAL BETWEEN ONSET AND DEATH
May 1950

ANTECEDENT CAUSES Due To Carcinoma of ovary.

Due To Carcinoma of stomach ? 9 mi 1949

OTHER SIGNIFICANT CONDITIONS

Major findings: Adeno carcinoma - stomach & ovary
Date of operation: March 4, 1940
Was autopsy performed? no
What test confirmed diagnosis? Pathological test (slide)

5 Was disease or injury in any way related to occupation of deceased? no
If so, specify.
(Signed) Dr. Thomas Staffer M. D.
(Address) 21 Broad St. E.B. Date Jan 17 1951

6 Place of Burial or Cremation Holy Cross (City or Town) Malden
DATE OF BURIAL Jan 20 1951

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

Received and filed JAN 22 1951

(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) Casimiro Simonini (Husband's name in full)

11 IF STILLBORN, enter that fact here.
AGE 50 7 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) Sicily Italy

17 NAME OF FATHER Joseph Simonini OK

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

19 MAIDEN NAME OF MOTHER Desonda Simonini

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

21 Informant George Simonini (Address) 75 Somerset 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 Health Officer (Signature of Agent of Board of Health or other) 1/18/51 (Official Designation) (Date of Issue of Permit)

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

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

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

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

RULES OF PRACTICE

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

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

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

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



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.

19

No. 41 Washington Avenue Winthrop

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

2 FULL NAME Mary E. McDermott (McKenzie)
(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. 281 Havre Street
(Usual place of abode)

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

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

INSTRUCTIONS
FOR
CERTIFICATE

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

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

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

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

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH Jan. 18 - 1951
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from June 1950, to Jan 18, 1951
I last saw her alive on Jan 17, 1951, death is said to have occurred on the date stated above, at 12 m.

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Arteriosclerosis

INTERVAL BETWEEN ONSET AND DEATH

3 yrs.

ANTECEDENT CAUSES (b)

Due To (c)

OTHER SIGNIFICANT CONDITIONS Hypertensive pneumonia

2 days

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? ho
If so, specify Charles Melrose M. D.
(Signed) 305 Havre Street Boston Jan 18 1951
(Address)

6 Oak Grove Cemetery, Medford (City or Town)

DATE OF BURIAL January 20th 1951

7 NAME OF FUNERAL DIRECTOR Richard C. Kirby
ADDRESS Boston, Mass.

Received and filed 19

JAN 22 1951

(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 Vincent McDermott (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 75 10 11 If under 24 hours AG 77 10 11 Days Hours Minutes

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

14 Industry or Business: None

15 Social Security No. none

16 BIRTHPLACE (City) Cape Breton (State or country) Canada

17 NAME OF FATHER John M. McKenzie

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

19 MAIDEN NAME OF MOTHER Mary (CBL)

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

21 Informant William A. McDermott (son) (Address) 281 Havre Street East Boston

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

Walter G. Baker (Signature of Agent of Board of Health or other Health Officer) 1/19/51 (Official Designation) (Date of Issue of Permit)

Jan 26 1951
D. J. Baker

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

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

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

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

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or 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 none

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. 144 Hermon Street

2 FULL NAME Katherine T (Nold) Steinauer
(If deceased is a married, widowed or divorced woman, give also maiden name.)(a) Residence. No. 144 Hermon Street
(Usual place of abode) 30

Length of stay: In place of death. years months days. In place of residence 30 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, ashenia,
means the disease,
lications which
eath.rbid conditions,
iving rise to the
use (a) stating
derlying causeditions contrib-
the death but not
o the disease or
a causing death.

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. 20

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

PHYSICIAN — IMPORTANT

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

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH Jan. 20 1951
(Month) (Day) (Year)I HEREBY CERTIFY, That I attended deceased from
Jan 1, 1940 to Jan 20 1951
I last saw h alive on Jan 19 1950 death is said to
have occurred on the date stated above, at 3:20 A. M.DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a) Acute Pulmonary
EdemaANTE DUE TO Due To Chronic Pulmonary
CEDENT (b) CAUSESDue To Chronic Hypertension
(c)OTHER SIGNIFICANT
CONDITIONS PericarditisMajor 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) George H. Schmidt M. D.
(Address) 144 Hermon St. Winthrop Date 1/20 19516 Winthrop Winthrop
Place of Burial or Cremation (City or Town)

DATE OF BURIAL Jan. 22 1951

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

Received and filed JAN 22 1951 19

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Female 9 COLOR OR RACE White 10 SINGLE (write the word)
MARRIED
WIDOWED
or DIVORCED Widow10a If married, widowed, or divorced
HUSBAND of (Give maiden name of wife in full)
(or) WIFE of Charles J Steinauer
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 84 Years 6 Months 16 Days If under 24 hours
Hours Minutes13 Usual Occupation: Housewife
(Kind of work done during most of working life)

14 Industry or Business: Own Home

15 Social Security No. None

16 BIRTHPLACE (City) Pennsylvania
(State or country)

17 NAME OF FATHER -----Nold

18 BIRTHPLACE OF FATHER (City)
(State or country) Germany19 MAIDEN NAME
OF MOTHER Unable to obtain20 BIRTHPLACE OF MOTHER (City)
(State or country) Unable to obtain21 Informant Gertrude E Graham
(Address) 144 Hermon St. WinthropI HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:Walter L. Baker
(Signature of Agent of Board of Health or other
Official Designation)
Health Office (Date of Issue of Permit) 1/22/51

50M (B) 12-49-900722

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

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

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

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

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

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

INSTRUCTIONS
FOR
CERTIFICATEgiving
OF DEATH

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

does not mean
of dying, such
failure, asthenia,
means the disease,
indications which
ath.

bid conditions,
ring rise to the
use (a) stating
erlying cause

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

30M (B)-12-49-900722

PLACE OF DEATH		STANDARD CERTIFICATE OF DEATH		Registered No. 21	
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.	
1 FULL NAME Annie Sanborn (If deceased is a married, widowed or divorced woman, give also maiden name.)		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)	
(a) Residence. No. Beacon Villavilla ave. (Usual place of abode)		St. { (If nonresident, give city or town and State)			
Length of stay: In place of death 5 years months 25 days. In place of residence 2 years months days.					
MEDICAL CERTIFICATE OF DEATH			PERSONAL AND STATISTICAL PARTICULARS		
3 DATE OF DEATH January 21 1951 (Month) (Day) (Year)			8 SEX Female 9 COLOR OR RACE White 10 SINGLE (write the word) MARRIED WIDOWED or DIVORCED Single		
4 I HEREBY CERTIFY, That I attended deceased from Dec. 15 1950 to January 21 1951 I last saw her alive on January 21 1951, death is said to have occurred on the date stated above, at 2:40 P. 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) Arteriosclerotic Heart Disease with Sclerosis Aorta and Descending Aorta.			11 IF STILLBORN, enter that fact here.		
ANTECEDENT CAUSES Due To (b) Aorta (c)			12 AGE 92 Years 0 Months 21 Days If under 24 hours Hours Minutes		
OTHER SIGNIFICANT CONDITIONS			13 Usual Occupation: School Teacher (Kind of work done during most of working life)		
Major findings: Of operations.			14 Industry or Business: Public school		
Date of operation. Was autopsy performed? No			15 Social Security No. None		
What test confirmed diagnosis? May - Physical Findings			16 BIRTHPLACE (City) New Brunswick (State or country)		
5 Was disease or injury in any way related to occupation of deceased? If so, specify Society Cherry Appleton M. D. (Signed) (Address) 197 Woodside Ave. Date Jan 21 1951			17 NAME OF FATHER William Sanborn		
6 Ceda Hill ST. John N.B. Place of Burial or Cremation (City or Town)			18 BIRTHPLACE OF FATHER (City) New Brunswick (State or country)		
DATE OF BURIAL Jan. 24 1951			19 MAIDEN NAME OF MOTHER Mary Harkins		
7 NAME OF FUNERAL DIRECTOR Howard S. Reynolds ADDRESS Winthrop Mass.			20 BIRTHPLACE OF MOTHER (City) North Ireland (State or country)		
Received and filed JAN 22 1951 (Registrar)			21 Informant (Address) Margery Hodges 45 Floyd 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) 1/22/51 (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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(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

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

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection 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. 100 Sargent St

2 FULL NAME

Frederick J. Devereux

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

(a) Residence. No. 100 Sargent St
(Usual place of abode)

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

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH Jan. 27 1951
(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 7.30 p.m.DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a) coronary infarctANTECEDENT CAUSES
Due To (b)Due To (c) M.S. - moved
your doctorOTHER
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 Winthrop Winthrop
Place of Burial or Cremation (City or Town)

DATE OF BURIAL Jan 30 1951

7 NAME OF
FUNERAL DIRECTOR John A. Moley

ADDRESS Winthrop

Received and filed

JAN 30 1951

(Registrar)

The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD

CERTIFICATE OF DEATH

Registered No.

22

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 Married10a If married, widowed, or divorced
HUSBAND of Katherine Murray
(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 Dept Head
(Kind of work done during most of working life)

14 Industry or Business: Insurance

15 Social Security No. 023--07--9735

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

17 NAME OF FATHER Joseph J. Devereux

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

19 MAIDEN NAME OF MOTHER Margaret A. Dolan

20 BIRTHPLACE OF MOTHER Boston Mass
(State or country)21 Informant Katherine Devereux
(Address) 100 Sargent StI HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued.Walter S. Baker
Health Officer
(Official Designation) (Date of Issue of Permit) 1/29/51

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

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

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

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

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

RULES OF PRACTICE

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

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

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

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

Statement of Cause of Death of 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 no ic.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

PLACE OF DEATH

Suffolk
(County)Winthrop
(City or Town)

No. 45 Sargent St



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

STANDARD
CERTIFICATE OF DEATH

(City or town making return)

Registered No.

23

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

2 FULL NAME Robert Granville Turnbull

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

(Was deceased a
U. S. War Veteran,
if so specify WAR)(a) Residence. No. 45 Sargent St.
(Usual place of abode)

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

Length of stay: In place of death 67 years. months. days. In place of residence 67 years. months. days.

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

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH January 27 1951
(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 12:30 P.M.

DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a) Natural CausesANTECEDENT
CAUSES

Due To (b) Presumably Sudden Heart Failure

Due To (c) Bronchial Asthma 60 yrs

OTHER
SIGNIFICANT
CONDITIONSMajor findings:
Of operations

Date of operation Was autopsy performed? no

What test confirmed diagnosis?

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

If so, specify

(Signed) Arthur C. Reynolds

(Address) Winthrop Board of Health

Date 27 Jan 1951

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

DATE OF BURIAL Jan. 30 1951

7 NAME OF FUNERAL DIRECTOR Edward S. Reynolds

ADDRESS Winthrop, Mass.

Received and filed FEB 5 1951 19

A TRUE COPY ATTEST

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 67 Years 3 Months 13 Days If under 24 hours
Hours Minutes13 Usual Occupation Clerk (retired)
(Kind of work done during most of working life)

14 Industry or Business Wholesale

15 Social Security No. None

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

17 NAME OF FATHER George S Turnbull

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

19 MAIDEN NAME OF MOTHER Annie Fraser

20 BIRTHPLACE OF MOTHER (City) Nova Scotia
(State or country)21 Informant Edna Turnbull
(Address) 45 Sargent St. WinthropI HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:Walter L. Baker
(Signature of Agent of Board of Health or other)

(Official Designation) Health Officer (Date of Issue of Permit) 1/30/51

EXTRACTS
FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

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

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

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

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

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith 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 supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection 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, since it is a basis for the healthfulness of various pursuits can be 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

 SOFFOLK
BOSTON
(County)

(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. 897 24

No. Mass. General Hospital

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

2 FULL NAME Helen Patch

(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. 220 Woodside 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 7 days. In place of residence 20 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH Jan. 28/51

(Month) (Day) (Year)

 4 I HEREBY CERTIFY, That I attended deceased from
Jan. 23, 19 51, to Jan. 28, 19 51

 I last saw her alive on Jan. 28, 19 51, death is said to
have occurred on the date stated above, at 9:45PM m.

 INTERVAL BE-
TWEEN ONSET
AND DEATH

 DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a)

 Arterio sclerotic
aneurysm of abdominal

 ANTE Due To
CEDENT (b)
CAUSES

 aorta with occlusion of rt.
renal artery and
infarction of rt. kidney

 Due To
(c)

Rheumatic heart disease Yrs.

 OTHER
SIGNIFICANT
CONDITIONS

 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) L. Lezer M. D.
(Address) Mass. General Hospt. Date 1-29, 19 51

 6 Winthrop Cem-Winthrop Mass.
Place of Burial or Cremation (City or Town)

DATE OF BURIAL Jan/31/51

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

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)
MARRIED Married
WIDOWED
or DIVORCED

10a If married, widowed, or divorced

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

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

11 IF STILLBORN, enter that fact here.

 12 AGE 75 Years 1 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
Boston Mass.

 16 BIRTHPLACE (City)
(State or country)

17 NAME OF FATHER Henry Patch

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

19 MAIDEN NAME OF MOTHER Etta ----

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

 21 Informant George Patch
(Address)

A TRUE COPY

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

DATE FILED Feb. 1/51 19

M R-301

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

PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)

No. 15 Triton Ave.

2 FULL NAME Robert Herbert Laycock

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

(a) Residence. No. 15 Triton 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.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH January 29 1951
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
September 14 1950 to January 29 1951

I last saw him alive on January 29, 1951, death is said to

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

DISEASE OR CONDITION
DIRECTLY LEADING

TO DEATH (a) Progressive muscular atrophy

INTERVAL BE-
TWEEN ONSET
AND DEATH

5 mos.

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

Pulmonary edema

2 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)

(Address) Maurice Traubstein Jr. 562 Shubert St. Winthrop Date Jan. 29, 1951

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

DATE OF BURIAL Feb. 1, 1951

7 NAME OF
FUNERAL DIRECTOR

ADDRESS 180 Winthrop St. Winthrop

Received and filed FEB 5 1951 19

A TRUE COPY ATTEST

(Registrar)

The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD

CERTIFICATE OF DEATH

(City or town making return)

Registered No. 25

{(If death occurred in a hospital or institution,
St. { give its NAME instead of street and number){(Was deceased a
U. S. War Veteran,
if so specify WAR)

No

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 Stead

(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 11 Months 15 Days If under 24 hours
Hours Minutes13 Usual Occupation Carpenter
(Kind of work done during most of working life)14 Industry Theater
or Business:

15 Social Security No. 010-07-1894

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

17 NAME OF FATHER Levi W. Laycock

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

19 MAIDEN NAME OF MOTHER Elizabeth Stubbs

20 BIRTHPLACE OF MOTHER (City) Assat
(State or country) England21 Informant Mrs. Alice Laycock
(Address) 15 Triton Ave. WinthropI HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transfer permit was issued:Valter J. Baker
(Signature of Agent of Board of Health or other)

(Official Designation) Health Officer (Date of Issue of Permit) 2/1/51

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

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

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

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

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

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

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

INSTRUCTIONS
FOR
CERTIFICATEgiving
OF DEATHnot enter
than one
e for each
(b) and (c)does not mean
of dying, such
failure, ashenia,
means the disease,
ications which
ath.bid conditions.
ring rise to the
se (a) stating
erlyng causeditions contrib-
he death but not
the disease or
causing death.

PLACE OF DEATH

1

Suffolk County
Waltham
(City or Town)

The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICSSTANDARD
CERTIFICATE OF DEATH

Registered No. 26

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

2 FULL NAME

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

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

PHYSICIAN — IMPORTANT

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

(a) Residence. No.

(Usual place of abode)

132 Havre St. East Boston

St. (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
DEATHJan 30 1951
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from

Jan 30 1951 to Jan 30 1951

1 last saw him alive on Jan 30 1951, death is said to

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

DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a)

Atherosclerosis

INTERVAL BE-
TWEEN ONSET
AND DEATHANTECEDENT
CAUSES (b)

Myocardial

Due To
(c)OTHER
SIGNIFICANT
CONDITIONSMajor findings:
Of operations.

Date of operation.

Was autopsy performed?

What test confirmed diagnosis?

Clinical exam

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

If so, specify

(Signed)

(Address)

1413 M. D. 1951

6 Holy Cross Cemetery Malden

Place of Burial or Cremation

(City or Town)

DATE OF BURIAL

Feb. 6 1951

19

7 NAME OF
FUNERAL DIRECTOR

Lapine Mem. Home

ADDRESS

9 Chelsea St. East Boston

Received and filed

FEB 6 1951

19

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX

F

9 COLOR OR RACE

WHITE

10 SINGLE (write the word)

MARRIED
WIDOWED
or DIVORCED

Single

10a If married, widowed, or divorced

HUSBAND of (Give maiden name of wife in full)

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

11 IF STILLBORN, enter that fact here. STILLBORN

12

AGE Years Months Days

If under 24 hours

11 Hours 45 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)Waltham
Mass.17 NAME OF
FATHER

MICHAEL VENUTI

18 BIRTHPLACE OF

FATHER (City)

EAST BOSTON

(State or country)

19 MAIDEN NAME

OF MOTHER

ELVIRA MASSAPICA

20 BIRTHPLACE OF

MOTHER (City)

EVERETT MASS

(State or country)

21

Informant
(Address)

MICHAEL VENUTI

132 HAVRE ST. E. BOSTON

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

Walter J. Baker

(Official Designation)

(Date of Issue of Permit)

2/5/51

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

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

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

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

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

FEB-6 1951 PM

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

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

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

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

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

PLACE OF DEATH

Suffolk
(County)Revere
(City or Town)

No. 22 Sumner

2 FULL NAME Mollie Barenberg (Barenberg)
(If deceased is a married, widowed or divorced woman, give also maiden name.)(a) Residence. No. 162 Shore Drive
(Usual place of abode)St. (If death occurred in a hospital or institution,
give its NAME instead of street and number)Winthrop
(If nonresident, give city or town and State)

Length of stay: In place of death..... years..... months..... 4 days. In place of residence 14 years..... months..... days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH Jan. 5 1951
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
July 1947 to Jan. 5 1951I last saw her alive on Jan. 5 1951, death is said to
have occurred on the date stated above, at 8:45 A. m.DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a) Coronary Thrombosis
and infarctionANTE Due To
CEDENT (b) Hypertensive and
CAUSES Coronary artery Ht. Disease 10 yrsDue To
(c)OTHER
SIGNIFICANT
CONDITIONS noneMajor findings:
Of operations no

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) 26 Wave Way Ave. Date 1/5 19516 Anshe Polian - Winthrop Woburn, Mass.
Place of Burial or Cremation (City or Town)

DATE OF BURIAL Jan. 7 1951

7 NAME OF
FUNERAL DIRECTOR Henry Levine
ADDRESS 470 Harvard St., Brookline

Received and filed 19

FEB 19 1951
(Registrar of City or Town where deceased resided)

The Commonwealth of Massachusetts

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

REVERE

(City or town making return)

Registered No. 27

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 Leo Barenberg
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 74 Years 4 Months Days If under 24 hours
Hours Minutes13 Usual Occupation: Housewife
(Kind of work done during most of working life)

14 Industry or Business: At Home

15 Social Security No.

16 BIRTHPLACE (City) Russia
(State or country)

17 NAME OF FATHER William Barenberg (OK)

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

19 MAIDEN NAME OF MOTHER Esther Barenberg (OK)

20 BIRTHPLACE OF MOTHER (City) Russia
(State or country)21 Informant Sylvia Righter
(Address) 162 Shore Drive, Winthrop

A TRUE COPY.

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

DATE FILED Jan. 16, 1951

M R-301A

INSTRUCTIONS
FOR
CERTIFICATEgiving
OF DEATHnot enter
than one
for each
(b) and (c)does not mean
of dying, such
failure, asthenia,
rans the disease,
ications which
ath.bid conditions,
ving rise to the
se (a) stating
erlying causeditions contrib-
e death but not
the disease or
causing death.

50M (B) 12-49-900722

PLACE OF DEATH

1

No.

2 FULL NAME

(a) Residence. No.

(Usual place of abode)

Length of stay: In place of death years months 1 days. In place of residence 37 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH February 1 1951
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
Nov 15, 1950, to February 1, 1951.I last saw him alive on February 1, 1951, death is said to
have occurred on the date stated above, at 7:00 p.m.DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a)

ANTECEDENT CAUSES Due To Senile Arteriosclerosis

Due To
(c)OTHER
SIGNIFICANT
CONDITIONSMajor findings:
Of operations. None

Date of operation. None Was autopsy performed? No

What test confirmed diagnosis? Clinical Signs

5 Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) D. J. O'Brien M.D.
(Address) Winthrop Mass Date Feb 1, 19516 Place of Burial or Cremation
(City or Town) Winthrop Mass. Church

DATE OF BURIAL Feb 2 1951

7 NAME OF
FUNERAL DIRECTOR

ADDRESS 20 Winthrop Mass

Received and filed

FEB 6 1951

(Registrar)

The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD

CERTIFICATE OF DEATH

Registered No.

23

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 M 9 COLOR OR RACE White 10 SINGLE 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 75 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: Salesman

15 Social Security No.

16 BIRTHPLACE (City) Austria (State or country)

17 NAME OF FATHER Frank Sedon Seiden

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

19 MAIDEN NAME OF MOTHER Rose (unknown)

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

21 Informant (Address) Old age Dept. Winthrop

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)

(Date of Issue of Permit) 2/2/51

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

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

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

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

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

Suffolk

(County)

Winthrop

(City or Town)

No. Mounts Convelescent 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. 29

(If death occurred in a hospital or institution,
St. { give its NAME instead of street and number)2 FULL NAME Marie Anna Labbe
(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. 373 Crescent Avenue St. Chelsea, Mass.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death 2 years 2 months 9 days. In place of residence 9 years 2 months 9 days.

INSTRUCTIONS
FOR
FILLING OUT
THIS CERTIFICATEa giving
OF DEATHnot enter
than one
for each
(b) and (c)s does not mean
of dying, such
ailure, asthenia,
eans the disease,
ications which
ath.bid conditions,
iving rise to the
use (a) stating
erlying causeditions contrib-
he death but not
the disease or
causing death.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH Feb. 2, 1951
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
May 1950 to Feb. 2, 1951I last saw her alive on Feb. 2, 1951, death is said to
have occurred on the date stated above, at 2:50 A. m.DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a) Adenocarcinoma of
Lungs 9 mos.ANTECEDENT CAUSES Due To (b) Adenocarcinoma of
Breast. 2 yrsDue To
(c)OTHER SIGNIFICANT CONDITIONS (Metastases to
Liver + Stomach)Major findings:
Of operations Adenocarcinoma of Breast

Date of operation 1948 Was autopsy performed?

What test confirmed diagnosis? Microscopic

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

If so, specify Benjamin I. Cassin M. D.
(Signed) (Address) 117 Wash. Ave. Chelsea Date 2-2-1951

Sacred Heart Cemetery, Lawrence, Mass.

Place of Burial or Cremation (City or Town)

DATE OF BURIAL February 5, 1951

7 NAME OF FUNERAL DIRECTOR William F. Welsh

ADDRESS 721 Broadway Chelsea, Mass.

Received and filed FEB 5 1951 19

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX F. 9 COLOR OR RACE W. 10 SINGLE MARRIED (write the word)
WIDOWED or DIVORCED married10a If married, widowed, or divorced
HUSBAND of (Give maiden name of wife in full)
(or) WIFE of Joseph Labbe
(Husband's name in full)11 IF STILLBORN, enter that fact here.
12 AGE 50 Years Months Days If under 24 hours
Hours Minutes13 Usual Occupation: House Wife
(Kind of work done during most of working life)

14 Industry or Business: House Work

15 Social Security No. 028-05-4680

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

17 NAME OF FATHER Arthur Beland

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

19 MAIDEN NAME OF MOTHER Zepherine St. Germain

20 BIRTHPLACE OF MOTHER (City)
(State or country) Canada21 Informant Joseph Labbe (husband)
(Address) 373 Crescent Ave. Che.I HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued.Walter C. Bates
(Signature of Agent of Board of Health or other)
H.O. (Official Designation) 2/2/51 (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 exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or 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 septicaemia) and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—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 Laura B (White) Hubbard
(If deceased is a married, widowed or divorced woman, give also maiden name.)(a) Residence. No. 20 Tewksbury
(Usual place of abode)

Length of stay: In place of death. 4 years. months. days. In place of residence. 50 years. months. days.

The Commonwealth of Massachusetts
EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICSSTANDARD
CERTIFICATE OF DEATH

(City or town making return)

Registered No.

30

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

ing

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH Feb 3 1951
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from Jan 19 49 to Feb 3 1951

I last saw her alive on Feb 2 1951 death is said to have occurred on the date stated above, at 4 15 P. m.

DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a) General Cancer

ANTECEDENT CAUSES Due To (b) Melanotic malignant skin cancer

Due To
(c)

OTHER SIGNIFICANT CONDITIONS Anterior Mitral Heart Disease 5 yrs

Major findings: 9/8/50 - Tumor st. arm.
Of operations.

Date of operation. 9/8/50. Was autopsy performed? no.

What test confirmed diagnosis? Pathological slide

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

If so, specify

(Signed)

(Address) 25 Kings St. Winthrop Date Feb 3 1951 M. D.

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

DATE OF BURIAL Feb 5 1951

7 NAME OF FUNERAL DIRECTOR Howard S. Reynolds

ADDRESS Winthrop Mass

Received and filed. FEB 5 1951 19

A TRUE COPY ATTEST

(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 Arthur W Hubbard

(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 84 Years 10 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: Own home

15 Social Security No. None
16 BIRTHPLACE (City) Moncton
(State or country) New Brunswick

17 NAME OF FATHER Samuel A White

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

19 MAIDEN NAME OF MOTHER Ruth E Bulmer

20 BIRTHPLACE OF MOTHER (City) Sackville
(State or country) New Brunswick21 Informant Henretta Vanderhoff
(Address) 93 Clinton St. Everett, 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) 2/5/51

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

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

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

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

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

No undertaker or other 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.

FEB-5 1951 PM

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

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

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

Information should be carefully kept on record. Exact statement of OCCUPATION is very important. DEATH in plain terms, so that it may be properly classified. See instructions and extracts from the laws on back of certificate.

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

100M-10-47-22153



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

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

31

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

No. 125 Cliff Ave St. { (If death occurred in a hospital or in
give its NAME instead of street and number) }
PHYSICIAN-IMPORTANT

2 FULL NAME George Edgar Baxter Paul
(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. 125 Cliff Ave St.
(Usual place of abode) (If nonresident, give city, or town and State)

Length of stay: In hospital or institution years months days. In this community 15 yrs. no. days.
(Before death) (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6 Age of husband or wife if alive years

7 IF STILLBORN, enter that fact here.

8 AGE 57 Years Months Days If less than 1 day
Hours Minutes

Usual
9 Occupation: Lawyer

Industry
10 or Business:

11 Social Security No. none

12 BIRTHPLACE (City) South Boston
(State or Country) Mass

13 NAME OF FATHER Shubael Paul

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

15 MAIDEN NAME OF MOTHER Flora A. Kincaid

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

17 Informant Mrs. Louise Paul (Relation, if any) wife
(Address) 125 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 E. Baker
(Signature of Agent of Board of Health or other)
Health Officer (Date of Issue of Permit) 2/5/51

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Feb. 4 1951
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from
Jan 1949 to Feb 4 1951
I last saw him alive on Feb 3 1951, death is said to
have occurred on the date stated above, at 1:00 P. m.

Immediate cause of death: Coronary insufficiency & cor pulmonale } 6 mos.

Due to Dyspnea & bronchitis } 5 yrs.

Due to Chronic bronchial asthma } 10 yrs.

Other conditions: General arteriosclerosis } 3 yrs.
(Include pregnancy within 3 months of death) Chronic nephritis } 8 months

Major findings: Of operations: none Physician

Date of: — Underline the cause to which death should be charged statistically.
Of autopsy: none

What test confirmed diagnosis? —

20 Was disease or injury in any way related to occupation of deceased? No
If so, specify: None
(Signed) M. D. 2/4 1951
(Address) 25 Sturges St. Winthrop

21 Forest Hills - Boston
Place of Burial, Cremation or Removal (City or Town)
DATE OF BURIAL Feb 7 1951

22 NAME OF FUNERAL DIRECTOR Samuel M. Burroughs by Robt. J. Baker
ADDRESS 21 Virginia St. - Dorchester

Received and Filed FEB 5 1951 19...
(Reg. - stat)

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

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

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

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

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

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . .—General Laws, Chap. 32, Sec. 6.

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

RULES OF PRACTICE

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

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

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

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

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

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

32

PLACE OF DEATH

Suffolk
(County)Winthrop
(City or Town)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 Female Ventura
(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. 247 Saratoga Street St. East Boston
(Usual place of abode) (If nonresident, give city or town and State)

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

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH FEB 4, 1951
(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) FETAL-DEATH
IN-UTERO at 6 1/2 mo.INTERVAL BE-
TWEEN ONSET
AND DEATHANTE Due To
CEDENT (b)
CAUSESDue To
(c)OTHER
SIGNIFICANT
CONDITIONSMajor findings:
Of operations.

Date of operation. Was autopsy performed No.

What test confirmed diagnosis? Clinical Findings

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 February 5 1951 19

7 NAME OF FUNERAL DIRECTOR Richard C. Kirby

ADDRESS East Boston Mass

Received and filed FEB 5 1951 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. STILL BORN

12 AGE 0 Years 0 Months 0 Days If under 24 hours
Hours Minutes13 Usual Occupation: none
(Kind of work done during most of working life)

14 Industry or Business: none

15 Social Security No. none

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

17 NAME OF FATHER Joseph Ventura

18 BIRTHPLACE OF FATHER (City) Madaria
(State or country) Portugal

19 MAIDEN NAME OF MOTHER Clara Garden

20 BIRTHPLACE OF MOTHER (City) Lowell
(State or country) Mass21 Informant Joseph Ventura Father
(Address) 247 Saratoga Street E. BostonI 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 3/5/51
(Official Designation) (Date of Issue of Permit)

R-301A

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

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

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

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

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. — General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

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

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

RULES OF PRACTICE

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

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

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

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

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

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

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

PLACE OF DEATH

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.

11983

No. The Infant's Hospt.

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

2 FULL NAME Baby Boy Carinha

(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. 11 Sunnyside 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.

22 Hrs 23 Mins.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH Feb. 7/51

(Month)

(Day)

(Year)

4 I HEREBY CERTIFY, That I attended deceased from Feb. 6 19 51, to Feb. 7 19 51

I last saw him alive on Feb. 7 19 51, death is said to have occurred on the date stated above, at 8:08P

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Prematurity

INTERVAL BETWEEN ONSET AND DEATH

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)

(Address)

W P Rivers

300 Longwood Ave. Date 2-7-1951
Winthrop Cem-Winthrop Mass.

6 Place of Burial or Cremation (City or Town)

DATE OF BURIAL Feb. 9/51

7 NAME OF FUNERAL DIRECTOR M W Kirby

ADDRESS

Winthrop Mass.

Received and filed FEB 24 1951

(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) Winthrop Mass.
(State or country)

17 NAME OF FATHER

Joseph Carinha

18 BIRTHPLACE OF FATHER (City)

Woburn Mass.

(State or country)

19 MAIDEN NAME OF MOTHER

Catherine Kirby

20 BIRTHPLACE OF MOTHER (City)

Boston Mass.

(State or country)

21

Informant (Address)

Joseph Carinha

ATTEST: Charles H. Mackie

(Registrar of City or Town where death occurred)

DATE FILED

Feb/12/51

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.)

RECEIVED



FEB 25 1951 AM

PLACE OF DEATH

Suffolk
(County)Winthrop
(City or Town)

No. 37 Pleasant Pk. Road



The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD

CERTIFICATE OF DEATH

Registered No.

34

To be filed for burial permit
with Board of Health
or its Agent.(If death occurred in a hospital or institution,
St. give its NAME instead of street and number)2 FULL NAME John A. Lane
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT

(Was deceased a WWI
U. S. War Veteran,
if so specify WAR)(a) Residence. No. 37 Pleasant Park Rd. 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 20 years months days.

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

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH Feb. 7 1951
(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 5:30 P.M.DISEASE OR CONDITION
DIRECTLY LEADING

TO DEATH (a) coronary embolism

ANTECEDENT CAUSES Due To (b) hypertension

Due To (c) M.E. raised jurisdiction

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 Holyhood Brookline
Place of Burial or Cremation (City or Town)

DATE OF BURIAL Feb. 10, 1951 19

7 NAME OF FUNERAL DIRECTOR J. Vincent Murray

ADDRESS Revere Mass.

Received and filed FEB 12 1951 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 M. Sweeney
(Give maiden name of wife in full)

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

11 IF STILLBORN, enter that fact here.

12 AGE 70 Years Months Days If under 24 hours
Hours Minutes13 Usual Occupation: teacher
(Kind of work done during most of working life)

14 Industry or Business: Boston School Dept.

15 Social Security No. none

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

17 NAME OF FATHER John J. Lane

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

19 MAIDEN NAME OF MOTHER Ellen Brogan

20 BIRTHPLACE OF MOTHER (City) Boston Mass.
(State or country)21 Informant Mrs. J. Leo Meehan
(Address) Lancaster Ave., RevereI 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 2/9/51
(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 exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

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

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. 1251 35

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

2 FULL NAME Walter G Damon (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. 270 Bowdoin St. St. Winthrop Mass. (If nonresident, give city or town and State)

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

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH Feb. 9/51 (Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from Jan. 28 19 51 to Feb. 9 19 51

I last saw him alive on Feb. 9 19 51, death is said to have occurred on the date stated above, at 5:20 A.M.

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Congestive heart failure Term.

ANTECEDENT CAUSES Due To Pulmonary edema and congestive and marked venous congestion 1 Week

Due To Pneumonia, lower lobes. 1 Week Hypertensive cardio vascular disease 15 yrs

OTHER SIGNIFICANT CONDITIONS

Major findings: None Of operations Yes 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 N A Wilhelm (Signed) Peter Bent Brigham Hospt. 279-51 (Address) Winthrop Cem-Winthrop Mass.

6 Place of Burial or Cremation Winthrop Mass. (City or Town) DATE OF BURIAL Feb/12/51 19

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

Received and filed FEB 24 1951 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 Lillian Nelson 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 11 Months 12 Days If under 24 hours Hours Minutes

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

14 Industry or Business: Mens Clothing Store

15 Social Security No. 011-01-7269

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

17 NAME OF FATHER Ira E Damon

18 BIRTHPLACE OF FATHER (City) Springfield Vermont (State or country)

19 MAIDEN NAME OF MOTHER Jennie A Monegle

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

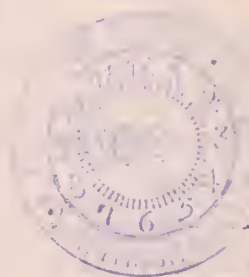
21 Informant Lillian Damon (Address)

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

DATE FILED Feb/12/51 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.)

RECEIVED



FEB 21 1951 AM

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

50.M (B) 12-49-900722

PLACE OF DEATH

Suffolk
(County)
Winthrop
(City or Town)

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.

36

Registered No.

No. Winthrop Comm. Hospital (If death occurred in a hospital or institution, St. give its NAME instead of street and number)2 FULL NAME Laura S. Scandone
(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. 38 Main St. 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 February 9 1951
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
February 7 1951 to February 9 1951I last saw her alive on February 9 1951, death is said to
have occurred on the date stated above, at 8:05 A.M.DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a) BronchopneumoniaINTERVAL BE-
TWEEN ONSET
AND DEATH18 hoursANTE CEDENT CAUSES
Due To (b) Massive Atelectasis33 hoursDue To
(c)OTHER
SIGNIFICANT
CONDITIONSMajor findings:
Of operations. None

Date of operation

Was autopsy performed? NoWhat test confirmed diagnosis? Clinical + laboratory.

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

If so, specify

(Signed) Maurice Trauselein Jr.(Address) 562 Cherry St. WinthropDate Feb. 9, 19516 Winthrop

Place of Burial or Cremation

Winthrop

(City or Town)

DATE OF BURIAL

Feb 1019517 NAME OF
FUNERAL DIRECTORErnest P. Caggiano

ADDRESS

147 Winthrop St. Winthrop

Received and filed

FEB 12 1951

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 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
Mass17 NAME OF
FATHERAlfonso Scandone

18 BIRTHPLACE OF

FATHER (City)

(State or country)

Winthrop
Mass

19 MAIDEN NAME

OF MOTHER

Lucille Fischer

20 BIRTHPLACE OF

MOTHER (City)

(State or country)

Winthrop
Mass

21

Informant

(Address)

Alfonso Scandone
138 Main St. WinthropI HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:Walter J. Baker
(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

3/9/51

EXTRACTS
FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

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

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

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

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

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

Registered No. 37

PLACE OF DEATH

Suffolk
(County)
Winthrop
(City or Town)

No. 111 Banks St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Ellen J. Gallagher (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. 111 Banks 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 Feb-18-1951 (Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from Sept-1935 to Feb-10-1951

I last saw her alive on Feb-1-1951 death is said to have occurred on the date stated above, at 11:30 a.m.

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

ANTECEDENT CAUSES (b) acute cardiac failure.

(c)

INTERVAL BETWEEN ONSET AND DEATH

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) Marion C. Lebra M. D. (Address) 241 Winthrop St. Boston Date Feb-10-1951

6 Mt. Benedict Boston (Place of Burial or Cremation) (City or Town)

DATE OF BURIAL February 13 1951

7 NAME OF FUNERAL DIRECTOR Frederick J. Murphy ADDRESS East Boston

Received and filed FEB 13 1951

(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

(or) WIFE of Hugh B. Gallagher (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: Cleaning woman (Kind of work done during most of working life)

14 Industry or Business: Atlantic Works

15 Social Security No. 030-09-6005

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

17 NAME OF FATHER Dennis J. Crake

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

19 MAIDEN NAME OF MOTHER Mary G. Mooney

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

21 Informant (Address) Alice Murphy 111 Banks 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) 2/12/51 (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 exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

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

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

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.

38

PLACE OF DEATH

Suffolk
(County)

Winthrop
(City or Town)

No. *25 Myrtle Ave*

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

2 FULL NAME *Harry Minsky*
(If deceased is 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. *25 Myrtle Ave*
(Usual place of abode)

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

Length of stay: In place of death. *14* years — months — days. In place of residence *14* years — months — days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH *Feb. 11, 1951*
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from
Sept. 19 49, to *Feb. 11, 1951*
I last saw him alive on *Feb. 11, 1951*, death is said to

have occurred on the date stated above, at *7:25 A.M.*

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

INTERVAL BETWEEN ONSET AND DEATH

24 hrs

ANTECEDENT CAUSES
Due To (b) *Coronary Artery Ht. Disease*

2 yrs

Due To (c)

OTHER SIGNIFICANT CONDITIONS
none

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 Liberman* M. D.
(Address) *26 Waverley Ave. W. Boston* 2/11/1951

6 *Orbitz Soc* *met*
Place of Burial or Cremation (City or Town)

DATE OF BURIAL *Feb 12* 19*51*

7 NAME OF FUNERAL DIRECTOR *N. J. Joy*

ADDRESS *15 Washington Ave. Chelsea*

Received and filed *FEB 12 1951* 19

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

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

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

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

11 IF STILLBORN, enter that fact here.

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

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

14 Industry or Business: *Poultry*

15 Social Security No. *025-05-4417*

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

17 NAME OF FATHER *(C.B.L.) Minsky*

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

19 MAIDEN NAME OF MOTHER *Rose (C.B.L.)*

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

21 Informant (Address) *Abraham Minsky*
57 Francis St. Boston

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

Hatter G. Baker
(Signature of Agent of Board of Health or other)
H.C. (Official Designation) *2/12/51* (Date of Issue of Permit)

Abraham J. Minsky 2/5/51

50m-(b)-11-49-9 10,560

R-301A

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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

R-301A

INSTRUCTIONS
FOR
CERTIFICATEgiving
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50M (B) 12-49-900722

PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)

No. Winthrop Community Hospital

2 FULL NAME

Baby Girl Javeli.

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

(a) Residence. No.

230 Main Street

(Usual place of abode)

St.

(If nonresident, give city or town and State)

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

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH

Feb. 15 1951
(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

DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a)

Granuloma

INTERVAL BE-
TWEEN ONSET
AND DEATH

5 1/2 mo.

ANTE Due To
CEDENT (b)
CAUSESDue To
(c)OTHER
SIGNIFICANT
CONDITIONS

Major findings:

Of operations.

Date of operation.

None autopsy performed? No

What test confirmed diagnosis?

Chest Exam

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

If so, specify

(Signed)

(Address)

6

Place of Burial or Cremation

Winthrop Winthrop
(City or Town)

DATE OF BURIAL

Feb. 17 1951

7 NAME OF
FUNERAL DIRECTOR

ADDRESS

Received and filed

FEB 19 1951

(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.

39

(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

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.

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)

Winthrop Mass

17 NAME OF

FATHER Theodore Javeli

18 BIRTHPLACE OF

FATHER (City)

East Boston, Mass.

(State or country)

19 MAIDEN NAME

OF MOTHER

Muriel Bradshaw

20 BIRTHPLACE OF

MOTHER (City)

Winthrop

(State or country)

Mass

21

Informant

(Address)

Hospital records

Winthrop Community Hospital

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

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

3/17/51

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

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

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

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

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

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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. **40**

2 FULL NAME

No. *Winthrop Rest Home Pleasant* St. (If death occurred in a hospital or institution, give its NAME instead of street and number)*Mary J O'Brien McSalman*

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

PHYSICIAN — IMPORTANT

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

(a) Residence. No.

(Usual place of abode)

St.

(If nonresident, give city or town and State)

Length of stay: In place of death *10* years *10* months *10* days. In place of residence *1* years *10* months *10* days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF
DEATH*February 15 1951*
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from

Nov 1948 to *Feb 15 1951*I last saw her alive on *Feb 15 1951*, death is said tohave occurred on the date stated above, at *5:45 P.M.* m.

DISEASE OR CONDITION

DIRECTLY LEADING

TO DEATH (a) *Cerebral Hemorrhage*INTERVAL BE-
TWEEN ONSET
AND DEATH*3 days*ANTE
CEDENT
CAUSES(b) *arteriosclerosis*
coronary artery disease, congestive(c) *heart failure*OTHER
SIGNIFICANT
CONDITIONSMajor findings:
Of operations.Date of operation. Was autopsy performed? *no*

What test confirmed diagnosis?

5 Was disease or injury in any way related to occupation of deceased? *no*If so, specify
(Signed)(Address) *447 Thirteenth Winthrop* Date *Feb 15 1951* M. D.6 *McBenedict* *Boston*
Place of Burial or Cremation (City or Town)DATE OF BURIAL *Feb 19 1951*7 NAME OF
FUNERAL DIRECTOR*Ernest P. Maguire*ADDRESS *1471 Winthrop St Winthrop*Received and filed *19*

FEB 19 1951

(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 J O'Brien

(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.

16 BIRTHPLACE (City)

(State or country) *West Roxbury*

17 NAME OF

FATHER *Henry Salzman*

18 BIRTHPLACE OF

FATHER (City)

(State or country) *Germany*

19 MAIDEN NAME

OF MOTHER *Mary P. O'Brien*

20 BIRTHPLACE OF

MOTHER (City)

(State or country) *Unknown*

21 Informant

(Address) *Mrs Mary E Furlong**6 Jefferson 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)

Official Designation

(Date of Issue of Permit)

3/19/51

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

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

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

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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
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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 February 15 1951
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from Nov 1948 to Feb 15 1951

I last saw her alive on Feb 15 1951 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 ParesisANTECEDENT CAUSES Due To arteriosclerosis, coronary artery disease, congestive heart failure
Due To (c)OTHER
SIGNIFICANT
CONDITIONSMajor findings:
Of operations.

Date of operation Was autopsy performed? no

What test confirmed diagnosis?

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

If so, specify (Signed) M. D. (Address) 447 Thirteenth St. W. Boston Date Feb 7 1951

6 Place of Burial or Cremation Mt. Benedict Boston (City or Town)

DATE OF BURIAL Feb 19 1951

7 NAME OF FUNERAL DIRECTOR Ernest Magagnoli ADDRESS 1471 Winthrop St. Winthrop

Received and filed FEB 19 1951

(Registrar)

The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD

CERTIFICATE OF DEATH

Registered No. 40

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 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 William J. O'Brien (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 74 Years 1 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) West Roxbury (State or country) Mass

17 NAME OF FATHER Henry Salzman

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

19 MAIDEN NAME OF MOTHER Mary P. O'Brien

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

21 Informant (Address) Mrs. Mary E. Furlong 6 Jefferson 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 (Signature of Agent of Board of Health or other)

Health Officer (Official Designation) 3/19/51 (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 Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

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

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

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PLACE OF DEATH

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Suffolk
(County)
Ninthrop
(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.

41

Registered No.

2 FULL NAME

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

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

PHYSICIAN - IMPORTANT

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

None

(a) Residence. No.

(Usual place of abode)

193 Webster

St.

East Boston

(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
DEATHFeb. 22, 1951
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from

Feb. 15, 1951, Feb. 22, 1951

I last saw her alive on Feb. 22, 1951, death is said to

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

INTERVAL BE-
TWEEN ONSET
AND DEATHDISEASE OR CONDITION
DIRECTLY LEADING

TO DEATH (a)

Cerebral Hemorrhage

2/22/51

ANTE Due To
CEDENT (b)
CAUSES

Arteriosclerosis

Due To

(c)

Intestinal Obstruction

2/12/51

OTHER
SIGNIFICANT
CONDITIONSMajor findings:
Of operations.

Intestinal Obstruction

Date of operation

2/16/51

Was autopsy performed? no

What test confirmed diagnosis?

Clinical & operation

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

If so, specify

(Signed)

(Address)

Pasquale Costanza
238 Maverick St. Bk. Bk. Date 2/22, 1951

M. D.

6

Place of Burial or Cremation

DATE OF BURIAL

Feb 24

1951

7 NAME OF
FUNERAL DIRECTOR

ADDRESS

Fulbright, Margaret
East Boston

Received and filed

FEB 23 1951

19

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX

9 COLOR OR RACE

10 SINGLE (write the word)
MARRIED
WIDOWED
or DIVORCED

10a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

John M. Leonard
(Husband's name in full)

11 IF STILL BORN, enter that fact here.

12

AGE

77

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)

East Boston Mass.

17 NAME OF
FATHER

Joseph Kealey

18 BIRTHPLACE OF

FATHER (City)

(State or country)

Ireland

19 MAIDEN NAME

OF MOTHER

Bridget Hurley

20 BIRTHPLACE OF

MOTHER (City)

(State or country)

Ireland

21

Informant

(Address)

John Leonard
193 Webster 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 J. Baker

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

2/23/51

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

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

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

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

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

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

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

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

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

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

R-301A

PLACE OF DEATH

Suffolk
(County)Winthrop
(City or Town)

No. 37 Court Road

2 FULL NAME Katherine G. McIntyre
(If deceased is a married, widowed or divorced woman, give also maiden name.)(a) Residence. No. 37 Court Road
(Usual place of abode)

Length of stay: In place of death 5 years months days. In place of residence 45 years months days.

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.

42

(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)CTIONS
OR
CERTIFICATEiving
F DEATHt enter
than one
or each
) and (c)oes not mean
dying, such
ure, asthenia,
as the disease,
ations which
i.conditions,
ing rise to the
(a) stating
ying causeons contrib-
death but not
e disease or
using death.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH February 23 1951
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
Feb 7 1951 to Feb 23 1951
I last saw her alive on Feb 22 1951, death is said to
have occurred on the date stated above, at 4:30 A. m.DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a) Renal Tumor yrsANTECEDENT
CAUSES (b)Due To
(c)OTHER
SIGNIFICANT
CONDITIONS Generalized arterio-
sclerosis 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 Arthur G. Murray
(Signed) (Address) Winthrop Mass. Date 24 Feb 1951 M. D.6 Holy Cross Malden Mass
Place of Burial or Cremation (City or Town)

DATE OF BURIAL February 26 1951

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

Received and filed

MAR 1 1951

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Female 9 COLOR OR RACE White 10 SINGLE (write the word)
MARRIED
WIDOWED
or DIVORCED Widowed10a If married, widowed, or divorced
HUSBAND of (Give maiden name of wife in full)
(or) WIFE of Joseph W. McIntyre
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 79 Years Months Days If under 24 hours
Hours Minutes13 Usual Occupation: Housewife
(Kind of work done during most of working life)

14 Industry or Business: Own Home

15 Social Security No.

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

17 NAME OF FATHER John Wall

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

19 MAIDEN NAME OF MOTHER Margaret Murphy

20 BIRTHPLACE OF MOTHER (City) Ireland
(State or country)21 Informant Margaret McIntyre
(Address) 37 Court Road 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
Health Officer
(Official Designation)

(Date of Issue of Permit) 2/26/51

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

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

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

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

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

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

PLACE OF DEATH

Suffolk

Winthrop
(City or Town)

No. 35 Centre Street

2 FULL NAME Margaret Louise Garvey
(If deceased is a married, widowed or divorced woman, give also maiden name.)(a) Residence. No. 35 Centre St
(Usual place of abode)

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

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

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH February 25, 1951
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
7th 10, 1951, to 7th 25, 1951I last saw h alive on Feb 25, 1951, death is said to
have occurred on the date stated above, at 10³⁰ m.DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a) Lung CancerINTERVAL BE-
TWEEN ONSET
AND DEATH
10 daysANTE DUE TO
CEDENT (b) Gen. Anterior Sclerosis
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) J. H. O'Malley M. D.
(Address) 210 Centre St Date 2/26/516 Holy Cross Malden Mass
Place of Burial or Cremation (City or Town)

DATE OF BURIAL February 28, 1951

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

Received and filed

MAR 1 1951

(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.

43

(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)
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 77 AGE 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: Own Home

15 Social Security No.

16 BIRTHPLACE (City) Pennsylvania
(State or country)

17 NAME OF FATHER Owen Garvey

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

19 MAIDEN NAME OF MOTHER McGowan

20 BIRTHPLACE OF MOTHER (City) Canada
(State or country)21 Informant Walter Petersen
(Address) 35 Centre StI HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued.Walter E. Baker
Health Officer
(Official Designation)

(Date of Issue of Permit)

2/27/51

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

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

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

RULES OF PRACTICE

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

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

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

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

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

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICSTo be filed for burial permit
with Board of Health
or its Agent.

44

STANDARD
CERTIFICATE OF DEATH

Registered No.

Suffolk
(County)

Winthrop

(City or Town)

No. 49 Nahant Ave.

(If death occurred in a hospital or institution,
St. { give its NAME instead of street and number)2 FULL NAME Alfred William Thompson
(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. 49 Nahant 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 15 years ... months ... days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH Feb. 26 1951
(Month) (Day) (Year)I HEREBY CERTIFY, That I attended deceased from
Feb. 3 1950 to February 25 1951I last saw him alive on February 25 1951, death is said to
have occurred on the date stated above, at 12:30 A. M.DISEASE OR CONDITION
DIRECTLY LEADING TO DEATH (a) Congestive failureINTERVAL BE-
TWEEN ONSET
AND DEATH

3 days

ANTECEDENT CAUSES (b) Arterio-sclerotic heart
diseaseDue To (c) Generalized arterio-
sclerosisOTHER SIGNIFICANT CONDITIONS (d) Sinus tachycardia
(paroxysmal)

3 days

Major findings:
Of operations.

Date of operation ... Was autopsy performed? no

What test confirmed diagnosis? clinical

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

If so, specify Paul B. Baker, M. D.
(Signed) 238 Shore Drive Winthrop Mass. M. D.
(Address) Date 4/26 19516 Woodlawn Cemetery Everett, Mass.
Place of Burial or Cremation (City or Town)

DATE OF BURIAL February 27, 1951

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

Received and filed MAR 1 1951

(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 Mary Anderson
(Give maiden name of wife in full)

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

11 IF STILLBORN, enter that fact here.

12 AGE 81 Years 1 Months 23 Days If under 24 hours
Hours Minutes13 Usual Occupation: retired sign painter
(Kind of work done during most of working life)

14 Industry or Business: Commercial

15 Social Security No. none 032-08-3940

16 BIRTHPLACE (City) Fort Fairfield
(State or country) Maine

17 NAME OF FATHER Alfred Thompson

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

19 MAIDEN NAME OF MOTHER Helen Mc Carthy

20 BIRTHPLACE OF MOTHER (City) County Cork
(State or country) Ireland21 Informant (Address) Walter Thompson
49 Nahant Ave.I HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:Walter J. Baker
(Signature of Agent of Board of Health or other)

(Official Designation) Health Officer (Date of Issue of Permit) 2/27/51

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

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

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

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

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

R-301A

CTIONS
OR
CERTIFICATE

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PLACE OF DEATH

Suffolk
(County)
Winthrop
(City or Town)

The Commonwealth of Massachusetts

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

Registered No. 45

1 No. 36 North Ave Winthrop (If death occurred in a hospital or institution, St. give its NAME instead of street and number)

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

(a) Residence. No. 36 North Ave St. (If nonresident, give city or town and State)

Length of stay: In place of death years months days. In place of residence 36 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. 26 1951
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from Feb. 1, 1951 to Feb. 24, 1951

I last saw him alive on Feb. 24, 1951 death is said to have occurred on the date stated above, at 11 A. m.

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

ANTECEDENT CAUSES Due To (b) hypertension

Due To (c)

OTHER
SIGNIFICANT
CONDITIONS

Major findings: Of operations.

Date of operation. Was autopsy performed? no

What test confirmed diagnosis?

5 Was disease or injury in any way related to occupation of deceased? If so, specify (Signed) M. J. Brennan Date 2/27 1951 (Address) 41 Washington St. Malden

6 Place of Burial or Cremation (City or Town) DATE OF BURIAL Mar. 1 1951

7 NAME OF FUNERAL DIRECTOR Mauras W. Kirby ADDRESS Winthrop

Received and filed MAR 1 1951

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

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

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

(or) WIFE of Edward F. Brennan (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: Home (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 Dennis Ryan

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

19 MAIDEN NAME OF MOTHER Catherine Brennan

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

21 Informant (Address) Walter Van Halbeek Jefferson St. Winthrop

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

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

Heath Officer (Official Designation)

3/1/51 (Date of Issue of Permit)

100M-(D)-10-48-24656

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

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

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall 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:

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

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

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

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

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

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

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FOR
CERTIFICATE

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50M (D) 6-50-902253

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. 46

No. 218 Court Rd
Selma P. Gylling
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(a) Residence. No. 218 Court Rd
(Usual place of abode)
Length of stay: In place of death..... years..... months..... 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)

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 Feb 26 1951
(Month) (Day) (Year)
4 I HEREBY CERTIFY, That I attended deceased from
Feb 19 1951 to Feb 25 1951
I last saw him alive on Feb 25 1951, death is said to
have occurred on the date stated above, at 7:15 A. M.

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

INTERVAL BE-
TWEEN ONSET
AND DEATH

1946

ANTECEDENT CAUSES
Due To Generalized
Arteriosclerosis

Due To
(c)

OTHER
SIGNIFICANT
CONDITIONS

Major findings:
Of operations.

Date of operation. Was autopsy performed?

What test confirmed diagnosis? Slit-lumbar

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

If so, specify
(Signed) [Signature]
(Address) [Address] Date Feb 27 1951 M. P.

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

DATE OF BURIAL Feb 28 1951

7 NAME OF FUNERAL DIRECTOR Charles A. Treanor
ADDRESS East Boston

Received and filed. MAR 1 1951

(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 Victor Gylling
(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: Housework
(Kind of work done during most of working life)

14 Industry or Business: Own Home

15 Social Security No. None

16 BIRTHPLACE (City) Sweden
(State or country)

17 NAME OF FATHER Sven Sjogren

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

19 MAIDEN NAME OF MOTHER Unknown

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

21 Informant Harry Williams
(Address) 218 Court Rd Wm

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

Walter L. Babbe
(Signature of Agent of Board of Health or other)
Health Officer 2/28/51
(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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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

so that it may be properly classified under the International Classification of Causes of Death. See reverse side for extracts from the laws relative to the return of certificates of death.

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

50m-(1)-1-45-15510

PLACE OF DEATH		The Commonwealth of Massachusetts OFFICE OF THE SECRETARY DIVISION OF VITAL STATISTICS MEDICAL EXAMINER'S CERTIFICATE OF DEATH		To be filed for burial permit with Board of Health or its Agent.	
1	Suffolk Winthrop No. 23 Trident Ave.			Registered No. 47	
St. (If death occurred in a hospital or institution, give its NAME instead of street and number)					
2	FULL NAME Mary Paull (If deceased is a married, widowed or divorced woman, give also maiden name.) (a) Residence, No. 23 Trident Ave. Winthrop (Usual place of abode) Length of stay: In hospital or institution Home 30 years months days. In this community 30 yrs. mos. days. (Before death) (Specify whether)	PHYSICIAN-IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR)			
PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH		
3 SEX	4 COLOR OR RACE	5 SINGLE (write the word)	18 DATE OF DEATH		
Female	White	MARRIED WIDOWED or DIVORCED	February 27, 1951 (Month) (Day) (Year)		
5a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full) (or) WIFE of Morris Paull (Husband's name in full)			19 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows: (If an injury was involved, state fully.) Asphyxia due to inhalation of carbon monoxide. Suicide during temporary state of insanity.		
6 Age of husband or wife if alive 65 years			20 Accident, suicide, or homicide (specify) Suicide		
7 IF STILLBORN, enter that fact here.			Date of occurrence Feb 27, 1951		
8 AGE 63 Years Months Days If less than 1 day Hours Minutes			Where did Injury occur? Winthrop Mass (City or town and State)		
9 Usual Occupation: Housewife			Did Injury occur in or about home, on farm, in industrial place, or in public place? Home (Specify type of place)		
10 Industry or Business:			Manner of Injury Inhalation of illuminating gas		
11 Social Security No. None			Nature of Injury Asphyxia		
12 BIRTHPLACE (City) (State or country) Russia			While at work? Was there an autopsy? No		
13 NAME OF FATHER Abraham Diner			21 Was disease or injury in any way related to occupation of deceased?		
14 BIRTHPLACE OF FATHER (City) (State or country) Russia			If so, specify (Signed) M. D. (Address) 25 Shattuck St. Date 2/27/1951		
15 MAIDEN NAME OF MOTHER Rose-Cannot be learned			22 Montifiore Everett, Mass. Place of Burial, Cremation or Removal (City or Town)		
16 BIRTHPLACE OF MOTHER (City) (State or country) Russia			DATE OF BURIAL February 28, 1951		
17 Reubin Paull Son, if any Informant (Address) 47 Douglas St., Winthrop			23 NAME OF FUNERAL DIRECTOR Benjamin Birnbach ADDRESS 10 Washington St., Dorchester		
I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued: J. J. Kane 26633 (Signature of Agent of Board of Health or other) 2-28-51 (Official Designation) (Date of Issue of Permit)			Received and filed MAR 7 1951 (Registrar)		

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

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

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

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall 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 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

R-301A

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OR
CERTIFICATEiving
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disease or
using death.

PLACE OF DEATH

1

No.

2 FULL NAME

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

(a) Residence. No.

(Usual place of abode)

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

February 27, 1951
(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 9:15 p.m.

DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a)

Natural Causes

ANTECEDENT CAUSES

Due To (b)

Due To (c)

Presumably
Sudden Heart
Failure due to
Coronary Occlusion
Generalized Arterio-
sclerosis

OTHER SIGNIFICANT CONDITIONS

Major findings:
Of operations. none

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

What test confirmed diagnosis?

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

If so, specify

(Signed)

(Address)

Arthur C. Murray M. D.
Winthrop Board of Health Date 27 Feb 1951

6

Place of Burial or Cremation

DATE OF BURIAL

Feb. 28, 1951

7 NAME OF FUNERAL DIRECTOR

ADDRESS

Samuel Levine
394 Wash. St. South

Received and filed

MAR 1 1951

(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.

48

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)

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

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:

athome

15 Social Security No.

16 BIRTHPLACE (City)

Russia

(State or country)

17 NAME OF FATHER

Cabott

18 BIRTHPLACE OF FATHER (City)

(State or country)

Russia

19 MAIDEN NAME OF MOTHER

Anne Curkown

20 BIRTHPLACE OF MOTHER (City)

(State or country)

Russia

21

Informant (Address)

Arthur Zieff
150 W. Broadway St. WalthamI 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)

2/28/51

100M-101-10-48-24898

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

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

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

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

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.

49

STANDARD
CERTIFICATE OF DEATH

Registered No.

PLACE OF DEATH

Suffolk
(County)Winthrop
(City or Town)

No. Winthrop Comm Hospital

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

2 FULL NAME

Morris Baratz

(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.

95 Emerson Road

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

Length of stay: In place of death. years months 7 days. In place of residence 6 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF
DEATHFeb. 28 1951
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from

Feb. 22, 1951, to Feb. 28, 1951

I last saw him alive on Feb. 28, 1951, death is said to

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

INTERVAL BE-
TWEEN ONSET
AND DEATHDISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a)

Coronary Thrombosis

6 days

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

none

Major findings:
Of operations

Date of operation

Was autopsy performed? no

What test confirmed diagnosis? Clinical, EEG.

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

If so, specify

(Signed)

(Address)

Charles Liberman

26 Way Way One Winthrop

2/28/1951

6 DATE OF BURIAL

Feb 28

1951

7 NAME OF
FUNERAL DIRECTOR

N. J. Joffe

ADDRESS

151 Washington St Chelsea

Received and filed

MAR 1 1951

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX

Male

9 COLOR OR RACE

White

10 SINGLE

MARRIED

WIDOWED

or DIVORCED

(write the word)

10a If married, widowed, or divorced
HUSBAND of

John Burtman

(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

Minutes

13 Usual

Occupation

Photographer

(Kind of work done during most of working life)

14 Industry

or Business:

Photography

15 Social Security No.

none

16 BIRTHPLACE (City)

(State or country)

Russia

17 NAME OF

FATHER

Jacob Baratz

18 BIRTHPLACE OF

FATHER (City)

Russia

(State or country)

19 MAIDEN NAME

OF MOTHER

(C.B.L.)

20 BIRTHPLACE OF

MOTHER (City)

Russia

(State or country)

21

Informant

(Address)

Leonard Baratz

42 Marlboro & Salem

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

(Official Designation)

(Date of Issue of Permit)

2/28/51

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

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SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

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.

50

Suffolk

(County)

Winthrop

(City or Town)

No. Winthrop Convelescent Home

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

2 FULL NAME David J. Dwyer

(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. 83 Central Avenue

(Usual place of abode)

Chelsea, Mass.

(If nonresident, give city or town and State)

Length of stay: In place of death..... years..... months..... 3..... days. In place of residence..... 10..... years..... months..... days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH March 1 1951
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
Feb. 27 1951 to March 1 1951

I last saw him alive on March 1 1951, death is said to

have occurred on the date stated above, at 5.18 p.m.

DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a) Decompensating heartINTERVAL BE-
TWEEN ONSET
AND DEATH
about
7 days.ANTE Due To
CEDENT (b) Generalized arteriosclerosis
CAUSES and Chronic myocarditis.Due To
(c)10 years
2 yearsOTHER
SIGNIFICANT
CONDITIONSMajor 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? no

If so, specify

(Signed) Sybil W. Dickinson M. D.

(Address) Winthrop, Mass. Date March 2 1951

6 Holy Cross Cemetery Malden, Mass.

Place of Burial or Cremation (City or Town)

DATE OF BURIAL March 5 1951

7 NAME OF FUNERAL DIRECTOR William F. Welsh

ADDRESS 721 Broadway Chelsea, Mass.

Received and filed..... 19

MAR 7 1951

(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 Margaret McCarthy

(Give maiden name of wife in full)

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

11 IF STILLBORN, enter that fact here.

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

14 Industry or Business: Rubber Mill

15 Social Security No. None

16 BIRTHPLACE (City) Ireland
(State or country)

17 NAME OF FATHER Cornelius Dwyer

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

19 MAIDEN NAME OF MOTHER Bridget McGuire

20 BIRTHPLACE OF MOTHER (City) Ireland
(State or country)21 Informant Margaret Dwyer (wife)
(Address) 83 Central Ave, ChelseaI HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:Walter H. Baker, Jr.
(Signature of Agent of Board of Health or other)

(Official Designation) Health Officer (Date of Issue of Permit) 3/2/51

R-301A

INSTRUCTIONS
FOR
CERTIFICATEgiving
OF DEATHnot enter
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b) and (c)does not mean
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death but not
he disease or
causing death.

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

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

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

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

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

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

No undertaker or other 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

so that it may be properly classified under the International Classification of Causes of Death. See reverse side for extracts from the laws relative to the return of certificates of death.

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

50m. (G.) 1-45-15510

1 PLACE OF DEATH

Su / Wk
(County)

Winthrop
(City or Town)

No. 22 Washington ave

2 FULL NAME

Helen E. Meyer

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

(a) Residence, No. 22 Washington ave Winthrop
(Usual place of abode)

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

Registered No. 51

PHYSICIAN-IMPORTANT

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

(If nonresident, give city or town and State)

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

PERSONAL AND STATISTICAL PARTICULARS

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

5a If married, widowed, or divorced

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

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

6 Age of husband or wife if alive years

7 IF STILLBORN, enter that fact here.

8 AGE 67 Years 7 Months 16 Days | If less than 1 day Hours Minutes

9 Usual Occupation: School teacher retired

10 Industry or Business: Public school

11 Social Security No.

12 BIRTHPLACE (City) West Chester
(State or country) Pennsylvania

13 NAME OF FATHER James Elliott

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

15 MAIDEN NAME OF MOTHER Mary H James

16 BIRTHPLACE OF MOTHER (City) West Chester
(State or country) Pennsylvania

PARENTS

17 Informant Frank L. Elliott (Relation, if any)
(Address) 30 West Emerson Ave
Beverly Hills

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

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

Health Officer (Official Designation) 3/6/51 (Date of Issue of Permit)

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

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

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH about March - 2 - 1951
(Month) (Day) (Year)

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

gas poisoning

20 Accident, suicide, or homicide (specify) Presumably accidental

Date of occurrence about March 2 - 1951

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

Nature of Injury apartment

While at work? - Was there an autopsy? no

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

If so, specify

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

(Address) Boston March 4 - 1951

22 Winthrop Winthrop

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

DATE OF BURIAL March 6 1951

23 NAME OF FUNERAL DIRECTOR Howard S. Reynolds

ADDRESS Winthrop Mass.

Received and filed MAR 7 1951

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 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

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

R-302

PLACE OF DEATH

Middlesex
(County)

Somerville
(City or Town)



The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

Somerville

(City or town making return)

COPY OF

CERTIFICATE OF DEATH

Registered No. ~~161~~ 52

No. Hillcrest Nursing Home
1323 Broadway
(If death occurred in a hospital or institution,
St. { give its NAME instead of street and number)

2 FULL NAME Frederick C. Danforth
(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. 134 River Rd., 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 8 years.....months.....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH Mar. 3, 1951.
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from
Jan. 10, 1951 to Mar. 3, 1951

I last saw him alive on Mar. 2, 1951, death is said to
have occurred on the date stated above, at 11.20 A.M.

DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a) Retroperitoneal
Sarcoma

INTERVAL BE-
TWEEN ONSET
AND DEATH

6
Months

ANTE Due To
CEDENT (b)
CAUSES

Due To
(c)

OTHER
SIGNIFICANT
CONDITIONS

Major findings:
Of operations.

Date of operation Dec. 13, 1950 No
What test confirmed diagnosis? Biopsy

5 Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Richard J. Moran
(Address) Arlington, Mass. Date 3/5/1951

6 Annunciation Cem., Danvers, Mass.
Place of Burial or Cremation (City or Town)
DATE OF BURIAL Feb. 6, 1951

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

Received and filed. APR 10 1951

(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 Clara De Bott
(Give maiden name of wife in full)

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

11 IF STILLBORN, enter that fact here.

12 AGE 46 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: General

15 Social Security No. ---

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

17 NAME OF FATHER Joseph Danforth

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

19 MAIDEN NAME OF MOTHER Harriet Crean

20 BIRTHPLACE OF MOTHER (City) Hartford
(State or country) Conn.

21 Informant Mrs. Clara Danforth
(Address) 134 River Rd., Winthrop, Mass.

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

DATE FILED Mar. 6, 1951

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

RECEIVED



APR 10 1951

R-301A

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CERTIFICATEiving
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death but not
e disease or
using death.

PLACE OF DEATH

Suffolk
(County)Winthrop
(City or Town)

No. 84 Cliff Ave

2 FULL NAME William L. O'Connor
(If deceased is a married, widowed or divorced woman, give also maiden name.)(a) Residence. No. 84 Cliff Ave
(Usual place of abode)

Length of stay: In place of death 14 years..... months..... days. In place of residence 25 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. 53

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

PHYSICIAN — IMPORTANT

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

(If nonresident, give city or town and State)

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH March 5 1951
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
February 22, 1951 to March 5, 1951

I last saw him alive on March 5, 1951, death is said to

have occurred on the date stated above, at 2¹⁵ A. m.DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a) Gangrene, both
lower legsANTECEDENT CAUSES Due To (b) Arterio sclerosis,
generalized

Due To (c)

OTHER SIGNIFICANT CONDITIONS Cerebral arterio sclerosis 2 yrs
arterio sclerosis heart disease 2 yrs

Major findings: Of operations:

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

What test confirmed diagnosis? clinical

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

If so, specify Park. Pileinseft

(Signed) 238 Shore Drive M. D.

(Address) Winthrop Winthrop Date 3/5 1951

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

DATE OF BURIAL March 7 1951

7 NAME OF FUNERAL DIRECTOR John A. O'Malley

ADDRESS Winthrop Mass

Received and filed MAR 7 1951

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Male 9 COLOR OR RACE White 10 SINGLE (write the word)
MARRIED MARRIED
WIDOWED WIDOWED
or DIVORCED or DIVORCED10a If married, widowed or divorced
HUSBAND of Mary A. Black
(Give maiden name of wife in full)

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

11 IF STILLBORN, enter that fact here.

12 AGE 79 Years Months Days If under 24 hours
Hours Minutes13 Usual Occupation: Retired Collector
(Kind of work done during most of working life)

14 Industry or Business: Boston Con. Gas Co.

15 Social Security No.

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

17 NAME OF FATHER Patrick O'Connor

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

19 MAIDEN NAME OF MOTHER Hannah E. Green

20 BIRTHPLACE OF MOTHER (City) Roxbury
(State or country) Mass21 Informant Mary F. Saigeon
(Address) 84 Cliff Ave WinthropI HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued.Walter J. Baker
(Signature of Agent of Board of Health or other)
Health Officer (Official Designation) 3/5/51
(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 exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

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

Suffolk

(County)

Winthrop

(City or Town)

No. 104 Highland Ave.

2 FULL NAME Benjamin James Graham
(If deceased is a married, widowed or divorced woman, give also maiden name.)(a) Residence. No. 32 Palmyra Street
(Usual place of abode)St. (If death occurred in a hospital or institution,
give its NAME instead of street and number)

Registered No.

54

Length of stay: In place of death..... years 1..... months 22..... days. In place of residence 10..... years..... months..... days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH March 7, 1951
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
Sept. 14, 1950, to March 7, 1951

I last saw him alive on March 7, 1951, death is said to

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

DISEASE OR CONDITION

DIRECTLY LEADING

TO DEATH (a) Arteriosclerotic Heart

Disease.

ANTECEDENT CAUSES

Due To (b) Generalized

Arteriosclerosis

Due To (c)

OTHER SIGNIFICANT CONDITIONS

Bronchopneumonia

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? No

If so, specify

(Signed) Maurice Transier

(Address) 562 Shirley St. Winthrop

Date March 7, 1951

6 Winthrop

Place of Burial or Cremation

Winthrop

(City or Town)

DATE OF BURIAL

March 9

1951

7 NAME OF FUNERAL DIRECTOR

Howard S. Reynolds

ADDRESS

Winthrop, Mass.

Received and filed

MAR 16 1951

(Registrar)

A TRUE COPY ATTEST

The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD

CERTIFICATE OF DEATH

(City or town making return)

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

Registered No.

54

(a) Residence. No. 32 Palmyra Street
(Usual place of abode)

(If nonresident, give city or town and State)

Length of stay: In place of death..... years 1..... months 22..... days. In place of residence 10..... years..... months..... days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH March 7, 1951
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
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7 NAME OF FUNERAL DIRECTOR

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ADDRESS

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Received and filed

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(Registrar)

A TRUE COPY ATTEST

PERSONAL AND STATISTICAL PARTICULARS

8 SEX

Male

9 COLOR OR RACE

White

10 SINGLE

(write the word)

MARRIED

WIDOWED

OR DIVORCED

Married

10a If married, widowed, or divorced
HUSBAND of Elizabeth Bloomfield

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE

86

Years

4

Months

8

Days

If under 24 hours

Hours

Minutes

13 Usual

Occupation:

Stair Builder (retired)

(Kind of work done during most of working life)

14 Industry

or Business:

Own factory

15 Social Security No.

None

16 BIRTHPLACE (City)

(State or country)

Prince Edward Island

17 NAME OF

FATHER

George Graham

18 BIRTHPLACE OF

FATHER (City)

(State or country)

Prince Edward Island

19 MAIDEN NAME

OF MOTHER

Charlotte Clow

20 BIRTHPLACE OF

MOTHER (City)

(State or country)

Prince Edward Island

21

Informant

(Address)

Elizabeth Graham

32 Palmyra St. Winthrop, Mass.

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

Walter G. Baker

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

3/9/51

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

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

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

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

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

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

so that it may be properly classified under the International Classification of Causes of Death. See reverse side for extracts from the laws relative to the return of certificates of death.

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

50m-(1)-1-45-15510

PLACE OF DEATH

1 {
Suffolk
(County)
Winthrop
(City or Town)
No. Winthrop Community Hospital



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

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

Registered No. 55

2 FULL NAME Mary Jane Homer
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(a) Residence No. 77 Bowdoin St Winthrop St.
(Usual place of abode) (If nonresident, give city or town and State)
Length of stay: In hospital or institution Hospital years 5 months days. In this community 65 yrs. mos. days.
(Before death) (Specify whether)

PHYSICIAN-IMPORTANT

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

PERSONAL AND STATISTICAL PARTICULARS

3 SEX female 4 COLOR OR RACE white 5 SINGLE (write the word) MARRIED WIDOWED or DIVORCED widowed
5a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full) (or) WIFE of Frederick Holmes Homer (Husband's name in full)
6 Age of husband or wife if alive years
7 IF STILLBORN, enter that fact here.
8 AGE 90 Years 2 Months 13 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) Falmouth (State or country) England
13 NAME OF FATHER Richard Weston
14 BIRTHPLACE OF FATHER (City) (State or country) England
15 MAIDEN NAME OF MOTHER Mary Ann Burton
16 BIRTHPLACE OF MOTHER (City) (State or country) England
17 Informant Mrs. Irving E. Clement (Address) 1 Lawrence Rd. Wellesley (Relation, if any)

PARENTS

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

Walter D. Wakely
(Signature of Agent of Board of Health or other)
Health Officer
(Official Designation) 3/9/57
(Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH March 7 - 1951
(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: An injury was involved, state fully.
Sensitivity
Fractured Left Femur!
General atherosclerosis
Pneumothorax accidental
20 Accident, suicide, or homicide (specify) Date of occurrence Nov-30-1950
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 Fell accidentally at her home in
Nature of Injury Nov-30-1950
While at work? Was there an autopsy? no
21 Was disease or injury in any way related to occupation of deceased?
If so, specify M. J. Buckley M. D.
(Signed) (Address) Boston Nov-7-1957
22 Winthrop Cemetery Winthrop
Place of Burial, Cremation or Removal. (City or Town)
DATE OF BURIAL March 9, 1951 19
23 NAME OF FUNERAL DIRECTOR Alfred B. Marsh
ADDRESS 174 Winthrop St. Winthrop
Received and filed MAR 16 1951 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 on the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

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

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

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

RULES OF PRACTICE

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

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

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STATEMENT OF CAUSE OF DEATH

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

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

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE _____

DATE OF DISCHARGE _____

RANK, RATING _____

ORGANIZATION AND OUTFIT _____

SERVICE NUMBER _____

PLACE OF DEATH

Suffolk
(County)Winthrop
(City or Town)

No. 387 Shirley St.

2 FULL NAME Charles Howard Carter
(If deceased is a married, widowed or divorced woman, give also maiden name.)(a) Residence. No. 387 Shirley St.
(Usual place of abode)St. (If death occurred in a hospital or institution,
give its NAME instead of street and number)

(If nonresident, give city or town and State)

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

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH March 08th 1951
(Month) (Day) (Year)I HEREBY CERTIFY, That I attended deceased from
Jan. 11 1951 to March 8 1951
I last saw him alive on March 8 1951, death is said tohave occurred on the date stated above, at 12³⁰ P.m.DISEASE OR CONDITION
DIRECTLY LEADING TO DEATH (a) Obstructive jaundiceINTERVAL BE-
TWEEN ONSET
AND DEATH

3 weeks

ANTECEDENT CAUSES Due To Carcinoma of the head
(b) of the pancreas

6 mos

Due To
(c)

OTHER SIGNIFICANT CONDITIONS Diabetes mellitus

7 yrs

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? no

If so, specify Paul P. Werners

(Signed) 238 Shore Dr. Winthrop Date 3/8 M. D. 1951

(Address) Forrest Hills Boston

6 Place of Burial or Cremation (City or Town)

DATE OF BURIAL March 10 19 51

7 NAME OF FUNERAL DIRECTOR Edward S. Reynolds

ADDRESS 410 Main

Received and filed MAR 15 1951 19

A TRUE COPY ATTEST

(Registrar)

STANDARD
CERTIFICATE OF DEATH

(City or town making return)

Registered No. 56

(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 77 Years 1 Months 25 Days If under 24 hours
Hours Minutes13 Usual Occupation Furrier
(Kind of work done during most of working life)

14 Industry or Business Fur Store Self owned

15 Social Security No. None

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

17 NAME OF FATHER Charles N Carter

18 BIRTHPLACE OF FATHER (City) Fonda
(State or country) New York

19 MAIDEN NAME OF MOTHER Fannie Wood

20 BIRTHPLACE OF MOTHER (City) Unable to obtain
(State or country)21 Informant Frank B Carter
(Address) 820 Boston Post Rd. WestonI 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) Health Officer (Date of Issue of Permit) 3/9/51

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

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

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

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

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

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

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PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)

No.

891 Shirley Street

2 FULL NAME

Elizabeth (Elliott) Sargent

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

(a) Residence. No.

(Usual place of abode)

891 Shirley Street

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

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

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH

March 16, 1951
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from

November 1, 1949, to March 16, 1951

I last saw her alive on March 7, 1951 death is said to

have occurred on the date stated above, at 4:10 A. M.

DISEASE OR CONDITION

DIRECTLY LEADING

TO DEATH (a)

Acute Coronary
ThrombosisINTERVAL BE-
TWEEN ONSET
AND DEATH

1/2 hour

ANTE-
CEDENT
CAUSES

Due To

(b)

Arteriosclerotic
heart disease

Due To

(c)

—

OTHER
SIGNIFICANT
CONDITIONSMajor 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)

(Address)

562 Shirley St., Winthrop, Mass.

6

Place of Burial or Cremation

(City or Town)

DATE OF BURIAL

March 19, 1951

7 NAME OF

FUNERAL DIRECTOR

ADDRESS

Howard S. Reynolds
Winthrop, Mass.

Received and filed

MAR 19 1951

(Registrar)

A TRUE COPY ATTEST

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

(City or town making return)

Registered No.

57

(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)

(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

Widow

10a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of Charles Sargent

(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12

AGE

67

Years

8

Months

11

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.

012-12-6384A

16 BIRTHPLACE (City)
(State or country)Wellesfleet
Mass17 NAME OF
FATHER

John Elliott

18 BIRTHPLACE OF

FATHER (City)

Wellesfleet

(State or country)

Mass

19 MAIDEN NAME

OF MOTHER

Jerusha Ryder

20 BIRTHPLACE OF

MOTHER (City)

Unable to obtain

(State or country)

21

Informant

(Address)

Earl Elliott

891 Shirley St.

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

Walker S. Baker

(Official Designation)

(Date of Issue of Permit)

3/19/51

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

R-301A

INSTRUCTIONS
FOR
CERTIFICATEgiving
OF DEATHnot enter
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PLACE OF DEATH

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No.

FULL NAME

(a) Residence

Length of stay

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH

4 I HEREBY CERTIFY

I last saw him alive on

DISEASE OR CONDITION

DISEASE OR CONDITION

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DISEASE OR CONDITION

Suffolk
(County)
Winthrop
(City or Town)The Commonwealth of Massachusetts
EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICSSTANDARD
CERTIFICATE OF DEATH

Registered No.

58

To be filed for burial permit
with Board of Health
or its Agent.occurred in a hospital or institution,
give its NAME instead of street and number)

PHYSICIAN — IMPORTANT

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

(If nonresident, give city or town and State)

In place of death: years months days. In place of residence: years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH March 17 1951
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
1 March 1951, to 17 March 1951

I last saw him alive on 17 March, 1951, death is said to

have occurred on the date stated above, at 8:35 P.M.

DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a) Anemia

ANTECEDENT CAUSES Due To Chronic hepatitis

Due To (c)

OTHER SIGNIFICANT CONDITIONS Contusion of head
Contusion of backMajor 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 Charles Liberman, M. D.
(Signed) (Address) 26 Wane Way, Andover, Mass. Date 3/17/51 19516 St. Joseph West Roxbury
(Place of burial or cremation) (City or Town)
DATE OF BURIAL Mar 24 19517 NAME OF FUNERAL DIRECTOR Frank H. Lally
ADDRESS 496 Harvard St. Brookline

Received and filed MAR 21 1951

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

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

10a If married, widowed, or divorced

HUSBAND of (Give maiden name of wife in full)

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

11 IF STILLBORN, enter that fact here.

12 AGE 81 Years Months Days If under 24 hours
Hours Minutes13 Usual Occupation: Laborer
(Kind of work done during most of working life)

14 Industry or Business: Contractor

15 Social Security No. Could not be learned

16 BIRTHPLACE (City) Ireland
(State or country)

17 NAME OF FATHER John Foley

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

19 MAIDEN NAME OF MOTHER Catherine Clancy

20 BIRTHPLACE OF MOTHER (City) Ireland
(State or country)21 Informant (Address) William Foley
104 Franklin St. BrooklineI 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)

3/19/51 (Date of Issue of Permit)

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

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) No. Ocean H Winthrop Beach		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. 59	
2 FULL NAME Charles Henry Cook (If deceased is a married, widowed or divorced woman, give also maiden name.) (a) Residence No. 89 Summit Ave (Usual place of abode) Summit Ave Length of stay: In hospital or institution. years months days. In this community 16 yrs. mos. days. (Before death) (Specify whether)		St. { (If death occurred in a hospital or institution, give its NAME instead of street and number)		PHYSICIAN-IMPORTANT (Was deceased a U. S. War Veteran, If so specify WAR) No.	
PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH		
3 SEX male	4 COLOR OR RACE white	5 SINGLE (write the word) MARRIED WIDOWED or DIVORCED single	18 DATE OF DEATH March - 18 - 1951		
5a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full) (or) WIFE of (Husband's name in full)			19 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows: (If an injury was involved, state fully.) Drowning.		
6 Age of husband or wife if alive years			20 Accident, suicide, or homicide (specify) accident		
7 IF STILLBORN, enter that fact here.			Date of occurrence March 18 1951		
8 AGE 16 Years 2 Months 10 Days If less than 1 day Hours Minutes			Where did injury occur? Winthrop Mass		
9 Usual Occupation: Student			(City or town and State)		
10 Industry or Business: Winthrop High School			Did injury occur in or about home, on farm, in industrial place, or in public place? Ocean		
11 Social Security No. none			(Specify type of place)		
12 BIRTHPLACE (City) Winthrop			Manner of injury Rowboat upset on Ocean		
(State or country) Mass			Nature of injury Off Winthrop March 18-1951		
13 NAME OF FATHER Erland Bickford Cook			While at work? - Was there an autopsy? no		
14 BIRTHPLACE OF FATHER (City) Concord			21 Was disease or injury in any way related to occupation of deceased?		
(State or country) N.H.			If so, specify		
15 MAIDEN NAME OF MOTHER Florence Louise Skelding			(Signed) J. B. Bickley M. D.		
16 BIRTHPLACE OF MOTHER (City) Saugus			(Address) Boston March 19-1957		
(State or country) Mass.			22 Winthrop Cemetery Winthrop		
17 Informant Erland B. Cook (Address) 89 Summit Ave, Winthrop			Place of Burial, Cremation or Removal (City or Town)		
Relation, if any (Father)			DATE OF BURIAL March 21 1951		
I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:			23 NAME OF FUNERAL DIRECTOR Alfred B. Marsh		
Signature of Agent of Board of Health or other Health Officer 3/20/57			ADDRESS 174 Winthrop St, Winthrop		
(Official Designation)			Received and filed March 21 1951		
(Date of Issue of Permit)			(Registrar)		

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

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

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

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

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

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

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

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

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

RULES OF PRACTICE

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

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

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

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

STATEMENT OF CAUSE OF DEATH

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

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

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE _____

DATE OF DISCHARGE _____

RANK, RATING _____

ORGANIZATION AND OUTFIT _____

SERVICE NUMBER _____

Suffolk
(County)Winthrop
(City or Town)STANDARD
CERTIFICATE OF DEATH

Registered No. 60

No. 385 Revere Street

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

2 FULL NAME Louis Benson Gilbert

(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. 385 Revere St.

(Usual place of abode)

(If nonresident, give city or town and State)

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

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH March 18, 1951
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
March 16, 1951, to Mar 18, 1951

I last saw him alive on Mar 17, 1951, death is said to

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

DISEASE OR CONDITION

DIRECTLY LEADING

TO DEATH (a) Cerebral Hemorrhage 3 days

INTERVAL BE-
TWEEN ONSET
AND DEATHANTE Due To
CEDENT (b)Due To
(c)OTHER
SIGNIFICANT
CONDITIONSMajor findings:
Of operations.

Date of operation Was autopsy performed? no

What test confirmed diagnosis? Clinical

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

If so, specify

(Signed)

(Address)

221 O'Beach St., Date 3-19 1951

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

DATE OF BURIAL March 21, 1951 19

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

Received and filed 19

MAR 21 1951

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Male 9 COLOR OR RACE White 10 SINGLE (write the word)
MARRIED WIDOWED Married
or DIVORCED10a If married, widowed, or divorced
HUSBAND of Helen Mac Dougall
(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 5 Months 22 Days If under 24 hours
Hours Minutes13 Usual Occupation: clerk
(Kind of work done during most of working life) Co.

14 Industry or Business: shipping, Book Publishing Co.

15 Social Security No. 031-03-0012

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

17 NAME OF FATHER Charles Gilbert

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

19 MAIDEN NAME OF MOTHER Mary A. Soule

20 BIRTHPLACE OF MOTHER (City) Maine
(State or country)21 Informant Mrs. Louis B. Gilbert
(Address) 385 Revere St.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
Health Officer 3/20/51
(Official Designation) (Date of Issue of Permit)

R-301A

DUCTIONS
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CERTIFICATEgiving
OF DEATHnot enter
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DiStasio

RETURN OF CERTIFICATES OF DEATH

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

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

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

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. . . General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

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

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

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

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

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

should be carefully supplied. MEDICAL EXAMINERS should state the cause and manner of death. See reverse side for so that it may be properly classified under the International Classification of Causes of Death. Extracts from the laws relative to the return of certificates of death.

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

50m. (1).1.45-19510

1 PLACE OF DEATH

Suffolk
(County)

Winthrop
(City or Town)

No.

Ocean off Winthrop Beach



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.

61

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

2 FULL NAME

Charles W. Markley

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

(a) Residence. No.

90 Sagamore Ave Winthrop

(Usual place of abode)

(If nonresident, give city or town and State)

Length of stay: In hospital or institution

(Before death)

(Specify whether)

years

months

days

In this community

12 yrs.

mos.

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Male

4 COLOR OR RACE

White

5 SINGLE (write the word)

MARRIED

WIDOWED

or DIVORCED Single

5a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

6 Age of husband or wife if alive

years

7 IF STILLBORN, enter that fact here.

8

15

10

16

AGE

Years

Months

Days

If less than 1 day

Hours

Minutes

Usual

9 Occupation:

Student

Industry

School

10 or Business:

11 Social Security No.

12 BIRTHPLACE (City)

Milton

(State or country)

Mass

13 NAME OF

FATHER

John G Markley

14 BIRTHPLACE OF

FATHER (City)

Frankfort

(State or country)

New York

15 MAIDEN NAME

OF MOTHER

Mary W Whelan

16 BIRTHPLACE OF

MOTHER (City)

Milton

(State or country)

Mass

17

Informant

John G Markley

(Relation, if any)

(Address)

90 Sagamore Ave. Winthrop

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

Walter S. Baker

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF
DEATH

March - 18 - 1951

(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.)

Drowning

20 Accident, suicide, or homicide (specify)

accidental

Date of occurrence

Mar - 18 -

1951

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?

Ocean

(Specify type of place)

Manner of

Injury

Rowboat upset on Ocean off

Nature of

Injury

Winthrop March 18 - 1951

While at work?

Was there an autopsy?

no

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

If so, specify

(Signed)

Thos J. Brickley

M. D.

(Address)

Boston

Mar - 19 - 1951

22 Winthrop

Winthrop

Place of Burial, Cremation or Removal.

(City or Town)

DATE OF BURIAL

March 22 1951

23 NAME OF

FUNERAL DIRECTOR

Howard S. Reynolds

ADDRESS

Winthrop Mass

Received and filed

19

MAR 22 1951

(Registrar)

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

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... 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.

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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

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICSTo be filed for burial permit
with Board of Health
or its Agent.

PLACE OF DEATH

Suffolk
(County)STANDARD
CERTIFICATE OF DEATH

Registered No.

62

Winthrop
(City or Town)No. *Winthrop* St. (If death occurred in a hospital or institution, give its NAME instead of street and number)2 FULL NAME *Alice M. Power*
(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. *51 Fremont st.* St. (If nonresident, give city or town and State)Length of stay: In place of death *1* years *1* months *1* days. In place of residence *50* years *1* months *1* days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH *March 18 1951*
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
*Feb. 19 47, to March 17, 19 51*I last saw him alive on *March 17, 19 51* death is said tohave occurred on the date stated above, at *9:30 A.M.*INTERVAL
BETWEEN ONSET
AND DEATH

DISEASE OR CONDITION

DIRECTLY LEADING

TO DEATH (a) *Bronchopneumonia*
*terminal*ANTECEDENT CAUSES
(b) *arteriosclerosis*
*heart disease*Due To
(c)OTHER SIGNIFICANT CONDITIONS
*arteriosclerosis*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 J. Grogan* M. D.
(Address) *300 Washington St.* Date *3-18* 19*51*6 *Winthrop Cemetery* *Winthrop*
Place of Burial or Cremation (City or Town)DATE OF BURIAL *March 21, 1951*7 NAME OF FUNERAL DIRECTOR *Alfred B. Marsh*
ADDRESS *174 Winthrop St.*Received and filed *19*

MAR 21 1951

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX *Female* 9 COLOR OR RACE *White* 10 SINGLE (write the word)
Widowed

10a If married, widowed, or divorced

HUSBAND of (Give maiden name of wife in full)

(or) WIFE of *Edgar F. Power*
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE *81* Years *2* Months *6* Days If under 24 hours
Hours Minutes13 Usual Occupation: *at home*
(Kind of work done during most of working life)14 Industry or Business: *no*15 Social Security No. *Ellsworth*16 BIRTHPLACE (City) *Maine*
(State or country)17 NAME OF FATHER *Jellison*18 BIRTHPLACE OF FATHER (City) *Maine*
(State or country)19 MAIDEN NAME OF MOTHER *unable to obtain*20 BIRTHPLACE OF MOTHER (City)
(State or country)21 Informant *Atty. Edward R. Thomas*
(Address) *181 Court Rd.*I HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:*Wallace E. Darr*
(Signature of Agent of Board of Health or other)
Health Officer (Official Designation) *3/20/51* (Date of Issue of Permit)

R-301A

INSTRUCTIONS
FOR
CERTIFICATEgiving
OF DEATHnot enter
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the disease or
causing death.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

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

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

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

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

Medical examiners shall make examination upon the view of the dead bodies of 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

so that it may be properly classified under the International Classification of Causes of Death. See reverse side for extracts from the laws relative to the return of certificates of death.

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

50m. (1)-1-45-15510

1 PLACE OF DEATH

Suffolk
(County)

Wentworth
(City or Town)

No. Ocean off Wentworth Beach



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. 1544

63

2 FULL NAME

Harold E. Wain Jr.

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

(a) Residence No. 77

Sagamore Ave. Wentworth

(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

yr. 10 mos.

days

(Before death)

(Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Male

4 COLOR OR RACE

White

5 SINGLE (write the word)

MARRIED
WIDOWED
or DIVORCED
single

5a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

6 Age of husband or wife if alive

years

7 IF STILLBORN, enter that fact here.

8

AGE 15 Years 7 Months 19 Days

If less than 1 day

Hours Minutes

Usual

9 Occupation:

Student

Industry

10 or Business:

High School

11 Social Security No.

none

12 BIRTHPLACE (City)

(State or country)

Lynn Mass.

13 NAME OF

FATHER

Harold E. Wain

14 BIRTHPLACE OF

FATHER (City)

(State or country)

Lynn Mass.

15 MAIDEN NAME

OF MOTHER

Georgina Osterhout

16 BIRTHPLACE OF

MOTHER (City)

(State or country)

Bever Mass.

17

Informant

(Address)

Harold E. Wain
77 Sagamore Ave. Wentworth

Relation to Deceased

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

Walter S. Baber

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

Ho. att. Feb 20/51

MEDICAL CERTIFICATE OF DEATH

18 DATE OF

DEATH

March - 18 - 1951

(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.)

Drowning

20 Accident, suicide, or homicide (specify)

accidental

Date of occurrence

March - 18 - 1951

Where did

injury occur?

Wentworth Mass

(City or town and State)

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

Ocean

(Specify type of place)

Manner of

injury

Robbed at upset in Ocean off

Nature of

injury

Wentworth Mass - 18 - 1951

While at work?

-

Was there an autopsy?

no

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

If so, specify

(Signed)

Wm. J. Brickley

M. D.

(Address)

Boston Mass - 19 - 1951

22 North Burial Ground, Fall River, Mass.
Place of Burial, Cremation or Removal. (City or Town)

DATE OF BURIAL

March 22,

1951

23 NAME OF

FUNERAL DIRECTOR

Wm. C. Goodrich

ADDRESS

128 Washington St., Lynn

Received and filed

MAY 22 1951

19

(Registrar)

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

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

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, 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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Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same;...—General Laws, Chap. 38, Sec. 6.

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

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

RULES OF PRACTICE

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

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

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

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

STATEMENT OF CAUSE OF DEATH

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

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

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

DUCTIONS
OR
CERTIFICATEiving
F DEATH
t enter
than one
or each
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is the disease,
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(a) stating
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death but not
e disease or
using death.

PLACE OF DEATH

Suffolk
(County)Winthrop
(City or Town)

No. 39 Cottage Park Rd.

2 FULL NAME Dorothy E (Raythel) Clark
(If deceased is a married, widowed or divorced woman, give also maiden name.)(a) Residence. No. 39 Cottage Park Rd.
(Usual place of abode)

Length of stay: In place of death 6 years months days. In place of residence 25 years months days.

The Commonwealth of Massachusetts
EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICSSTANDARD
CERTIFICATE OF DEATH

(City or town making return)

Registered No.

64

{(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 March 21 1951
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
May 15 1950 to March 21 1951I last saw her alive on March 21 1951, death is said to
have occurred on the date stated above, at 4:30 P. M.DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a)Acute myocardial
infarctionINTERVAL BE-
TWEEN ONSET
AND DEATH

10 min.

ANTE
CEDENT (b)
CAUSESDue To Hypertensive Heart
Disease

4 yrs

Due To Hypertension
(c) and Arteriosclerosis

2 yrs

OTHER
SIGNIFICANT
CONDITIONS

Diabetes mellitus

2 yrs

Major findings:
Of operations.....

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

What test confirmed diagnosis? Clinical

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

If so, specify.....

(Signed) Paul Pilemstaff 3/22 M. D.
(Address) 338 Shore Drive Winthrop 3/22 19516 Winthrop Winthrop
Place of Burial or Cremation (City or Town)

DATE OF BURIAL March 24 1951

7 NAME OF FUNERAL DIRECTOR Edward S. Donalds

ADDRESS Winthrop Mass.

Received and filed MAR 26 1951 19

(Registrar)

A TRUE COPY ATTEST

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 L Clark

(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 62 5 13 If under 24 hours
AGE Years Months Days Hours Minutes13 Usual Occupation: Housewife
(Kind of work done during most of working life)

14 Industry or Business: At Home

15 Social Security No. None

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

17 NAME OF FATHER John Rathel

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

19 MAIDEN NAME OF MOTHER Louise Brown

20 BIRTHPLACE OF MOTHER (City) Germany
(State or country)21 Informant Charles Clark
(Address) 39 Cottage Park Rd.I HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:Walter J. Baker
(Signature of Agent of Board of Health or other)

(Official Designation) Health Officer (Date of Issue of Permit) 3/23/51

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

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

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

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

Suffolk
(County)Winthrop
(City or Town)STANDARD
CERTIFICATE OF DEATH

Registered No. 65

No. Winthrop Community Hospital

(If death occurred in a hospital or institution,
St. give its NAME instead of street and number)2 FULL NAME Helen Espy (Lawrie)
(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. 69 Grovers Avenue
(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 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH March 23 1957
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
Feb. 28 1957 to March 23 1957I last saw him alive on March 23 1957, death is said to
have occurred on the date stated above, at 10:53 p. m.DISEASE OR CONDITION
DIRECTLY LEADING TO DEATH (a) Carcinoma of Cecum 6 mosINTERVAL BE-
TWEEN ONSET
AND DEATHANTE CEDENT (b)
CAUSESDue To
(c)OTHER SIGNIFICANT CONDITIONS Tubercular obstruction 7 days
and peritonitis

Major findings: Carcinoma of Cecum

Date of operation 3-7-57 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 Paul P. Lawrie, Jr.
(Signed) (Address) 238 Shore Drive Winthrop M. D.
Date 3/23 19576 Bellevue Cemetery Lawrence, Mass.
Place of Burial or Cremation (City or Town)

DATE OF BURIAL March 26 1957 19

7 NAME OF FUNERAL DIRECTOR Alfred B. Marsh

ADDRESS 174 Winthrop St. Winthrop, Mass.

Received and filed MAR 26 1957 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 Clarke Espy
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 42 Years 6 Months 4 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) Lawrence
(State or country) Mass.

17 NAME OF FATHER David McCord Lawrie

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

19 MAIDEN NAME OF MOTHER Mary Anderson

20 BIRTHPLACE OF MOTHER (City) Arbrath
(State or country) Scotland21 Informant Mr. Clarke Espy
(Address) 69 Grovers 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
Health Officer (Signature of Agent of Board of Health or other)
(Official Designation) 3/26/57
(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.

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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 traumatic injuries, resulting septicemia, and by the action of chemical (drugs or poisons) or thermal or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

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

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

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

PLACE OF DEATH

Suffolk
(County)
Wentworth
(City or Town)

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. 66

No. 45 Enfield Rd (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Concetta Lanza
(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 Enfield Rd 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 March 27 1951
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from
Oct 1950 to Mar 27 1951

I last saw her alive on March 27 1951, death is said to
have occurred on the date stated above, at 3:30 PM m.

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

INTERVAL BE-
TWEEN DEATH
AND DEATH

yr.

ANTE Due To
CEDENT (b)
CAUSES

Due To
(c)

OTHER SIGNIFICANT
CONDITIONS Senility
Sen. Debility Debility

Major findings:
Of operations non

Date of operation non Was autopsy performed? no

What test confirmed diagnosis? pathology

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

If so, specify

(Signed) D. Roman Staffer M. D.

(Address) 21 Broad St E.D. Date Mar. 27 1951

6 Wentworth Cem. Wentworth
Place of Burial or Cremation (City or Town)

DATE OF BURIAL March 31 1951

7 NAME OF FUNERAL DIRECTOR Joseph J. Ruggieri

ADDRESS 44 Averhill Boston

Received and filed APR 2 1951

(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 Frank Lanza
(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: 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 Antonio Perella

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

19 MAIDEN NAME OF MOTHER Unkown

20 BIRTHPLACE OF MOTHER Italy
(State or country)

21 Informant Alfred Lanza, Son
(Address) 45 Enfield Rd Wentworth

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

Walter E. Baker

(Signature of Agent of Board of Health or other)

Health Officer 3/30/51
(Official Designation) (Date of Issue of Permit)

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

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

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

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

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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. Winthrop Community Hospital

2 FULL NAME Carolina (Anderson) Lindberg
(If deceased is a married, widowed or divorced woman, give also maiden name.)(a) Residence. No. 921 Shirley Street
(Usual place of abode)St. { (If death occurred in a hospital or institution,
give its NAME instead of street and number)

Registered No. 67

STANDARD
CERTIFICATE OF DEATH

(If nonresident, give city or town and State)

Length of stay: In place of death. years. months. 3 days. In place of residence 45 years. months. days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH March 28, 1951
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
Mar. 7, 1951, to Mar. 28, 1951.
I last saw him alive on Mar. 27, 1951 death is said to

have occurred on the date stated above, at 3:15 a.m.

INTERVAL BE-
TWEEN ONSET
AND DEATHDISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a) Coronary Vascular

accident

4 days

ANTE Due To Hypertension
CEDENT (b) essential, severe

yes

Due To
(c) generalized

yes

OTHER
SIGNIFICANT
CONDITIONSMajor findings:
Of operations.

Date of operation. Was autopsy performed? no

What test confirmed diagnosis?

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

If so, specify

(Signed) Joseph A. Anderson, M. D.
(Address) 300 Washington Ave Date 3/28, 19516 Winthrop Winthrop
Place of Burial or Cremation (City or Town)

DATE OF BURIAL March 30, 1951

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

Received and filed APR 2 1951 19

(Registrar)

A TRUE COPY ATTEST

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 Charles A Lindberg
(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 9 Months 25 Days If under 24 hours
Hours Minutes13 Usual Occupation: Housewife
(Kind of work done during most of working life)14 Industry Own home
or Business:

15 Social Security No. None

16 BIRTHPLACE (City) Sweden
(State or country)

17 NAME OF FATHER Unable to obtain

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

19 MAIDEN NAME OF MOTHER Unable to obtain

20 BIRTHPLACE OF MOTHER (City) Sweden
(State or country)21 Informant Charles A Lindberg
(Address) 921 Shirley 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)
Health Officer
(Official Designation)3/30/51
(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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Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith 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.

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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.

68

Suffolk

(County)

Winthrop

(City or Town)

No. 291 Winthrop Street

St. (If death occurred in a hospital or institution,
give its NAME instead of street and number)2 FULL NAME Alton Hooper Evitts
(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. 291 Winthrop Street
(Usual place of abode)

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

Length of stay: In place of death 15 years months days. In place of residence 22 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH March 29 1951
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
19 40 to 19 51I last saw him alive on 15 March 1951, death is said to
have occurred on the date stated above, at 11:30 P.m.INTERVAL BE-
TWEEN ONSET
AND DEATHDISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a) Sudden Heart Failure

ANTE CEDENT CAUSES Due To Coronary Occlusion Hours

Due To (c)

OTHER
SIGNIFICANT
CONDITIONSMajor findings:
Of operations none

Date of operation Was autopsy performed no

What test confirmed diagnosis? clinical

5 Was disease or injury in any way related to occupation of deceased?
If so, specify M. B. Corp. Branch Head
(Signed) C. F. Mahoney M. D.
(Address) Winthrop Mass Date 30 March 1951

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

DATE OF BURIAL April 2 19 51

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

Received and filed APR 4 1951 19

A TRUE COPY ATTEST

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Male 9 COLOR OR RACE White 10 SINGLE MARRIED (write the word)
WIDOWED or DIVORCED Married10a If married, widowed or divorced
HUSBAND of Florence Dunham
(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 7 Months 2 Days If under 24 hours
Hours Minutes13 Usual Occupation Clerk
(Kind of work done during most of working life)

14 Industry or Business Production (General electric)

15 Social Security No. 027-07-9502
Salem Mass.16 BIRTHPLACE (City) Salem
(State or country) Mass.

17 NAME OF FATHER John Evitts

18 BIRTHPLACE OF FATHER (City) Denton
(State or country) Maryland

19 MAIDEN NAME OF MOTHER Unable to obtain

20 BIRTHPLACE OF MOTHER (City) Boston Mass
(State or country)21 Informant Florence Evitts
(Address) 291 Winthrop St. WinthropI HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:Walter S. Baker
(Signature of Agent or Board of Health or other)
H. O. (Official Designation) April 2 1951 (Date of Issue of Permit)

R-301

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EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

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

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

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

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

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

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

RULES OF PRACTICE

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

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

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

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

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

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

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

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PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)

No. 16 Underhill Street

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

(a) Residence. No. 16 Underhill Street
(Usual place of abode)

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

Length of stay: In place of death 23 years months days. In place of residence 40 years months days.

Registered No.

69

The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD
CERTIFICATE OF DEATH



MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH March 29 1951
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from
5/23 1949 to 3/29 1951

I last saw her alive on 2/22 1951, death is said to
have occurred on the date stated above, at 12:30 P.M.

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

INTERVAL BE-
TWEEN ONSET
AND DEATH

1/2 hr.

ANTE CEDENT CAUSES Due To (b) Arterio-sclerotic Heart Disease

Due To
(c)

5 yr.

OTHER SIGNIFICANT CONDITIONS Distal Abdominal hernia

7.10 yr.

Major findings:
Of operations have

Date of operation Was autopsy performed? No.

What test confirmed diagnosis? No

5 Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Myron N. King Date 3/29 1951
(Address) 25 Sturges St.

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

DATE OF BURIAL March 31 1951

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

Received and filed APR 2 1951 19

A TRUE COPY ATTEST

(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 William S Young
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 74 5 20
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): Ireland
(State or country)

17 NAME OF FATHER Jeremiah Creedon

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

19 MAIDEN NAME OF MOTHER Annie Scannell

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

21 Informant William S. Young
(Address) 16 Underhill St. Winthrop

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

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

Health Officer 3/30/51
(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 exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. . . If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. . . If death is caused by violence, the medical examiner shall make such certificate. . . If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. . . If the

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

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
STANDARD
CERTIFICATE OF DEATH

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

Registered No. 70

No. Bay View Rest Home

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

2 FULL NAME Julia F. Donnelly (Shea)

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

PHYSICIAN — IMPORTANT

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

No

(a) Residence. No. 289 Pleasant 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 26 years ? months ? days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH March 31 1951
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from

February 15 1951 to Mar. 31 1951

1 last saw her alive on Mar. 31 1951, death is said to

have occurred on the date stated above, at 3:4 P.m.

DISEASE OR CONDITION

DIRECTLY LEADING

TO DEATH (a) Chronic Myocarditis

INTERVAL BE-
TWEEN ONSET
AND DEATHEst
6 yearsANTE
CEDENT
CAUSES

Due To (b) Ulcer of Stomach

Due To
(c)OTHER
SIGNIFICANT
CONDITIONSMajor findings:
Of operations.

Date of operation. Was autopsy performed? No

What test confirmed diagnosis? Clinical Signs

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

If so, specify

(Signed) Daniel J. O'Brien M.D.

(Address) Winthrop Mass Date April 1 1951

6 Winthrop Cemetery, Winthrop

Place of Burial or Cremation (City or Town)

DATE OF BURIAL April 3rd

19 51

7 NAME OF FUNERAL DIRECTOR Richard C. Kirby

ADDRESS Boston, Mass

Received and filed. APR 4 1951

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 William Donnelly

(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 74 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: Housewife

15 Social Security No. None

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

17 NAME OF FATHER John Shea

18 BIRTHPLACE OF FATHER (City)

(State or country) Ireland

19 MAIDEN NAME OF MOTHER Catherine Marshall

20 BIRTHPLACE OF MOTHER (City)

(State or country) Ireland

21 Informant James J. Shea-nephew Nephew
(Address) 289 Pleasant St., WinthropI HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued.

Walter L. Baker

(Signature of Agent of Board of Health or other)

Health Officer 4/2/51
(Official Designation) (Date of Issue of Permit)

ENTRANCES
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).

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).

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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

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.

71

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 LUBELL, Meyer
(If deceased is a married, widowed or divorced woman, give also maiden name.)(Was deceased a
U. S. War Veteran,
if so specify WAR)(a) Residence. No. Winthrop, Mass.
(Usual place of abode)

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

Length of stay: In place of death.....years.....1 months.....11 days. In place of residence.....years.....months.....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH March 2, 1951
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
Jan. 30, 1951 to March 2, 1951I last saw him alive on March 2, 1951 death is said to
have occurred on the date stated above, at 10:00 p.m.INTERVAL BE-
TWEEN ONSET
AND DEATHDISEASE OR CONDITION
DIRECTLY LEADING TO DEATH (a) Bronchopneumonia
2 daysANTE 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 3rd., M. D.

(Address) Danvers, Mass. Date 1951

6 Temple Israel Cemetery Wakefield
Place of Burial or Cremation (City or Town)

DATE OF BURIAL March 4, 1951

7 NAME OF FUNERAL DIRECTOR Levine Funeral Service

ADDRESS Boston, Mass.

Received and filed. APR 11 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 widowed
OR DIVORCED10a If married, widowed, or divorced
HUSBAND of 1. Unknown 2. Unknown
(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 Months Days If under 24 hours
Hours Minutes13 Usual Occupation: Unable to work
(Kind of work done during most of working life)14 Industry
or Business:

15 Social Security No. None

16 BIRTHPLACE (City) Unknown
(State or country) Russia

17 NAME OF FATHER Unknown

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

19 MAIDEN NAME OF MOTHER Unknown

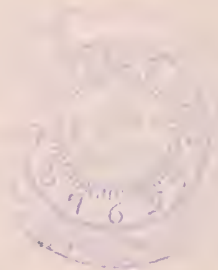
20 BIRTHPLACE OF MOTHER (City) Unknown
(State or country) Unknown21 Informant Georgie T. Brimigion
(Address) Hathorne, Mass.

TRUE COPY

ATTEST: Arthur W. Gay
(Registrar of City or Town where death occurred)

DATE FILED March 9, 1951

RECEIVED



APR 11 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.)

R-302

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. 72

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

2 FULL NAME GARDINER, Edwin P.
(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. 11 Prospect St. Winthrop
(Usual place of abode) (If nonresident, give city or town and State)

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

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH March 5, 1951
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from March 4, 1951 to March 5, 1951
I last saw him alive on March 5, 1951 death is said to

have occurred on the date stated above, at 10:40p.m.

DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a)

Hypertensive
heart disease

INTERVAL BE-
TWEEN ONSET
AND DEATH

months
years

ANTE Due To
CEDENT (b) Malignant Hypertension
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?
If so, specify
(Signed) Andrew Nichols 3rd, M. D.
(Address) Danvers, Mass. Date 3/8/51

6 Mt. Auburn Cemetery Cambridge
Place of burial (City or Town)

DATE OF BURIAL March 9, 1951

7 NAME OF FUNERAL DIRECTOR J. S. Waterman & Son
ADDRESS Boston, Mass.

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

APR 11 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 WIDOWED or DIVORCED

10a If married, widowed, or divorced HUSBAND of Unknown
(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 railroad man
(Kind of work done during most of working life)

14 Industry or Business:

15 Social Security No. Unknown

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

17 NAME OF FATHER Charles L. Gardiner

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

19 MAIDEN NAME OF MOTHER Adelaide Hyde

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

21 Informant: Georgie T. Brimigion
(Address) Hathorne, Mass.

ATTEST: Ethel W. Gay
(Registrar of City or Town where death occurred)

DATE FILED March 9, 1951

RECEIVED



APR 11 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

PLACE OF DEATH

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 DEATHDanvers
(City or town making return)

Registered No. 73

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

2 FULL NAME WILLIAMS, Gertrude D. (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. 82 Fremont St. Winthrop (Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death 18 years 2 months 8 days. In place of residence years months days.

MEDICAL CERTIFICATE OF DEATH

 3 DATE OF DEATH March 8, 1951
 (Month) (Day) (Year)

 4 I HEREBY CERTIFY, That I attended deceased from April 10, 1950, to March 8, 1951
 I last saw her alive on March 8, 1951, death is said to have occurred on the date stated above, at 12:05 a.m.

 DISEASE OR CONDITION
 DIRECTLY LEADING

TO DEATH (a) Bilateral Lung Abscess

 INTERVAL BE-
 TWEEN ONSET
 AND DEATH

weeks

 ANTE Due To
 CEDENT (b)
 CAUSES

 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

 (Signed) Andrew Nichols 3rd. M. D.
 (Address) Danvers, Mass. Date 19

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

DATE OF BURIAL March 10, 1951

 7 NAME OF FUNERAL DIRECTOR Mortimer N. Peck
 ADDRESS Braintree, Mass.

Received and filed APR 11 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 or DIVORCED Single

10a If married, widowed, or divorced

HUSBAND of (Give maiden name of wife in full)

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

11 IF STILLBORN, enter that fact here.

12 AGE 81 Years Months 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) Somerville
 (State or country) Mass.

17 NAME OF FATHER John H. Williams

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

19 MAIDEN NAME OF MOTHER Sarah Bragdon

 20 BIRTHPLACE OF MOTHER (City) Boston
 (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 March 12, 1951

RECEIVED



APR 11 1951

The Commonwealth of Massachusetts

Suffolk

(County)

Boston

(City or Town)


 EDWARD J. CRONIN
 SECRETARY OF THE COMMONWEALTH
 DIVISION OF VITAL STATISTICS
 COPY OF
 CERTIFICATE OF DEATH

Boston

(City or town making return)

Registered No.

33174

No. 21 Queen St

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

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

 (a) Residence. No. 36 Cutter
 (Usual place of abode)

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

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

MEDICAL CERTIFICATE OF DEATH

 3 DATE OF DEATH April 3/51
 (Month) (Day) (Year)
 4 I HEREBY CERTIFY, That I attended deceased from
 March 1, 1949 to April 3, 1951
 I last saw her alive on April 3, 1951 death is said to
 have occurred on the date stated above, at 12:20A.M.
INTERVAL BE-
TWEEN ONSET
AND DEATH
 DISEASE OR CONDITION
 DIRECTLY LEADING TO DEATH (a) Acute myocardial infarction
 3 Days

 ANTE Due To Coronary arterio sclerosis
 CEDENT (b)
 CAUSES

 Due To
 (c)

 OTHER SIGNIFICANT CONDITIONS Senile psychosis
 5-6 Yrs

Major findings: Of operations No

Date of operation Was autopsy performed? No

What test confirmed diagnosis? Examination

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

 (Signed) H A Derow M. D.
 (Address) Boston Mass. Date 4-3-1951

 6 Place of Burial or Cremation Winthrop Cem-Everett Mass.
 (City or Town)

DATE OF BURIAL April 4/51 19

 7 NAME OF FUNERAL DIRECTOR A Golov
 ADDRESS Dorchester Mass.

Received and filed 19

 APR 16 1951
 (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 Widow

10a If married, widowed, or divorced

HUSBAND of (Give maiden name of wife in full)

 (or) WIFE of Morris Gilman
 (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 Housework
 (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 Rubin Bian

 18 BIRTHPLACE OF FATHER (City) Russia
 (State or country)
19 MAIDEN NAME Sarah
OF MOTHER
 20 BIRTHPLACE OF MOTHER Russia
 (State or country)

 21 Informant Hebrew Home for Aged
 (Address)

A TRUE COPY

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

DATE FILED April 6/51 19

PLACE OF DEATH



PLACE OF DEATH

Suffolk
(County)

Winthrop
(City or Town)

No. 42 Harbor View Avenue

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

2 FULL NAME Helen Marie Williams
(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. 42 Harbor View Avenue
(Usual place of abode)

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

Length of stay: In place of death. years. months. days. In place of residence 20 years. months. days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH April 3 1951
(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 about 8 P.M.

DISEASE OR CONDITION
DIRECTLY LEADING TO DEATH (a) Natural causes

INTERVAL BE-
TWEEN ONSET
AND DEATH

ANTECEDENT (b) Due To Presumably
CAUSES Coronary
Due To Occlusion
(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) Arthur E. Murray M. D.
(Address) Marshfield, Mass. Date 4 April 1951

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

DATE OF entombment 4/6/51 19

7 NAME OF FUNERAL DIRECTOR Alfred B. March
ADDRESS 174 Winthrop St. Winthrop

Received and filed. 19

APR 9 1951 (Registrar)

A TRUE COPY ATTEST

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



STANDARD
CERTIFICATE OF DEATH

Winthrop
(City or town making return)

Registered No. 75

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 William A. Williams
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 60 Years 3 Months 21 Days If under 24 hours
Hours Minutes

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

14 Industry or Business: Christian Science Pub. Co.

15 Social Security No. 015-20-0861

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

17 NAME OF FATHER Eugene Field Robie

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

19 MAIDEN NAME OF MOTHER Elwa Williams

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

21 Informant Harold F. Robie
(Address) Prospect St. Marshfield, 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 (Date of Issue of Permit) 4/5/51

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

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

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

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

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

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

Winthrop
(County)Suffolk
(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.

76

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 Annie Elizabeth Riley

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

PHYSICIAN — IMPORTANT

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

(a) Residence. No. 80 Buchanan Street

(Usual place of abode)

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

Length of stay: In place of death... years... months 23 days. In place of residence 32 years... months... days.

INSTRUCTIONS
FOR
CERTIFICATEgiving
OF DEATHnot enter
than one
for each
(b) and (c)does not mean
of dying, such
stature, asthenia,
trans the disease,
indications which
death.oid conditions,
ring rise to the
se (a) stating
erlying causeitions contrib-
ne death but not
the disease or
causing death.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH April 6, 1951
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
March 1, 1951, to April 6, 1951I last saw her alive on April 6, 1951, death is said to
have occurred on the date stated above, at 19:30 A.M.DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a) Acute PericarditisANTECEDENT CAUSES
Due To (b) InfluenzaDue To
(c)OTHER SIGNIFICANT CONDITIONS
Arteriosclerotic + hypert.
heart diseaseMajor 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)

(Address) 562 Shuter St, Winthrop, April 6, 1951

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

DATE OF BURIAL April 9, 1951

7 NAME OF FUNERAL DIRECTOR John F. O'Malley

ADDRESS Winthrop Massachusetts

Received and filed

APR 9 1951

(Registrar)

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 John P. Riley

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

14 Industry or Business: Own Home

15 Social Security No.

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

17 NAME OF FATHER Edward Dow

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

19 MAIDEN NAME OF MOTHER Brady

20 BIRTHPLACE OF MOTHER (City) Ireland
(State or country)21 Informant John P. Riley
(Address) 80 Buchanan St WinthropI HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:Walter J. Baker
(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit) 4/6/51

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

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

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

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

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or 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-301

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

OM 1A:12 49-900722

PLACE OF DEATH

Suffolk
(County)Winthrop
(City or Town)

No. Bay View Nursing Home

The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICSWinthrop
(City or town making return)STANDARD
CERTIFICATE OF DEATH

Registered No. 77

2 FULL NAME Lizzie Carlotta (Haskell) Clisby
(If deceased is a married, widowed or divorced woman, give also maiden name)(Was deceased a
U. S. War Veteran, No.
if so specify WAR)(a) Residence. No. 132 Main Street St.
(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 42 years. months. days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH April 7 1951
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
1/6/51 19 to 4/6/51 19I last saw h. 4 alive on 4/6/51, 19 death is said to
have occurred on the date stated above, at 11:25 P. M.DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a) Cerebral HemorrhageINTERVAL BE-
TWEEN ONSET
AND DEATH

ANTE CEDENT CAUSES Due To (b) Arteriosclerosis 1 yr

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 J. Washburn, M. D.
(Address) 4 Washburn Ave. Date 4/9/51 19516 Place of Burial or Cremation Winthrop Cemetery Winthrop
(City or Town)

DATE OF BURIAL April 10, 1951

7 NAME OF FUNERAL DIRECTOR Alfred B. Marsh

ADDRESS 174 Winthrop St Winthrop

Received and filed APR 25 1951 19

A TRUE COPY ATTEST

(Registrar)

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 Augustus Clisby
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 83 Years 3 Months 15 Days If under 24 hours
Hours Minutes13 Usual Occupation: House wife
(Kind of work done during most of working life)

14 Industry or Business: Own home

15 Social Security No. 034-16-4643-D

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

17 NAME OF FATHER Hammond H. Haskell

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

19 MAIDEN NAME OF MOTHER Mary E. (Unknown)

20 BIRTHPLACE OF MOTHER (City) Fitchburg
(State or country) Mass.21 Informant Mr. Washburn Weston
(Address) Syracuse, N.Y.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 Office)
(Official Designation)4/10/51
(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 exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

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

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

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

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

M R-301A

PLACE OF DEATH

Suffolk
(County)Winthrop
(City or Town)

No. 99 Johnson Ave

The Commonwealth of Massachusetts
EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICSSTANDARD
CERTIFICATE OF DEATH

Registered No. 78

To be filed for burial permit
with Board of Health
or its Agent.2 FULL NAME. Rose Veronica Mellen
(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. 99 Johnson 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 22 years months days.

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

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH April 7 1951
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
Mar 28 1951 to April 2 1951

I last saw h alive on April 6 1951 death is said to

have occurred on the date stated above, at 3:15 P. m.

DISEASE OR CONDITION DIRECTLY LEADING
TO DEATH (a) VENTRICULAR
FibrillationINTERVAL BE-
TWEEN ONSET
AND DEATH
3 m.ANTE CEDENT CAUSES Due To (b) Cause of liver
RDue 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? 115

If so, specify

(Signed)

(Address)

Date

M. D.

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

DATE OF BURIAL April 11 1951

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

Received and filed APR 10 1951

(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 74 Years Months Days If under 24 hours
Hours Minutes13 Usual Occupation Monotype Operator
(Kind of work done during most of working life)

14 Industry or Business: Printing

15 Social Security No.

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

17 NAME OF FATHER Michael Mellen

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

19 MAIDEN NAME OF MOTHER Jane O'Donnell

20 BIRTHPLACE OF MOTHER (City) Ireland
(State or country)21 Informant Jane Holland
(Address) 99 Johnson AveI HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:Walter S. Baker
(Signature of Agent of Board of Health or other
Health Officer) 4/9 1951
(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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. . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

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

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

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

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

50m-(h)-11-49-970,560

PLACE OF DEATH

1

Suffolk
(County)
Winthrop
(City or Town)

No.

2 FULL NAME

Winthrop Comm Hospital
Baby (Boy) Ferraras
(If deceased is a married, widowed or divorced woman, give also maiden name.)
74 Shirley St

(a) Residence. No.

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

MEDICAL CERTIFICATE OF DEATH

3 DATE OF
DEATHApril
(Month)8
(Day)1957
(Year)4 I HEREBY CERTIFY, That I attended deceased from
....., 19..... to 1957I 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

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?.....

If so, specify.....

(Signed).....

(Address).....

6 Place of Burial or Cremation.....

DATE OF BURIAL

7 NAME OF
FUNERAL DIRECTOR

ADDRESS

Received and filed

APR 9 1957

(Registrar)

The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICSSTANDARD
CERTIFICATE OF DEATH

Registered No. 79

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

PERSONAL AND STATISTICAL PARTICULARS

8 SEX

Male

9 COLOR OR RACE

White

10 SINGLE (write the word)

MARRIED
WIDOWED
or DIVORCED 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

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

Salvatore Ferraras

18 BIRTHPLACE OF

FATHER (City)

(State or country)

Boston
Mass.19 MAIDEN NAME
OF MOTHER

Lucy Iavannia

20 BIRTHPLACE OF

MOTHER (City)

(State or country)

Boston
Mass.

21

Informant

(Address)

74 Salvatore Ferraras
Shirley 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)

Health Officer

(Date of Issue of Permit)

4/9/57

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

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

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

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

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

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICSTo be filed for burial permit
with Board of Health
or its Agent.

Suffolk

(County)

Winthrop

(City or Town)

No. 104 Highland Ave.

STANDARD
CERTIFICATE OF DEATH

Registered No.

80

{(If death occurred in a hospital or institution,
St. { give its NAME instead of street and number)2 FULL NAME. Catherine (MacDonald) MacPhail
(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. 283 Main Street
(Usual place of abode)

(If nonresident, give city or town and State)

Length of stay: In place of death 8 years months days. In place of residence 23 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH April 9 1951
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
Dec 10 1945, to April 9 1951I last saw her alive on April 9 1951, death is said to
have occurred on the date stated above, at 6:40 P. M.INTERVAL BE-
TWEEN ONSET
AND DEATHDISEASE OR CONDITION
DIRECTLY LEADINGTO DEATH (a) Congestive heart
failure

5 years 10 1/2

ANTE Due To
CEDENT (b)
CAUSESDue To
(c)OTHER
SIGNIFICANT CONDITIONS
Coronary sclerosisMajor findings:
Of operations

Date of operation Was autopsy performed?

What test confirmed diagnosis?

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

If so, specify

(Signed) H. B. H. H. H.

(Address) 447 Study St. Winthrop

Date 4-9 1951

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

DATE OF BURIAL

April 12 1951

7 NAME OF
FUNERAL DIRECTOR

ADDRESS

Received and filed

APR 17 1951

(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 Duncan MacPhail

(Husband's name in full)

11 IF STILLBORN, enter that fact here.

AGE 77 Years 7 Months 12 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) Cape Breton
(State or country) Nova Scotia N.S.17 NAME OF
FATHER Malcolm MacDonald

18 BIRTHPLACE OF

FATHER (City) Scotland
(State or country)19 MAIDEN NAME
OF MOTHER Unable to Obtain

20 BIRTHPLACE OF

MOTHER (City) Scotland
(State or country)21 Informant Mary MacPhail
(Address) 283 Main St. WinthropI HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transfer permit was issued:Walter L. Baker
(Signature of Agent of Board of Health or other)
Health Officer (Official Designation) 4/11/51
(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 exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

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

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

Statement of Cause of Death.—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

1

Essex

(County)

Danvers

(City or Town)

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

2 FULL NAME NOYES, Byron W.
(If deceased is a married, widowed or divorced woman, give also maiden name.)(a) Residence. No. 40 Washington
(Usual place of abode)St. Winthrop
(If nonresident, give city or town and State)

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

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH April 10, 1951
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from April 10 50 to April 10, 19 51

I last saw him alive on April 10 19 51 death is said to have occurred on the date stated above, at 6:20 p.m.

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

months

ANTE CEDENT
CAUSES (b)Due To
(c)OTHER
SIGNIFICANT
CONDITIONSMajor findings:
Of operations.....

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

What test confirmed diagnosis? Clinical

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

(Signed) Andrew Nichols 3rd M. D.
(Address) Danvers, Mass. Date 4/13/51 196 Oakdale Cemetery Middleton
Place of Burial or Cremation (City or Town)

DATE OF BURIAL April 13, 19 51

7 NAME OF FUNERAL DIRECTOR Gardner H. Shattuck

ADDRESS Evetett, Mass.

Received and filed April 9, 1951 19

(Registrar of City or Town where deceased resided)

The Commonwealth of Massachusetts

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

Danvers

(City or town making return)

Registered No. 81

PERSONAL AND STATISTICAL PARTICULARS

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

10a If married, widowed, or divorced HUSBAND of Annabelle Wheeler
(Give maiden name of wife in full)(or) WIFE of
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 43 Years 2 Months 28 Days If under 24 hours Hours Minutes

13 Usual Occupation: Salesman
(Kind of work done during most of working life)14 Industry
or Business:

15 Social Security No. Unknown

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

17 NAME OF FATHER Byron W. Noyes, Sr.

18 BIRTHPLACE OF FATHER (City) Middleton
(State or country) Massachusetts

19 MAIDEN NAME OF MOTHER Helen Brider

20 BIRTHPLACE OF MOTHER (City) St. Louis
(State or country) Missouri21 Informant Mary E. Sheehan
(Address) Hathorne, Mass.

A TRUE COPY

ATTEST: Arthur W. Gay
(Registrar of City or Town where death occurred)

DATE FILED April 16, 19 51

PLACE OF DEATH

 Worcester
(County)

 Rutland
(City or Town)


The Commonwealth of Massachusetts

 EDWARD J. CRONIN
 SECRETARY OF THE COMMONWEALTH
 DIVISION OF VITAL STATISTICS

 Rutland
(City or town making return)

 COPY OF
 CERTIFICATE OF DEATH

Registered No. 82

No. Rutland State Sanatorium

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

 2 FULL NAME Donald Ray Hutchinson
 (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)

4 Revere

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

Length of stay: In place of death 1 years 6 months 10 days. In place of residence years months days.

MEDICAL CERTIFICATE OF DEATH

 3 DATE OF DEATH April 14, 1951
 (Month) (Day) (Year)

 4 I HEREBY CERTIFY, That I attended deceased from
 October 4 1949, to April 14, 1951

I last saw him alive on April 14, 1951 death is said to

have occurred on the date stated above, at 3:25 p.m.

 INTERVAL BE-
 TWEEN ONSET
 AND DEATH

 DISEASE OR CONDITION
 DIRECTLY LEADING

 TO DEATH (a) Pulmonary
 tuberculosis

2 yrs

 ANTE Due To Diabete mellitus 5 1/2 yrs
 CEDENT (b) CAUSES

 Due To
 (c)

 OTHER
 SIGNIFICANT
 CONDITIONS

 Major findings:
 Of operations.

Date of operation. Was autopsy performed? Yes

What test confirmed diagnosis? X-ray, laboratory test

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

If so, specify

(Signed) George Altenhaus

(Address) Rutland, Vt. Date April 14, 1951

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

DATE OF BURIAL April 17, 1951

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

Received and filed MAY 7 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 divorced
 WIDOWED or DIVORCED

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

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

11 IF STILLBORN, enter that fact here.

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

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

 14 Industry
 or Business:

15 Social Security No. 032-03-3868

 16 BIRTHPLACE (City) Concord, N.H.
 (State or country)

17 NAME OF FATHER Fred Hutchinson

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

19 MAIDEN NAME OF MOTHER Alice Astelle

 20 BIRTHPLACE OF MOTHER (City) Waterbury,
 (State or country) Vermont

 21 Informant Merrill Hutchinson
 (Address) 303 Main St., Winthrop, Mass.

A TRUE COPY

 ATTEST: Linda A. Hauff
 (Registrar of City or Town where death occurred)

Date Filed Board of Health April 15, 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.)

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)
3732 83
Registered No.

No. Peter Bent Brigham Hospital

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

2 FULL NAME Evelyn Atwood
(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)

33 Bellevue Ave.

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

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

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH April 15/51
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from
April 10 19 51 to April 15 19 51

I last saw him alive on April 15 19 51, death is said to
have occurred on the date stated above, at 7:30A m.

DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a) Obstruction of gall
bladder and common

ANTE Due To
CEDENT (b) duct 2 Weeks
CAUSES Gall stones Years

Due To
(c) Coronary arterio
sclerosis Years

OTHER
SIGNIFICANT
CONDITIONS Cerebral edema
Nephrosclerosis

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) N A Wilhelm

(Address) Peter Bent Brigham Hospt 4-15-51

6 Place of Burial or Cremation Winthrop Cem- Winthrop Mass.
(City or Town)

DATE OF BURIAL April 18/51 19

7 NAME OF FUNERAL DIRECTOR A B Marsh
ADDRESS Winthrop Mass.

Received and filed APR 30 1951 19

(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX F 9 COLOR OR RACE W 10 SINGLE (write the word)
MARRIED Widowed Married
or DIVORCED

10a If married, widowed, or divorced
HUSBAND of

(Give maiden name of wife in full)

Charles E Atwood

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

11 IF STILLBORN, enter that fact here.

12 AGE 73 Years 5 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: At Home

15 Social Security No. None

16 BIRTHPLACE (City) Milford N.H.
(State or country)

17 NAME OF FATHER Elmon Gutterson

18 BIRTHPLACE OF FATHER (City) Manchester N.H.
(State or country)

19 MAIDEN NAME OF MOTHER --- Anthoney

20 BIRTHPLACE OF MOTHER (City) Hancock N.H.
(State or country)

21 Informant Husband
(Address)

A TRUE COPY

ATTEST: Charles E. Mack
(Registrar of City or Town where death occurred)

DATE FILED April 18/51 19

M R-301A

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

50M-2-19-25666

PLACE OF DEATH

Suffolk
(County)Winthrop
(City or Town)

No. Winthrop Community Hospital

Baby Girl Magee

2 FULL NAME
(If deceased is a married, widowed or divorced woman, give also maiden name.)(a) Residence. No. 60 Court Rd.
(Usual place of abode)St. (If death occurred in a hospital or institution,
give its NAME instead of street and number)

Registered No. 84

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.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH APRIL 15, 1951
(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 m.

DISEASE OR CONDITION

DIRECTLY LEADING
TO DEATH (a)Card tight chest
neck 2 timesANTE 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) Thomas Brown M. D.

(Address) 3116 Avenue 16, Bklyn, Date 4-15-1951

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

DATE OF BURIAL April 17 1951

7 NAME OF
FUNERAL DIRECTOR

ADDRESS Winthrop Mass

Received and filed APR 25 1951 19

(Registrar)



The Commonwealth of Massachusetts

EDWARD J. CRONIN, SECRETARY
DIVISION OF VITAL STATISTICSSTANDARD
CERTIFICATE OF DEATHTo be filed for burial permit
with Board of Health
or its Agent.

PERSONAL AND STATISTICAL PARTICULARS

8 SEX F 9 COLOR OR RACE W 10 SINGLE MARRIED (write the word)
WIDOWED or DIVORCED S

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. STILL BORN

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. Winthrop

16 BIRTHPLACE (City) Winthrop
(State or country) Mass17 NAME OF
FATHER Paul Magee18 BIRTHPLACE OF Chelsea
FATHER (City)
(State or country) Mass19 MAIDEN NAME
OF MOTHER Marie Fabiano20 BIRTHPLACE OF
MOTHER (City) Revere
(State or country) Mass21 Informant Paul Magee
(Address) 60 Court Rd. Winthrop, 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)
Health Officer 4/16/51
(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 exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

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

R-301A

INSTRUCTIONS
FOR
CERTIFICATEgiving
OF DEATHnot enter
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(b) and (c)does not mean
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causing death.J
the 7-1380

50M-2-19-25666

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 Apr 21 1951
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from Apr 21 1951, to Apr 21 1951

I last saw him alive on Apr 21 1951, death is said to have occurred on the date stated above, at 8:58 a.m.

DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a) prematurityANTECEDENT
(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) D. Thomas Steffen M. D.
(Address) 21 Broad Street date Apr 21, 19516 Place of Burial or Cremation (City or Town)
DATE OF BURIAL April 26 19517 NAME OF
FUNERAL DIRECTOR

ADDRESS 91 Broad St. - Boston

Received and filed 19

APR 26 1951

(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. 85

{(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. Reverse, 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 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
1 Hour 22 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) Montpelier, Vermont

17 NAME OF FATHER Anthony J. Angenica

18 BIRTHPLACE OF FATHER (City) (State or country) Portland, Maine

19 MOTHER'S NAME OF MOTHER Victoria Indriaty

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

21 Informant (Address) 58 Summer St. - Boston

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

Walter L. Baker
(Signature of Agent of Board of Health or other)Health Officer 4/25/51
(Official Designation) (Date of Issue of Permit)

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
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SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

Copies of returns of deaths 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.

39426

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

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

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

Length of stay: In place of death **3** years **3** months **18** days. In place of residence **59** years **2** months **18** days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH **April 21/51**
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from **Jan. 22** 19 **51**, to **April 21** 19 **51**

I last saw h. **-----** alive on **-----**, 19 **-----**, death is said to have occurred on the date stated above, at **1:35A.**

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) **Lobar pneumonia R U L**
L L L-R.L.L. Days

ANTE CEDENT CAUSES Due To (b) **Carcinoma of the prostate with diffuse metastases** Yrs

Due To (c) **Inanition** Mos.
Hydronephrosis and acute pyelonephritis Mos.
calculi of the urinary bladder Mos.

OTHER SIGNIFICANT CONDITIONS

Major findings: Of operations. Date of operation. **Was autopsy performed?**
Clinical laboratory and autopsy findings

5 Was disease or injury in any way related to occupation of deceased? If so, specify. (Signed) **J S Guyboski** M. D. (Address) **West Roxbury Mass. 4-21** 19 **51**

6 **Winthrop Cem-Winthrop Mass.** (City or Town)
DATE OF BURIAL **April 24/51** 19 **51**

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

Received and filed **MAY 7 1951** 19 **51**
(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 **Helen Cahill**
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 **59** Years **5** Months **18** Days If under 24 hours Hours Minutes

13 Usual Occupation: **Bus Driver**
(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 **Walter Belcher**

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

19 MAIDEN NAME OF MOTHER **Amelia Coffin**

20 BIRTHPLACE OF MOTHER (City) **Prince Edward Island**
(State or country)

21 Informant **V A Hospt Records**
(Address)

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

DATE FILED **April 25/51** 19 **51**

Entered Service 3-30-17 Discharged 1-1-19

Seaman U.S.Navy Service No. 111 27 60

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. 395787

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

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

(a) Residence. No. 69 Circuit 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 7 days. In place of residence 25 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH April 21/51
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from April 14 19 51 to April 21/51 19
I last saw him alive on April 21 19 51 death is said to have occurred on the date stated above, at 10:35P.

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Pyelonephritis chronic Mos.

INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES Due To Carcinoma bladder Mos.

OTHER SIGNIFICANT CONDITIONS Arterio sclerosis generalized Yrs

Major findings: Carcinoma bladder
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?
If so, specify E. T. Rafferty M. D.
(Signed) Mass. Mem. Hospt Date 4-21 19 51
(Address)

6 Place of Burial or Cremation Winthrop Cem-Winthrop Mass.
(City or Town)

DATE OF BURIAL April 24/51 19

7 NAME OF FUNERAL DIRECTOR H S Reynolds
Winthrop Mass.

ADDRESS

Received and filed MAY 7 1951 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 DIVORCED Married

10a If married, widowed, or divorced HUSBAND of George C Young
(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 27 Days If under 24 hours Hours Minutes

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

14 Industry or Business Woolenn Co.

15 Social Security No. 011-16-3845A

16 BIRTHPLACE (City) Providence R.I.
(State or country)

17 NAME OF FATHER Howard H Snow

18 BIRTHPLACE OF FATHER (City) Providence R.I.
(State or country)

19 MAIDEN NAME OF MOTHER Abbie Boss

20 BIRTHPLACE OF MOTHER (City) Newport R.I.
(State or country)

21 Informant G C Snow
(Address) Charles H. Mackie

A TRUE COPY

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

DATE FILED April 25/51 19

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. 88

PLACE OF DEATH

Suffolk County
Winthrop
(City or Town)

No. 142 Pleasant St (Conv. Home) St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Daniel Martin
(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. 57 Lane St. Revere Mass.
(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 30 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH April 23 1951
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
Oct. 23 1950 to April 23 1951I last saw him alive on April 23 1951, death is said to
have occurred on the date stated above, at 12:50 P.M.DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a) Myocarditis
Coronary heart diseaseINTERVAL BETWEEN ONSET
AND DEATH

6 Mos

ANTECEDENT
CAUSES (b)Due To
(c)OTHER SIGNIFICANT
CONDITIONS Heart failure

24 hrs

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) Andrew Catano M. D.
(Address) 94 Beach St. Revere Date April 24 19516 Holy Cross Cem. Malden
Place of Burial or Cremation (City or Town)

DATE OF BURIAL April 25 1951

7 NAME OF FUNERAL DIRECTOR Gene Bronghiolo

ADDRESS 128 Revere St. Revere

Received and filed APR 25 1951

(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 Mary Riley
(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 Minutes13 Usual Occupation: Retired
(Kind of work done during most of working life)

14 Industry or Business: Bricklayer

15 Social Security No. 012-12-6782

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

17 NAME OF FATHER Owen Martin

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

19 MAIDEN NAME OF MOTHER Cannot Be Learned

20 BIRTHPLACE OF MOTHER (City) Cannot Be Learned
(State or country)21 Informant (Address) Alfred Holland Martin
57 Lane St. RevereI 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 4/24/51
(Official Designation) (Date of Issue of Permit)

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

R-301A

DUPLICATIONS
OR
CERTIFICATEiving
OF DEATHt enter
than one
for each
b) and (c)oes not mean
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ations which
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ing rise to the
(a) stating
ying causeons contrib-
death but not
e disease or
using death.

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

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

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

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

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

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

No undertaker or other 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 notation to that effect

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or town)
 No. **45 Highland Ave** (rear) St. { (If death occurred in a hospital or institution, give its NAME instead of street and number)

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

(a) Residence. No. **45 Highland Avenue (rear)** St. **W.W.I**
 (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 **12** yrs. mos. days.
 (Before death) (Specify whether)



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

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

Registered No. **89**

PERSONAL AND STATISTICAL PARTICULARS

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

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

6 Age of husband or wife if alive years

7 IF STILLBORN, enter that fact here.

8 AGE **65** Years **2** Months **18** Days | If less than 1 day
 Hours..... Minutes

9 Usual Occupation: **retired soldier**

10 Industry or Business: **U.S. Army**

11 Social Security No. **no**

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

13 NAME OF FATHER **John McVey**

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

15 MAIDEN NAME OF MOTHER **unable to obtain**

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

17 Informant **Mrs. John McVey** (Relation, if any)
 (Address) **45 Highland Ave, rear**

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH **April 23 1951**
 (Month) (Day) (Year)

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

20 Accident, suicide, or homicide (specify).....
 Date of occurrence..... **19**
 Where did Injury occur?
 (City or town and State)
 Did Injury occur in or about home, on farm, in industrial place, or in public place?
 (Specify type of place)
 Manner of Injury
 Nature of Injury
 While at work? Was there an autopsy? **no**

21 Was disease or injury in any way related to occupation of deceased?.....
 If so, specify (Signed) **Richard Ford** M. D.
 (Address) **107...** Date **4-23-1951**

22 **Post Cemetery Ayer, Mass.**
 Place of Burial, Cremation or Removal. (City or Town)
 DATE OF BURIAL **April 25, 1951** **19**

23 NAME OF FUNERAL DIRECTOR **Edmund B. Marsh**
 ADDRESS **174 Winthrop St, Winthrop**

Received and filed **APR 25 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 H. Baker
 (Signature of Agent of Board of Health or other)
Health Officer (Official Designation) **4/24/51** (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 exume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which

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

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

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

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

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

RULES OF PRACTICE

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

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

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

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

STATEMENT OF CAUSE OF DEATH

Medical Examiners in certifying to a death will state the cause and manner thereof, and will specify: (1) Under cause, the nature of an injury and of its consequences; and (2) under manner, the mode of its production together with the circumstances when these are known. For example: "Compound fracture of the femur with ensuing septicemia (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

Sept. 17, 1907

DATE OF DISCHARGE

May 31, 1936

RANK, RATING

1st sargent

ORGANIZATION AND OUTFIT

U. S. Coast artillery

SERVICE NUMBER

344 R 343603

PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)

STANDARD
CERTIFICATE OF DEATH

(City or town making return)

Registered No. 90

No. Pleasant Street

St. (If death occurred in a hospital or institution,
give its NAME instead of street and number)2 FULL NAME Harry Allen Davis
(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. 23 Woodside 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 4 years. months. days.

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

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH April 25 1951
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from June 1948 to April 25 1951
I last saw him alive on April 25 1951, death is said to

have occurred on the date stated above, at 2:31 A. m.

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

2 weeks

ANTE CEDENT
CAUSESDue To
(c)OTHER
SIGNIFICANT
CONDITIONSMajor findings:
Of operations.

Date of operation. Was autopsy performed?

What test confirmed diagnosis? clinical

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

If so, specify

(Signed) Paul P. Weissert 4/25 M. D.
(Address) 238 Shore Drive Winthrop Mass Date 4/25 19516 Winthrop Winthrop
Place of Burial or Cremation (City or Town)

DATE OF BURIAL April 26 1951

7 NAME OF
FUNERAL DIRECTOR

ADDRESS

Received and filed APR 26 1951 19

A TRUE COPY ATTEST

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Male 9 COLOR OR RACE White 10 SINGLE MARRIED (write the word)
MARRIED WIDOWED
or DIVORCED Married10a If married, widowed, or divorced:
HUSBAND of Marion Thurston
(Give maiden name of wife in full)

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

11 IF STILLBORN, enter that fact here.

12 AGE 45 Years 11 Months 1 Days If under 24 hours
Hours Minutes13 Usual Occupation: Pressman
(Kind of work done during most of working life)

14 Industry or Business: Publishing House

15 Social Security No. 362-09-2950

16 BIRTHPLACE (City) Fruitland
(State or country) Missouri

17 NAME OF FATHER John B Davis

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

19 MAIDEN NAME OF MOTHER Mona D Caldwell

20 BIRTHPLACE OF MOTHER (City)
(State or country) Missouri21 Informant Marion Davis
(Address) 23 Woodside 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, Jr.
(Signature of Agent of Board of Health or other)
Health Officer 4/26/51
(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.

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

(City or town making return)

Registered No. 91

No. 41 Washington Ave. St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

Edna I Eaton

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

41 Washington 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. 4 months. days. In place of residence. years. 4 months. days.

INSTRUCTIONS
FOR
AL CERTIFICATEn giving
E OF DEATHnot 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 causeditions contrib-
the death but not
to the disease or
n causing death.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH April 25 1951
(Month) (Day) (Year)4 I HEREBY CERTIFY That I attended deceased from
Oct 49 to April 25 51I last saw her alive on Apr 15 51 death is said to
have occurred on the date stated above, at 3.15 P.m.DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a) Acute coronary occlusionINTERVAL BE-
TWEEN ONSET
AND DEATH

1/2 hr

ANTE CEDENT CAUSES Due To Hypertension

3 yrs

Due To Arterio-sclerosis

3 yrs.

OTHER SIGNIFICANT CONDITIONS Chronic nephritis

2 yrs

Major findings: 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)

(Address) 25 Sturgis St. Date 4/26 1951

6 Woodlawn Everett
(City or Town)

DATE OF BURIAL April 27 1951

7 NAME OF FUNERAL DIRECTOR Edward S. Reynolds

ADDRESS Winthrop Mass

Received and filed. 19

APR 26 1951

(Registrar)

A TRUE COPY ATTEST

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.

12 AGE 65 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: Medical

15 Social Security No. 032-01-0850A

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

17 NAME OF FATHER Charles L Eaton

18 BIRTHPLACE OF FATHER (City) St John
(State or country) New Brunswick

19 MAIDEN NAME OF MOTHER Rose Hubley

20 BIRTHPLACE OF MOTHER (City) Halifax
(State or country) Nova Scotia21 Informant Records Clk Age Assistance
(Address) Winthrop Mass.I HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued.

(Signature of Agent of Board of Health or other)

(Official Designation) Health Officer (Date of Issue of Permit) 4/26/51

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 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.

SPACE FOR ADDITIONAL INFORMATION

SERVICE NUMBER

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

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

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

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

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

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)
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. **92**

No. *41 Emerson Rd.* (If death occurred in a hospital or institution, St. { give its NAME instead of street and number)

2 FULL NAME *Ellen Bradley Stalzell*
(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. *41 Emerson Rd. Winthrop, Mass.*
(Usual place of abode) (If non-resident, give city or town and State)

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

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH *April 26, 1951*
(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 cardio-vascular
following fracture of femur
injured in accidental
fall.*

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

Date and hour of injury *April 9, 1951*

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*

Manner of
injury *Accidental fall*
(Specify type of place)

Nature of
injury *Fracture of femur*
(How did injury occur?)

While at work? Was autopsy performed? *no*

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

If so, specify

(Signed) *Michael J. Frongos* M. D.

(A dress) *25 Shattuck St.* Date *4/27/1951*

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

DATE OF BURIAL *April 30, 1951*

8 NAME OF FUNERAL DIRECTOR *John H. Baker*

ADDRESS *Winthrop*

Received and filed *APR 30 1951*

(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 *Archibald Stalzell*
(Husband's name in full)

12 IF STILLBORN, enter that fact here.

13 AGE *84* Years.....Months.....Days If under 24 hours
Hours.....Minutes

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

15 Industry or Business: *at home*

16 Social Security No. *232-1328*

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

18 NAME OF FATHER *John Bradley*

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

20 MAIDEN NAME OF MOTHER *Mar. L.*

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

22 Informant *Walter F. Baker*
(Address) *41 Emerson 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 F. Baker
(Signature of Agent of Board of Health or other)
H.D. (Official Designation) *April 30, 1951* (Date of Issue of Permit)

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

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

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

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

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

M R-301A

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

50M-2, 19-25666

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

4 I HEREBY CERTIFY, That I attended deceased from

I last saw her alive on death is said to

have occurred on the date stated above, at m.

DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a)ANTE CEDENT
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 or 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 30 1951

(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.

93

(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 57 Years Months Days

If under 24 hours

Hours Minutes

13 Usual

Occupation:

(Kind of work done during most of working life)

14 Industry

or Business:

15 Social Security No.

16 BIRTHPLACE (City)
(State or country)17 NAME OF
FATHER

18 BIRTHPLACE OF

FATHER (City)

(State or country)

19 MAIDEN NAME

OF MOTHER

20 BIRTHPLACE OF

MOTHER (City)

(State or country)

21

Informant

(Address)

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

Walter J. 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. 32, 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

PLACE OF DEATH

Suffolk
(County)Winthrop
(City or Town)

The Commonwealth of Massachusetts

EDWARD J. CRONIN, SECRETARY
DIVISION OF VITAL STATISTICSSTANDARD
CERTIFICATE OF DEATHTo be filed for burial permit
with Board of Health
or its Agent.

Registered No. Winthrop

No. Winthrop Community Hospital

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

2 FULL NAME Jessie Flora Bruce

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

PHYSICIAN — IMPORTANT

(Was deceased a
U. S. War Veteran,
if so specify WAR)(a) Residence. No. 12 Elliot Street
(Usual place of abode)

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

Length of stay: In place of death 1 months 1 days. In place of residence 10 years 1 months 1 days.

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

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH April 29, 1951
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from

February 8, 1949, to April 29, 1951

I last saw her alive on April 29, 1951, death is said to

have occurred on the date stated above, at 1:30 A. m.

DISEASE OR CONDITION

DIRECTLY LEADING

TO DEATH (a) Arteriosclerotic and
hypertensive heart diseaseANTECEDENT
CAUSES (b)Generalized Arterio-
sclerosisDue To
(c)OTHER
SIGNIFICANT
CONDITIONSBenign nephrosclerosis 1 year
Arteriosclerotic Gangrene Left leg 1 monthMajor findings:
Of operations.

Date of operation. Was autopsy performed? No

What test confirmed diagnosis? Clinical + Laboratory

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

If so, specify.

(Signed) Maurice Thompson M. D.
(Address) 563 Shirley St., Winthrop Date April 29, 19516 Glenwood Cemetery Everett
Place of Burial or Cremation (City or Town)

DATE OF BURIAL May 2, 1951

7 NAME OF
FUNERAL DIRECTOR

ADDRESS 174 Winthrop St., Winthrop

Received and filed

MAY 2 1951

(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 Robert Bruce

(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 77 Years 6 Months 17 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. No.
Cape Breton16 BIRTHPLACE (City). Nova Scotia
(State or country)

17 NAME OF FATHER Donald MacArthur

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

19 MAIDEN NAME OF MOTHER Mary MacIntosh

20 BIRTHPLACE OF MOTHER (City) Cape Breton
(State or country) Nova Scotia21 Informant Robert Bruce
(Address) 12 Elliot St.I HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:Walter S. Baker
(Signature of Agent of Board of Health or other
Health Officer)
(Official Designation) 5/1/51
(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 exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

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

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

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

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

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

PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)

No. Winthrop Community Hospital

2 FULL NAME

David McInnes

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

(a) Residence. No.

(Usual place of abode)

214 Somerset Ave.

St.

(If nonresident, give city or town and State)

Length of stay: In place of death..... years. 1 months. 7 days. In place of residence..... 40 years..... months..... days.

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. 95

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH April 30, 1951.
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
March 22 1951 to April 30 1951I last saw him alive on April 29, 1951, death is said to
have occurred on the date stated above, at 3:20 A.M.

DISEASE OR CONDITION

DIRECTLY LEADING

TO DEATH (a) Arteriosclerotic
heart disease

Chr. cholecystitis with

ANTE Due To Cholelithiasis

CAUSES (b) fatty metamorphosis of
liver

Benign nephrosclerosis

Due To

(c)

OTHER

SIGNIFICANT CONDITIONS Bronchopneumonia,
terminal

Major findings:

Of operations: none.

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? no

If so, specify

(Signed) Eudice W. Wilkinson M. D.

(Address) Winthrop, Mass. Date May 1, 1951.

6

Woodlawn

Everett

Place of Burial or Cremation

(City or Town)

DATE OF BURIAL

May 2

1951

7 NAME OF

FUNERAL DIRECTOR

ADDRESS

Raymond S. Reynolds
Winthrop Mass.

Received and filed

MAY 2 1951

19

A TRUE COPY ATTEST

(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 Euphemia Templeton

(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

7

Months

8

Days

If under 24 hours

Hours..... Minutes

13 Usual

Occupation:

Clerk

(Kind of work done during most of working life)

14 Industry

or Business:

Insurance rating

15 Social Security No.

010-09-0501A

16 BIRTHPLACE (City)

East Boston

(State or country)

Mass

17 NAME OF

FATHER

Archibald McInnes

18 BIRTHPLACE OF

FATHER (City)

(State or country)

Scotland

19 MAIDEN NAME

OF MOTHER

Catherine Hardy

20 BIRTHPLACE OF

MOTHER (City)

(State or country)

Scotland

21

Informant

(Address)

Euphemia McInnes

214 Somerset Ave. Winthrop

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

(Signature of Agent of Board of Health or other)

(Official Designation)

Walter L. Baker

Health Officer

(Date of Issue of Permit)

5/2/51

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

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

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

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

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

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

RULES OF PRACTICE

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

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

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

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

Tewksbury

(City or Town)



Tewksbury State Hospital and Infirmiry, Tewksbury

EDWARD J. CRONIN

 SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

COPY OF

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

(City or town making return)

Registered No. 64 96

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

 2 FULL NAME Mathias Marion { (Was deceased a U. S. War Veteran, if so specify WAR)

 (a) Residence. No. 46 Madison Avenue xx Winthrop
(Usual place of abode) (If nonresident, give city or town and State)

 Length of stay: In place of death 7 years 0 months 25 days. In place of residence years months days.

MEDICAL CERTIFICATE OF DEATH

 3 DATE OF DEATH April 4 1951
(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 following fracture
neck left femur

 5 Accident, suicide, or homicide (specify) Accident
Date and hour of injury Feb. 17 19 51

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

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

 Manner of Injury Fell to floor
(How did injury occur?)

 Nature of Injury Fracture - left hip

 While at work? No Was autopsy performed? No

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

 If so, specify M. D. Bryant M. D.
(Signed) Lowell, Mass. 4-4 51
(Address) Lowell, Mass. 4-4 51

 7 Winthrop Cemetery, Winthrop, Mass.
Place of Burial, or Cremation. April 6 (City or Town) 51

 DATE OF BURIAL April 6 19 51

 8 NAME OF FUNERAL DIRECTOR John F. O'Maley
ADDRESS Winthrop, Massachusetts

 Received and filed JUN 4 1951 19

(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

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

 11a If married, widowed, or divorced HUSBAND of Zennare Guimut
(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 1 Months 25 Days If under 24 hours
Hours Minutes

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

 15 Industry or Business: Not learned

 16 Social Security No. Not learned
BIRTHPLACE (City) Not learned
(State or country) Canada

 18 NAME OF FATHER Louis Marion

 19 BIRTHPLACE OF FATHER (City) Not learned
(State or country) Canada

 20 MAIDEN NAME OF MOTHER Louisa (not learned)

 21 BIRTHPLACE OF MOTHER (City) Not learned
(State or country) Canada

 22 Informant (Address) Hospital records

A TRUE COPY.

 ATTEST: Thomas J. Cronin
(Registrar of City or Town where death occurred)

 DATE FILED April 4 51



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. 29597

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 Boucher

(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. 20 Coral Avenue

(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 April 30, 1951

(Month)

(Day)

(Year)

4 I HEREBY CERTIFY, That I attended deceased from Apr. 30, 1951 to Apr. 30, 1951

I last saw him alive on Apr. 30, 1951

Death is said to have occurred on the date stated above, at 0430A.m.

DISEASE OR CONDITION

DIRECTLY LEADING

TO DEATH (a) Atelectasis

INTERVAL BETWEEN ONSET AND DEATH

ANTE CEDENT CAUSES Due To Prematurity

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) Donald R. Mundie

M. D.

(Address) USNH Chelsea

Date 5/1/51

6 Woodlawn, Everett, Mass.

Place of Burial or Cremation

(City or Town)

DATE OF BURIAL May 2, 1951

19

7 NAME OF FUNERAL DIRECTOR Fenton H. Norris

ADDRESS Cambridge, Mass.

Received and filed JUN 8 - 1951

19

(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 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)

Chelsea, Mass.

17 NAME OF FATHER

George A. Boucher

18 BIRTHPLACE OF FATHER (City)

(State or country)

Manchester, N.H.

19 MAIDEN NAME OF MOTHER

Elizabeth Barker

20 BIRTHPLACE OF MOTHER (City)

(State or country)

Henniker, N.H.

21 Informant Geo. A. Boucher

(Address)

20 Coral Ave. Winthrop, Mass.

A TRUE COPY

ATTEST:

(Registrar of City or Town where death occurred)

DATE FILED

May 2, 1951

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)

Chelsea

(City or Town)

No. U.S. Naval Hospital

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

(a) Residence. No. 34 Girdlestone Rd. 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.

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. 296 98

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 May 1, 1951
(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, atm.

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Stillbirth

INTERVAL BETWEEN ONSET AND DEATH

ANTE CEDENT CAUSES Due To (b) Intrauterine death at 16 weeks to 20 weeks

Due To (c) Breus mole

OTHER SIGNIFICANT CONDITIONS

Major findings: Of operations.....

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

What test confirmed diagnosis?

5 Was disease or injury in any way related to occupation of deceased?

If so, specify (Signed) Dow B. True M. D.

(Address) USNHosp. Chelsea Date 5/1/51

6 Holy Cross, Malden, Mass. (City or Town)

DATE OF BURIAL May 3, 1951 19

7 NAME OF FUNERAL DIRECTOR J. Vincent Murray

ADDRESS 262 Bonoh St. Revere

Received and filed. JUN 8 - 1951 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 hoursHours.....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 Francis T. Lynch

18 BIRTHPLACE OF FATHER (City) Brooklyn, N.Y. (State or country)

19 MAIDEN NAME OF MOTHER Valleda E. Guidi

20 BIRTHPLACE OF MOTHER (City) Boston, Mass. (State or country)

21 Informant U.S. Naval Hospital (Address) Chelsea, Mass.

A TRUE COPY

ATTEST: Joseph A. Tyrrell (Registrar of City or Town where death occurred)

DATE FILED May 3, 1951 19



PLACE OF DEATH

Suffolk
(County)

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.

99

STANDARD
CERTIFICATE OF DEATH

Registered No.

No. 37 Belcher St

(If death occurred in a hospital or institution,
St. (give its NAME instead of street and number)

2 FULL NAME Elizabeth F. Gillespie
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT
(Was deceased a
U. S. War Veteran,
if so specify WAR)

(a) Residence, No. 37 Belcher 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 18 years months days.

INSTRUCTIONS
FOR
CERTIFICATE

in giving
OF DEATH

not enter
than one
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
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 May 2 1951
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from
Feb 10 1951 to May 14 1951
I last saw her alive on May 14, 1951, 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 occlusion

ANTECEDENT (b) Due To Coronary sclerosis
CAUSES

Due To
(c)

OTHER SIGNIFICANT CONDITIONS
Congestive heart failure

Major findings:
Of operations

Date of operation. Was autopsy performed?

What test confirmed diagnosis?

5 Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) H. S. Gillespie
(Address) 447 Sherley St Winthrop Date 5-3 1951

6 Place of Burial or Cremation Winthrop
(City or Town)

DATE OF BURIAL May 5 1951

7 NAME OF FUNERAL DIRECTOR John H. O'Malley
ADDRESS Winthrop

Received and filed MAY 9 1951

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Female 9 COLOR OR RACE White 10 SINGLE (write the word)
MARRIED
WIDOWED
or DIVORCED

10a If married, widowed, or divorced
HUSBAND of: (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 84 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: Candy

15 Social Security No.

16 BIRTHPLACE (City) Boston
(State or country) Mass

17 NAME OF FATHER Garret

18 BIRTHPLACE OF FATHER (City) Scotland
(State or country)

19 MAIDEN NAME OF MOTHER Hanna Fleming

20 BIRTHPLACE OF MOTHER (City) Ireland
(State or country)

21 Informant Mrs. Edward Donahue
(Address) 37 Belcher St

I HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:

Walter S. Baker
(Signature of Agent of Board of Health or other)
Health Officer 5/3/51
(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 exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or 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 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. 94 Cottage Ave.



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.

100

2 FULL NAME Charlotte B (Benson) Pavey
(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)

(Was deceased a
U. S. War Veteran,
if so specify WAR)

(a) Residence. No. 94 Cottage Ave.

(Usual place of abode) 22

St.

22

(If nonresident, give city or town and State)

Length of stay: In place of death. years. months. days. In place of residence. years. months. days.

INSTRUCTIONS
FOR
CERTIFICATEgiving
OF DEATHnot enter
than one
for each
(b) and (c)does not mean
of dying, such
as failure, asthenia,
which means the disease,
indications which
lead to death.Under conditions,
giving rise to the
cause (a) stating
the primary causeContributing conditions
to the death but not
the disease or
causing death.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH May 3 1951
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from July 19 50 to May 3 19 51

I last saw her alive on May 3 19 51, death is said to have occurred on the date stated above, at 7 20 P. M.

DISEASE OR CONDITION,
DIRECTLY LEADING
TO DEATH (a) Right ventricular
failureINTERVAL BE-
TWEEN ONSET
AND DEATH

6 weeks

ANTECEDENT CAUSES Due To Aortic stenosis (b) ? years

Due To Rheumatic Heart Disease (c) ? years

OTHER SIGNIFICANT CONDITIONS Chronic cholecystitis

5 years

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 Paul Pileus left

(Signed) 238 Shore Drive Date 5/7/51 M. D.

(Address) Cambridge Date 5/7/51

6 Place of Burial or Cremation Cambridge (City or Town)

DATE OF BURIAL May 7 19 51

7 NAME OF FUNERAL DIRECTOR Howard S. Reynolds
ADDRESS Winthrop Mass

Received and filed MAY 9 1951 19

(Registrar)

A TRUE COPY ATTEST

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 Pavey

(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 70 1 11 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. 030-09-7494A

16 BIRTHPLACE (City) Bay River
(State or country) Nova Scotia

17 NAME OF FATHER Edgar Benson

18 BIRTHPLACE OF FATHER (City) Nova Scotia
(State or country)

19 MAIDEN NAME OF MOTHER Casandra Wentzel

20 BIRTHPLACE OF MOTHER (City) Nova Scotia
(State or country)21 Informant John Pavey
(Address) 94 Cottage Ave. Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation) Health Officer (Date of Issue of Permit) 5/7/51

EXTRACTS

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COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

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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 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

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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
CERTIFICATEgiving
OF DEATHnot enter
than one
for each
(b) and (c)does not mean
of dying, such
ilure, assthenia,
ans the disease,
ications which
ath.id conditions,
ing rise to the
se (a) stating
rlyng causeitions contrib-
e death but not
the disease or
causing death.

The Commonwealth of Massachusetts

EDWARD J. CRONIN, SECRETARY
DIVISION OF VITAL STATISTICSTo be filed for burial permit
with Board of Health
or its Agent.STANDARD
CERTIFICATE OF DEATH

Registered No. 101

PLACE OF DEATH

1

Suffolk County
Winthrop
(City or Town)

No.

2 FULL NAME

Winthrop Community Hosp.
Anthony ~~Robert~~ Caristo
(If deceased is a married, widowed or divorced woman, give also maiden name.)(If death occurred in a hospital or institution,
give its NAME instead of street and number)

PHYSICIAN — IMPORTANT

(Was deceased a
U. S. War Veteran,
if so specify WAR)(a) Residence. No.
(Usual place of abode)

77 Princeton Street

St. East 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 May 6 1951
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
May 3 1951, to May 6 1951

I last saw him alive on May 6 1951, death is said to

DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a)

Pulmonary Atelectasis

INTERVAL BE-
TWEEN ONSET
AND DEATH

72 hrs

ANTECEDENT
CAUSESDue To
(c)

Prematurity

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)

H. Arthur Benson

142 Shufeldt St

Malden

DATE OF BURIAL

May 9

1951

7 NAME OF
FUNERAL DIRECTOR

ADDRESS

East Boston

Received and filed

MAY 9 1951

(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

3

Days

If under 24 hours

Hours

Minutes

13 Usual

Occupation:

(Kind of work done during most of working life)

14 Industry

or Business:

15 Social Security No.

16 BIRTHPLACE (City)

(State or country)

Winthrop Mass

17 NAME OF

FATHER

Rocco Caristo

18 BIRTHPLACE OF

FATHER (City)

(State or country)

Italy

19 MAIDEN NAME

OF MOTHER

Beatrice Clayton

20 BIRTHPLACE OF

MOTHER (City)

(State or country)

Harleston Vermont

England

21

Informant

(Address)

Rocco Caristo

77 Princeton 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 E. Baker

(Signature of Agent of Board of Health or other)

Health Officer

(Official Designation)

5/8/51

(Date of Issue of Permit)

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

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SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

PLACE OF DEATH

Suffolk

(County)

Winthrop

(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.

102

No. Winthrop Community Hospital

(If death occurred in a hospital or institution,
St. { give its NAME instead of street and number)

2 FULL NAME Millard Fillmore Smith

(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. 27 Sea View Ave.

(Usual place of abode)

St.

(If nonresident, give city or town and State)

Length of stay: In place of death years months 3 days In place of residence 63 years months days.

INSTRUCTIONS
FOR
CERTIFICATEgiving
OF DEATHnot enter
than one
for each
(b) and (c)does not mean
of dying, such
ilure, asthenia,
ans the disease,
ications which
th.id conditions,
ring rise to the
se (a) stating
rlyng causeitions contrib-
e death but not
the disease or
causing death.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH May 6 1951
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
Dec 26 1950 to May 6 1951

I last saw him alive on May 6 1951, death is said to

have occurred on the date stated above, at 7 P. m.

INTERVAL
BETWEEN ONSET
AND DEATH

DISEASE OR CONDITION

DIRECTLY LEADING

TO DEATH (a) Hypertensive

cardio-renal disease 1 year

ANTECEDENT

CAUSES (b) Chronic Glomerular

nephritis 1 year

Due To (c) Secondary

anemia 6 mos

OTHER SIGNIFICANT

CONDITIONS Uremia 24 hrs

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) J. G. J. Chas. M. D.

(Address) 22 Oakley St

Date 5/8/1951

6

Winthrop Winthrop, Massachusetts
Place of Burial or Cremation (City or Town)

DATE OF BURIAL

May 9 1951

7 NAME OF

FUNERAL DIRECTOR Edward S. Farnolds

ADDRESS Winthrop Mass.

Received and filed

MAY 9 1951

19

(Registrar)

A TRUE COPY ATTEST

PERSONAL AND STATISTICAL PARTICULARS

8 SEX

Male

9 COLOR OR RACE

White

10 SINGLE

MARRIED

WIDOWED

or DIVORCED

(write the word)

Divorced

10a If married, widowed, or divorced:

HUSBAND of

Helen M Benson

(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

11

Months

10

Days

If under 24 hours

Hours

Minutes

13 Usual

Occupation:

Tree Warden

(Kind of work done during most of working life)

14 Industry

or Business:

Town of Winthrop

15 Social Security No.

None

16 BIRTHPLACE (City)

(State or country)

Winthrop

Mass

17 NAME OF

FATHER

Millard F Smith

18 BIRTHPLACE OF

FATHER (City)

Provincetown

(State or country)

Mass

19 MAIDEN NAME

OF MOTHER

Emma Paine

20 BIRTHPLACE OF

MOTHER (City)

Winthrop

(State or country)

Mass

21

Informant

(Address)

Millard F Smith Jr.

25 Sea View Ave. Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:

Walter S. Baker

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

5/9/51

EXTRACTS
FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen, G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . General Laws, Chap. 38, Sec. 6.

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RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

R-301A

DUCTIONS
FOR
CERTIFICATEgiving
OF DEATHot enter
than one
for each
b) and (c)does not mean
of dying, such
lure, asthenia,
ns the disease,
ations which
h.d conditions,
ng rise to the
e (a) stating
lying causeions contrib-
death but not
he disease or
causing death.

PLACE OF DEATH

1

2

(a)

Length of stay:

3

4

I last saw h.....

have occurred on the date stated above, at

DISEASE OR CONDITION

TO DEATH (a)

ANTE

CEDENT

CAUSES

OTHER

SIGNIFICANT

CONDITIONS

Major findings:

Of operations.....

Date of operation.....

What test confirmed diagnosis?

5

If so, specify

(Signed)

(Address)

6

Place of Burial or Cremation

DATE OF BURIAL

7

NAME OF

FUNERAL DIRECTOR

ADDRESS

Received and filed...

19

MAY 9 1951

(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.

103

Registered No.

No. 41 Washington Ave St. { (If death occurred in a hospital or institution,
give its NAME instead of street and number)2 FULL NAME Jeremiah Head Sullivan
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT

(Was deceased a
U. S. War Veteran,
if so specify WAR)(a) Residence. No. 183 West End Avenue St. 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 70 years..... months..... days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH May 6 1951
(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 10 A. m.

DISEASE OR CONDITION

DIRECTLY LEADING

TO DEATH (a) heart condition

INTERVAL BE-
TWEEN ONSET
AND DEATHANTE Due To aorta sclerosis
CEDENT (b)Due To
(c)OTHER
SIGNIFICANT
CONDITIONSMajor findings:
Of operations.....

Date of operation..... Was autopsy performed? No

What test confirmed diagnosis?

5 Was disease or injury in any way related to occupation of deceased?

If so, specify heart & pulmonary

(Signed)

(Address) on Board of Health 56 M. D. 1951

6

Place of Burial or Cremation (City or Town)

DATE OF BURIAL May 4 1951

7

NAME OF

FUNERAL DIRECTOR

ADDRESS

Received and filed...

19

MAY 9 1951

(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 51 Years Months Days If under 24 hours
Hours Minutes13 Usual Occupation: Wholesale Hardware
(Kind of work done during most of working life)

14 Industry or Business: Hardware

15 Social Security No.

16 BIRTHPLACE (City) Ireland
(State or country)

17 NAME OF FATHER Patrick Sullivan

18 BIRTHPLACE OF FATHER (City) Ireland
(State or country)

19 MAIDEN NAME OF MOTHER Elizabeth Shea

20 BIRTHPLACE OF MOTHER (City) Ireland
(State or country)

21 Informant (Address) John Sullivan 121 Sturtevant 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)

5/8/51 (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

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death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

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SPACE FOR ADDITIONAL INFORMATION
DATE OF ENTERING MILITARY SERVICE
DATE OF DISCHARGE
RANK, RATING
ORGANIZATION AND OUTFIT
SERVICE NUMBER

INSTRUCTIONS
FOR
FILLING OUT
THIS CERTIFICATE

1. If giving
PLACE OF DEATH

2. If 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
cause (a) stating
underlying cause

5. If bid conditions contrib-
ute to the death but not
to the disease or
causing death.

The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS



Suffolk
(County)

Winthrop
(City or Town)

Winthrop

(City or town making return)

STANDARD

CERTIFICATE OF DEATH

Registered No.

104

No. 160 Somerset Avenue

(If death occurred in a hospital or institution,
St. give its NAME instead of street and number)

2 FULL NAME Marion Gertrude Grant

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(Was deceased a
U. S. War Veteran,
if so specify WAR)

NO

(a) Residence. No. 160 Somerset Avenue
(Usual place of abode)

St.

(If nonresident, give city or town and State)

Length of stay: In place of death... years... months... days. In place of residence 15 years... months... days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH May 8 1951
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from
May 2, 1951 to May 8, 1951

I last saw her alive on May 7, 1951, death is said to
have occurred on the date stated above, at 12:30 P.M.

DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a) Acute Coronary Thrombosis

INTERVAL BE-
TWEEN ONSET
AND DEATH

7 days

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 Symptoms

5 Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Dorothy Channing Appleton M. D.
(Address) 197 Woodside Ave, Winthrop, Mass. May 10, 1951

6 Winthrop Cemetery Winthrop
Place of Burial or Cremation (City or Town)

DATE OF BURIAL May 11, 1951

7 NAME OF FUNERAL DIRECTOR Alfred B. Marsh

ADDRESS 174 Winthrop St, Winthrop

Received and filed MAY 16 1951

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX female 9 COLOR OR RACE white 10 SINGLE (write the word)
MARRIED single
WIDOWED
or DIVORCED

10a If married, widowed, or divorced

HUSBAND of (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 70 Years 10 Months 8 Days If under 24 hours
Hours Minutes

13 Usual Occupation housework
(Kind of work done during most of working life)

14 Industry or Business own home

15 Social Security No. none

16 BIRTHPLACE (City) East Boston
(State or country) Mass.

17 NAME OF FATHER Charles Albert Grant

18 BIRTHPLACE OF FATHER (City) Kennebunkport
(State or country) Maine

19 MAIDEN NAME OF MOTHER Maling
Catherine Elizabeth Maling

20 BIRTHPLACE OF MOTHER (City) Kennebunkport
(State or country) Maine

21 Informant Mrs. H. Gordon Oburg
(Address) 18 Valley Road, Hanover, N.H.

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) 5/11/51

A TRUE COPY ATTEST

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

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SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

100M-7-46-19069

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. **105**

No. **85 Cottage ave.** St. { (If death occurred in a hospital or institution, give its NAME instead of street and number) }

2 FULL NAME **Michael J. Horan** { (If deceased is a married, widowed or divorced woman, give also maiden name.) }
(a) Residence. No. **85 Cottage ave.** St. { (If nonresident, give city or town and State) }
Length of stay: In hospital or institution (Before death) (Specify whether) years months days. In this community **9** yrs. mos. days.

PHYSICIAN-IMPORTANT

(Was deceased a
U. S. War Veteran,
if so specify WAR) **no**

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX **Male** 4 COLOR OR RACE **White** 5 SINGLE (write the word)
MARRIED **Widowed**
WIDOWED
or DIVORCED

5a If married, widowed or divorced
HUSBAND of **Margaret Mary**
(Give maiden name of wife in full)
(or) WIFE of
(Husband's name in full)

18 DATE OF DEATH **May 11 1951**
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from
2/18/51, 19**51** to **5/11**, 19**51**
I last saw him alive on **5/10**, 19**51**, death is said to
have occurred on the date stated above, at **2 P** m.

Duration
IMPORTANT

3 mos.

IMPORTANT

Physician

Underline
the cause to
which death
should be
charged statistically.

6 Age of husband or wife if alive years
7 IF STILLBORN, enter that fact here.

Immediate cause of death
**Carcinoma 2 months &
throat with metastasis
due to regional nodes**

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations **none**

Of autopsy **none**

What test confirmed diagnosis? **Biopsy at MGH**

20 Was disease or injury in any way related to occupation of deceased? **no**

If so, specify (Signed) **D.D. Potts** Date **5/12/51** M. D.
(Address) **172 Beacon St. (F. B.)**

21 **Cathary** Place of Burial, Cremation or Removal. (City or Town)
DATE OF BURIAL **May 14** 19**51**

22 NAME OF FUNERAL DIRECTOR **L.E. Parker**
ADDRESS **746 Saratoga St. & B.**

Received and Filed

19

MAY 16 1951

(Registrar)

PARENTS

13 NAME OF FATHER **Timothy Horan**
14 BIRTHPLACE OF FATHER (City) (State or Country) **Ireland**
15 MAIDEN NAME OF MOTHER **Johanna Horan**
16 BIRTHPLACE OF MOTHER (City) (State or Country) **Ireland**

17 Informant (Address) **Mrs Catharine Riley (Daughter)**
85 Cottage ave Winthrop
I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Walter L. Baker
(Signature of Agent of Board of Health or other)
Health Officer (Date of Issue of Permit) **5/14/51**

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required

by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

INSTRUCTIONS
FOR
CERTIFICATEIn giving
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-
the death but not
to the disease or
causing death.

SON (D1-6-50-902253)

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. 106

PLACE OF DEATH

Suffolk
(County)
Winthrop
(City or Town)

No. 106 Samuel Ave

(If death occurred in a hospital or institution,
St. (give its NAME instead of street and number)2 FULL NAME Bernice M. Bodkins
(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. 69 Locust
(Usual place of abode)

St. (If nonresident, give city or town and State)

Length of stay: In place of death 2 years — months — days. In place of residence 2 years — months — days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH May 13, 1951
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended, deceased from
Nov. 1950 to 5/13/1951I last saw her alive on 5/13/1951, death is said to
have occurred on the date stated above, at 5:48 P. M.DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a) Aplastic AnemiaINTERVAL BE-
TWEEN ONSET
AND DEATH
6 mos.ANTE Due To
CEDENT (b)
CAUSESDue To
(c)OTHER
SIGNIFICANT
CONDITIONS noneMajor findings:
Of operations none

Date of operation none Was autopsy performed? yes

What test confirmed diagnosis? Clinical & P.M.

5 Was disease or injury in any way related to occupation of deceased? no

If so, specify Charles Liberman M. D.
(Signed) (Address) 26 Waverley Ave. Waltham Date 5/13/19516 Winthrop Cemetery (City or Town)
Place of Burial or Cremation

DATE OF BURIAL May 14 1951

7 NAME OF FUNERAL DIRECTOR H. J. Joy
ADDRESS 157 Washington Ave. Chelsea

Received and filed MAY 16 1951

(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 J. Bodkins
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 25 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 Albert Aronofsky

18 BIRTHPLACE OF FATHER (City) Russia
(State or country)

19 MAIDEN NAME OF MOTHER Shirley Gluterman

20 BIRTHPLACE OF MOTHER (City) Russia
(State or country)21 Informant Robert Bodkins
(Address) 69 Locust St. WinthropI HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:Walter G. Baker
(Signature of Agent of Board of Health or other)Health Officer (Official Designation) 5/14/51
(Date of Issue of Permit)

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

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A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L. (Tercentenary Edition).

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).

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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)-11-40-900,475

PLACE OF DEATH

SUFFOLK

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.

1607

New England Baptist

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Archie George

(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 #2

(a) Residence. No. 40 Bank
(Usual place of abode)

St. Winthrop Mass.

(If nonresident, give city or town and State)

Length of stay: In place of death.....years.....months.22.....days. In place of residence.....2.....years.....months.....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH May 14/51
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from April 22/51 to May 14, 1951

I last saw him alive on May 14, 1951 death is said to

have occurred on the date stated above, at 5:25PM m.

DISEASE OR CONDITION

DIRECTLY LEADING

TO DEATH (a) Generalized carcinomatosis

INTERVAL BETWEEN ONSET AND DEATH

6 Weeks⁴² 38

ANTECEDENT CAUSES Due To Renal cell carcinoma right kidney

Due To (c)

OTHER SIGNIFICANT CONDITIONS

Major findings: Tumor right kidney

Date of operation Jan 18/51 Was autopsy performed No

What test confirmed diagnosis? Pathological sections

5 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

No R J Duncan

Boston Mass.

Date

5-14 1951

6 Place of Burial or Cremation Winthrop Cem-Winthrop Mass.

(City or Town)

DATE OF BURIAL May 17/51 19

7 NAME OF FUNERAL DIRECTOR F J Crosby
ADDRESS Boston Mass.

Received and filed MAY 23 1951 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 Marjorie M Morrell

(Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

11 IF STILLBORN, enter that fact here.

AGE 6 Years 38 Months Days If under 24 hours Hours Minutes

13 Usual Occupation: Draftsman
(Kind of work done during most of working life)

14 Industry or Business:

15 Social Security No.

16 BIRTHPLACE (City) Somersworth N.H.
(State or country)

17 NAME OF FATHER Archie D George

18 BIRTHPLACE OF FATHER (City) Deery New Hampshire
(State or country)

19 MAIDEN NAME OF MOTHER Clara LaFamme

20 BIRTHPLACE OF MOTHER (City) Canada
(State or country)21 Informant Mrs M M George
(Address)

A TRUE COPY

ATTEST: Charles F. MacKie
(Registrar of City or Town where death occurred)

DATE FILED May 18/51

Entered Service March 22, 1941 Discharged Nov. 30, 1944
Tech. Sgt. U S Army Service No. 31032541

PLACE OF DEATH

Winthrop
(County)

Suffolk

(City or Town)



The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD

CERTIFICATE OF DEATH

Winthrop
(City or town making return)

Registered No. 108

No. 81 Main Street

(If death occurred in a hospital or institution,
St. { give its NAME instead of street and number)2 FULL NAME Theodore Rudolph Leonard 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) NO.(a) Residence. No. 81 Main Street
(Usual place of abode)

St. (If nonresident, give city or town and State)

Length of stay: In place of death 35 years months days. In place of residence 35 years months days.

INSTRUCTIONS
FOR
CERTIFICATEgiving
OF DEATHnot enter
than one
for each
(b) and (c)does not mean
of dying, such
as, apoplexy,
asthenia,
or the disease,
indications which
lead to death.under conditions,
giving rise to the
disease (a) stating
the underlying causeconditions contrib-
ing to death but not
the disease or
causing death.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH May 15 1951
(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 9:00 A.M.

DISEASE OR CONDITION

DIRECTLY LEADING

TO DEATH (a)

Natural causes

ANTECEDENT
CAUSES

Due To Presumably

Due To

(c) Coronary Occlusion

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) R. C. Murray M. D.

(Address) Winthrop Board Date 15 May 1951

Winthrop of Health Cemetery, Winthrop
Place of Burial or Cremation (City or Town)

DATE OF BURIAL May 18, 1951

7 NAME OF FUNERAL DIRECTOR Alfred B. Marsh

ADDRESS 174 Winthrop St, Winthrop

Received and filed MAY 18 1951

(Registrar)

A TRUE COPY ATTEST

PERSONAL AND STATISTICAL PARTICULARS

8 SEX male 9 COLOR OR RACE white 10 SINGLE (write the word)
MARRIED married
WIDOWED
or DIVORCED10a If married, widowed, or divorced
HUSBAND of Gerda Olafson
(Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 42 Years 2 Months 26 Days If under 24 hours
Hours Minutes13 Usual Occupation self employed
(Kind of work done during most of working life)

14 Industry or Business Oil Burner sales and Service

15 Social Security No. 025-09-2797

16 BIRTHPLACE (City) Everett
(State or country) Mass.

17 NAME OF FATHER Charles William Johnson

18 BIRTHPLACE OF FATHER (City) Gottenburg
(State or country) Sweden

19 MAIDEN NAME OF MOTHER Nanna Christena Rahlanda

20 BIRTHPLACE OF MOTHER (City) Stockholm
(State or country) Sweden21 Informant Mrs. Theodore R. L. Johnson
(Address) 81 Main Street, WinthropI HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:Walter S. Baker
(Signature of Agent of Board of Health or other)
(Health Officer) (Date of Issue of Permit) 6/17/51

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith 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

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. 109

2 FULL NAME

William S 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.

16 Underhill Street

St.

(If nonresident, give city or town and State)

Length of stay: In place of death. years. months. 1 days. In place of residence 40 years. months. days.

INSTRUCTIONS
FOR
CERTIFICATEgiving
OF DEATHnot enter
than one
for each
(b) and (c)does not mean
of dying, such
as, asthenia,
ans the disease,
ications which
th.id conditions,
ing rise to the
se (a) stating
lying causeitions contrib-
e death but not
the disease or
causing death.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH May 15 1951.

(Month)

(Day)

(Year)

4 I HEREBY CERTIFY That I attended deceased from

Jan 10 1948 to May 15 1951

1 last saw him alive on May 15 1951 death is said to

have occurred on the date stated above, at 3:10 AM

DISEASE OR CONDITION

DIRECTLY LEADING

TO DEATH (a)

Cerebral Hemorrhage

INTERVAL BE-
TWEEN ONSET
AND DEATH

3 1/2 hrs

ANTECEDENT

CAUSES

Due To

(b)

Hypertension

2 yrs

Due To

(c)

OTHER
SIGNIFICANT
CONDITIONS

Major findings:

Of operations:

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? No

If so, specify

(Signed)

(Address)

562 S. Street, St. 3/15/51 M. D.

6 Winthrop

Place of Burial or Cremation

DATE OF BURIAL

May 17 1951

7 NAME OF

FUNERAL DIRECTOR

ADDRESS

Edward S. Reynolds

Winthrop, Mass

Received and filed

MAY 16 1951

A TRUE COPY ATTEST



PERSONAL AND STATISTICAL PARTICULARS

8 SEX

Male

9 COLOR OR RACE

White

10 SINGLE

MARRIED

WIDOWED

or DIVORCED

Widowed

(write the word)

10a If married, widowed, or divorced

HUSBAND of Katherine Creedon

(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:

Stereotype

(Kind of work done during most of working life)

14 Industry

or Business:

Newspaper

15 Social Security No.

616-07-4041A

16 BIRTHPLACE (City)

(State or country)

Worcester

Mass

17 NAME OF

FATHER

James Young

18 BIRTHPLACE OF

FATHER (City)

(State or country)

Scotland

19 MAIDEN NAME

OF MOTHER

Elizabeth Stewart

20 BIRTHPLACE OF

MOTHER (City)

(State or country)

Scotland

21 Informant

(Address)

Julia Creedon

16 Underhill St. Winthrop, Ma

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

Health Officer

(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

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Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . General Laws, Chap. 38, Sec. 6.

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SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

INSTRUCTIONS
FOR
CERTIFICATE

giving
OF DEATH

not enter
than one
for each
(b) and (c)

does not mean
of dying, such
failure, asthenia,
trans the disease,
indications which
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bid conditions,
ing rise to the
use (a) stating
erlying cause

ditions contrib-
the death but not
the disease or
causing death.

501 (A) 12-49-900722

The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS



Suffolk

(County)

Winthrop

(City or Town)

Winthrop

(City or town making return)

STANDARD

CERTIFICATE OF DEATH

Registered No.

110

No. 152 Cottage Park Road

St. { (If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME Minnie Jane (Smith) Straw

(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. 152 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 18 years. months. days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH May 16 1951
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from
March 30 1951 to May 16 1951

I last saw her alive on May 16 1951, death is said to

have occurred on the date stated above, at 11:30 P.M.

DISEASE OR CONDITION

DIRECTLY LEADING

TO DEATH (a)

Acute Coronary Thrombosis

ANTE CEDENT CAUSES

Due To Interossclerotic Heart Disease

Due To

(c)

OTHER SIGNIFICANT CONDITIONS

Senility

Major findings:

Of operations:

Date of operation: Was autopsy performed? no

What test confirmed diagnosis: clinical + lab.

5 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

562 Huron St. Date 5/17/51

6 Woodlawn Cemetery Everett, Mass.

Place of Burial or Cremation

(City or Town)

DATE OF BURIAL May 19 1951

19

7 NAME OF FUNERAL DIRECTOR

ADDRESS 174 Winthrop St, Winthrop

Received and filed

MAY 18 1951

19

A TRUE COPY ATTEST

(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 Hale Straw

(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 83 Years 1 Months 25 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)

London

(State or country)

England

17 NAME OF FATHER

James Brooks Smith

18 BIRTHPLACE OF FATHER (City)

London

(State or country)

England

19 MAIDEN NAME OF MOTHER

Jane Middleton Hunt

20 BIRTHPLACE OF MOTHER (City)

London

(State or country)

England

21

Informant Mrs Herbert L. Budreau (Address) 152 Cottage Park Road

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)

(Date of Issue of Permit)

5/17/51

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

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SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

INSTRUCTIONS
FOR
AL CERTIFICATE

IN gIVING
E OF DEATH

not enter
re than one
se for each
(b) and (c)

is does not mean
e 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.

501 (A) 12-49-900722

Suffolk
(County)

Winthrop
(City or Town)

No. **142 Pleasant Street**

2 FULL NAME **Ruby C Taylor**
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. **142 Pleasant St**
(Usual place of abode)

Length of stay: In place of death **5** years. **5** months. **5** days. In place of residence **5** years. **5** months. **5** days.



The Commonwealth of Massachusetts
EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

**STANDARD
CERTIFICATE OF DEATH**

(City or town making return)

Registered No. **111**

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) **no**

St. (If nonresident, give city or town and State)

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH **May 16 1951**
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from **28 April 1950** to **16 May 1951**
I last saw her alive on **12 May 1951**, death is said to have occurred on the date stated above, at **11:55 P. m.**

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) **Carcinoma of breast** 3 yrs

ANTECEDENT CAUSES (b) **Metastasis to lungs** 2 yrs

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) **Arthur C. Murray** M. D.
(Address) **Winthrop, Mass.** Date **17 May 1951**

6 **Forest Hills Crematory** **Boston**
Place of Burial or Cremation (City or Town)

DATE OF BURIAL **May 19 1951**

7 NAME OF FUNERAL DIRECTOR **Fredrick J. Nolan**
ADDRESS **1429 Dorchester Ave. Boston**

Received and filed **MAY 18 1951**

A TRUE COPY ATTEST

PERSONAL AND STATISTICAL PARTICULARS

8 SEX F	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 **Justin A. Taylor**
(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: **Medical Assistant**
(Kind of work done during most of working life)

14 Industry or Business: **Doctors Office**

15 Social Security No. _____

16 BIRTHPLACE (City) **Montreal**
(State or country) **Canada**

17 NAME OF FATHER **Frank W. Rowe**

18 BIRTHPLACE OF FATHER (City) **England**
(State or country)

19 MAIDEN NAME OF MOTHER **Jane Veitch**

20 BIRTHPLACE OF MOTHER (City) **Montreal**
(State or country) **Canada**

21 Informant **John G. Rowe** (Brother)
(Address) **102 Wilburd Ave. Verdun**

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) **5/18/51** (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 exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . General Laws, Chap. 38, Sec. 6.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

INSTRUCTIONS
FOR
FILLING OUT
THIS CERTIFICATE

1. In giving
information of DEATH

2. Do not enter
more than one
cause for each
(a), (b) and (c)

3. If conditions
of dying, such
as failure, asphyxia,
seizures, the disease,
or complications which
lead to death.

4. If conditions
contributing to the
death (a) stating
the underlying cause

5. If conditions contrib-
ute to the death but not
to the disease or
causing death.

The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS



Suffolk

(County)

Winthrop

(City or Town)

Winthrop

(City or town making return)

STANDARD

CERTIFICATE OF DEATH

Registered No. 112

No. 240 Pleasant Street (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Frederick Albert Tewksbury (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. 240 Pleasant Street St. (If nonresident, give city or town and State)

Length of stay: In place of death. years. months. days. In place of residence 82 years 7 months 23 days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH May 16 1951 (Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from Jan 19 1951 to May 16 1951

I last saw him alive on May 16 1951, death is said to

have occurred on the date stated above, at 9:30 pm.

DISEASE OR CONDITION

DIRECTLY LEADING

TO DEATH (a) Encephalopathy 7 hrs

INTERVAL BE-
TWEEN ONSET
AND DEATH

ANTE CEDENT CAUSES

Due To (b) Ins. Anterior Sclerosis 2 yrs

Due To (c)

OTHER SIGNIFICANT CONDITIONS

Major findings:
Of operations.

Date of operation. Was autopsy performed? No

What test confirmed diagnosis? Routine

5 Was disease or injury in any way related to occupation of deceased? No

If so, specify (Signed) Harry A. Kelly M. D. (Address) 200 Pleasant St. Date 17 May 1951

6 Winthrop Cemetery Winthrop (City or Town)

DATE OF BURIAL May 19 1951

7 NAME OF FUNERAL DIRECTOR Alfred B. Marsh

ADDRESS 174 Winthrop St, Winthrop

Received and filed MAY 18 1951

(Registrar)

A TRUE COPY ATTEST

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 Alvetta Lorena Williams (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 7 Months 23 Days If under 24 hours Hours Minutes

13 Usual Occupation retired Supt of Streets (Kind of work done during most of working life)

14 Industry or Business Town Of Winthrop

15 Social Security No. none

16 BIRTHPLACE (City) Winthrop (State or country) Mass.

17 NAME OF FATHER Albert Tewksbury

18 BIRTHPLACE OF FATHER (City) Winthrop (State or country) Mass.

19 MAIDEN NAME OF MOTHER Ellen Tewksbury (OK)

20 BIRTHPLACE OF MOTHER (City) unable to obtain (State or country)

21 Informant John E. Hayes (Address) 205 Somerset Avenue, Winth

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Valter L. Baker (Signature of Agent of Board of Health or other)

Health Officer (Official Designation) 5/17/51 (Date of Issue of Permit)

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

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A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L. (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . General Laws, Chap. 38, Sec. 6.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

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(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

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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
FILLING OUT
THIS CERTIFICATE

When giving
cause of death

Do not enter
more than one
cause for each
(a), (b) and (c)

Death does not mean
failure of dying, such
as failure, assthenia,
means the disease,
indications which
lead to death.

Underbid conditions,
leading rise to the
cause (a) stating
underlying cause

Conditions contrib-
ute to the death but not
to the disease or
causing death.

The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS



Suffolk

(County)

Winthrop

(City or Town)

Winthrop

(City or town making return)

STANDARD

CERTIFICATE OF DEATH

Registered No.

113

No. Winthrop Convalescent Home

{(If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME Stephen Elroy Simmons

(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. 108-A. Quincey Avenue

(Usual place of abode)

St.

(If nonresident, give city or town and State)

Length of stay: In place of death. 4 years. 4 months. days. In place of residence 41 years. months. days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH May 19 1951
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from
January 17 1949 to May 19 1951

I last saw him alive on May 19 1951 death is said to

have occurred on the date stated above, at 8:45 a.m.

DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a)

Carcinoma of Rectum 28 mos

INTERVAL BE-
TWEEN ONSET
AND DEATH

ANTE CEDENT CAUSES
Due To (b)

Due To (c)

OTHER SIGNIFICANT CONDITIONS
Metastases to abdominal wall and spine 4 mos

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) 238 Shore Road Date 5/19/51 M. D.

(Address)

6 Colebrook Cemetery Whitman, Mass.
Place of Burial or Cremation (City or Town)

DATE OF BURIAL May 21, 1951 19

7 NAME OF FUNERAL DIRECTOR Alfred B. Marsh

ADDRESS 174 Winthrop St, Winthrop, Mass.

Received and filed MAY 23 1951 19

(Registrar)

A TRUE COPY ATTEST

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 Minnie Elizabeth Spofford
(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 6 Months 25 Days If under 24 hours
Hours Minutes

13 Usual Occupation: retired salesman
(Kind of work done during most of working life)

14 Industry or Business: wholesale shoe and rubber Co.

15 Social Security No. none

16 BIRTHPLACE (City) Framingham Mass.
(State or country)

17 NAME OF FATHER Stephen Simmons

18 BIRTHPLACE OF FATHER (City) Halowell
(State or country) Maine

19 MAIDEN NAME OF MOTHER Elizabeth Hillman

20 BIRTHPLACE OF MOTHER (City) Halowell
(State or country) Maine

21 Informant Mrs. Edwin C. Macfarland
(Address) 108 Quincey 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 A. Baker
(Signature of Agent of Board of Health or other
Health Officer) (Date of Issue of Permit) 5/21/51

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

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SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

INSTRUCTIONS
FOR
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, assthenia,
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

Suffolk *Boston*
(County) *9/7/51*
Winthrop
(City or Town)



The Commonwealth of Massachusetts

EDWARD J. CRONIN, SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD
CERTIFICATE OF DEATHRegistered No. **114**

No. *Winthrop Community Hosp.* St. (If death occurred in a hospital or institution, give its NAME instead of street and number)
2 FULL NAME *Baby Boy De Stefano* (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. *320 Chelsea* 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..... years..... months..... days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH *May 22 1951*
(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) *Stillborn*INTERVAL BE-
TWEEN ONSET
AND DEATH

ANTE DUE TO
CEDENT (b) *Toxemia*
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) *D. Thomas Steffen* M. D.
(Address) *21 Green St. E.B.* Date *Aug 23 1951*

6 *Holy Cross* *My address*
(Place of Burial or Cremation) (City or Town)

DATE OF BURIAL *May 24 1951*

7 NAME OF FUNERAL DIRECTOR *R. Rizzo & Vigna*

ADDRESS *11 Henry St. E.B.*

Received and filed. **MAY 23 1951** 19.....

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX *male* 9 COLOR OR RACE *White* 10 SINGLE (write the word)
MARRIED *Single*
WIDOWED
OR DIVORCED

10a If married, widowed, or divorced

HUSBAND of.....
(Give maiden name of wife in full)

(or) WIFE of.....
(Husband's name in full)

11 IF STILLBORN, enter that fact here *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 *John De Stefano*

18 BIRTHPLACE OF FATHER (City) *East Boston*
(State or country) *Mass*

19 MAIDEN NAME OF MOTHER *Rose Perez*

20 BIRTHPLACE OF MOTHER (City) *East Boston*
(State or country) *Mass*

21 Informant (Address) *John De Stefano*
320 Chelsea 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 D. Baker
Signature of Agent of Board of Health or other

(Official Designation)

(Date of Issue of Permit) *5/23/51*

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or 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

IN GIVING
PLACE OF DEATH

Do not enter
more than one
cause for each
(a), (b) and (c)

is does not mean
of dying, such
failure, as thenia,
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.

50-1 (B)-12-49-900722

PLACE OF DEATH

2 FULL NAME

(a) Residence. No.
(Usual place of abode)

Length of stay: In place of death 46 years months days. In place of residence 46 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH May 27 1951
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from
Dec 19 46 to May 27 1951

I last saw him alive on May 26, 1951, death is said to
have occurred on the date stated above, at 12:40 p.m.

DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a) Senility

ANTECEDENT CAUSES
Due To (b)

Due To (c)

OTHER
SIGNIFICANT
CONDITIONS

Major findings:
Of operations

Date of operation... Was autopsy performed? 40

What test confirmed diagnosis?

5 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. B. Greenfield

(Address) 447 Shirley St. Wintthrop, Mass. 5-28 1951 M. D.

6 Wintthrop Cemetery, Wintthrop, Mass.
Place of Burial or Cremation (City or Town)

DATE OF BURIAL May 31 1951

7 NAME OF
FUNERAL DIRECTOR

ADDRESS 642 Commonwealth Ave. Boston, Mass.

Received and filed

JUN - 1 1951

(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. 115

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

10a If married, widowed, or divorced
HUSBAND of MARIKO KARACACIS
(Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 88 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: Building Contractor

15 Social Security No. NONE

16 BIRTHPLACE (City) ARCADIA
(State or country) GREECE

17 NAME OF FATHER Michael Koutrouba

18 BIRTHPLACE OF FATHER (City) Arcadia
(State or country) GREECE

19 MAIDEN NAME OF MOTHER Georgia Maniotes

20 BIRTHPLACE OF MOTHER (City) Arcadia
(State or country) GREECE

21 Informant (Address) MARIKO Koutrouba
61 Welshire St. Wintthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued: MARIKO
Walter J. Baker
(Signature of Agent of Board of Health or other)
Health Officer (Official Designation) 5-28-51
(Date of Issue of Permit)

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

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A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall 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:

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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

M R-301A

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,
lications which
eath.bid conditions,
iving rise to the
use (a) stating
derlying causeditions contrib-
the death but not
o the disease or
causing death.

50m.(b)-11-40-970,569

PLACE OF DEATH

1

Suffolk
(County)Winthrop
(City or Town)

No. 501 Shirley Street, Winthrop

(If death occurred in a hospital or institution,
give its NAME instead of street and number)2 FULL NAME. Marie A. Loring (Calnan)
(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. 501 Shirley Street, Winthrop
(Usual place of abode)

nonresident, give city or town and State)

Length of stay: In place of death 6 months. days. In place of residence 6 months. days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH July 28 1951
(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 12:30 PM

DISEASE OR CONDITION

DIRECTLY LEADING

TO DEATH (a) myocarditis

INTERVAL BE-
TWEEN ONSET
AND DEATHANTE
CEDENT
CAUSESDue To
(b)Due To
(c)OTHER
SIGNIFICANT
CONDITIONS

Major findings:

Of operations.

Date of operation. Was autopsy performed?

What test confirmed diagnosis?

5 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

6 Holy Cross Cemetery, Malden

Place of Burial or Cremation

(City or Town)

DATE OF BURIAL May 31st

19 51

7 NAME OF FUNERAL DIRECTOR Richard C. Kirby

ADDRESS Boston, Mass.

Received and filed. JUN-1 1951

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.

116

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 Ora Seth Loring

(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12

AGE 44 Years 3 Months 12 Days

If under 24 hours

Hours Minutes

13

Usual

Occupation: Waitress

(Kind of work done during most of working life)

14

Industry

or Business: Mangini's Restaurant

15

Social Security No. 023-16-4679

16

BIRTHPLACE (City) Everett
(State or country) Mass

PARENTS

17 NAME OF
FATHER

James M. Calnan

18 BIRTHPLACE OF

FATHER (City) St. Johns

(State or country)

N. B.

19 MAIDEN NAME

OF MOTHER

Mary O'Connell

20 BIRTHPLACE OF

MOTHER (City) Boston

(State or country)

Mass.

21

Informant

(Address)

Edward A. Loring-Son

501 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. Baker

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit) 5/29/51

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteen, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

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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,
ring rise to the
use (a) stating
erlying cause

ditions contrib-
the death but not
the disease or
causing death.

PLACE OF DEATH

1

Suffolk
(County)
Worcester
(City or Town)



The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICSTo be filed for burial permit
with Board of Health
or its Agent.STANDARD
CERTIFICATE OF DEATHRegistered No. **117**

No. *Worcester Community St.* (If death occurred in a hospital or institution, give its NAME instead of street and number)
2 FULL NAME *Margaret B. Meehan (deceased)* (If deceased is a married, widowed or divorced woman, give also maiden name.)
(a) Residence. No. *Worcester Arms Hotel* St. (If nonresident, give city or town and State)
Length of stay: In place of death *2* years *1* months *1* days. In place of residence *35* years *1* months *1* days.

PHYSICIAN — IMPORTANT
(Was deceased a
U. S. War Veteran,
if so specify WAR)

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH *May 28 1951*
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from *Feb 1949* to *May 28 1951*

I last saw her alive on *May 28 1951*, death is said to have occurred on the date stated above, at *12:00 P.M.*

DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a) *Coronary
Thrombosis*

ANTECEDENT CAUSES (b) *Coronary
Sclerosis*

(c) *Arteriosclerosis
Generalized*

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) *Joseph Gregorie* M. D.
(Address) *For Weymouth Mass* Date *5/26 1951*

6 Place of Burial or Cremation *Worcester* (City or Town)

DATE OF BURIAL *May 31 1951*7 NAME OF FUNERAL DIRECTOR *Worcester*ADDRESS *210 North St Worcester*Received and filed. *JUN 1 1951*

(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 *Charles P. Meehan* (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: *Real Estate*
(Kind of work done during most of working life)

14 Industry or Business:

15 Social Security No. *11-10-48-24858*16 BIRTHPLACE (City) *St John N.B.* (State or country)17 NAME OF FATHER *Michael Meehan*

18 BIRTHPLACE OF FATHER (City) *St John N.B.* (State or country)

19 MAIDEN NAME OF MOTHER *Mary C.B. Meehan*

20 BIRTHPLACE OF MOTHER (City) *St John N.B.* (State or country)

21 Informant (Address) *Walter E. Baker*

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) *5/31/51*

100M-(D)-10-48-24858

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . General Laws, Chap. 38, Sec. 6.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical Examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection 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)

78 Waldemar Ave.

No.

St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Carrie Louise (Taylor) Perkins

(If deceased is a married, widowed or divorced woman, give also maiden name.)

Registered No.

118

(a) Residence. No.

78 Waldemar Ave.

St.

(If nonresident, give city or town and State)

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 30 1951
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
14 May 1951 to 30 May 1951

I last saw her alive on 25 May 1951, death is said to

have occurred on the date stated above, at 5 P. M.

DISEASE OR CONDITION Natural causes.

DIRECTLY LEADING TO DEATH Presumably Carcinoma of uterus 1 yr.

ANTECEDENT (b) CAUSES Due To

Due To (c)

OTHER SIGNIFICANT CONDITIONS Atherosclerotic heart disease

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 E. Murray M. D.

(Address) Winthrop, Mass Date 31 May 1951

6 Place of Burial or Cremation Everett (City or Town)

DATE OF BURIAL June 1 1951

7 NAME OF FUNERAL DIRECTOR Howard S. Burrows

ADDRESS Winthrop, Mass

Received and filed 19

JUN - 1 1951 (Registrar)

A TRUE COPY ATTEST

The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICSSTANDARD
CERTIFICATE OF DEATH

(City or town making return)

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) (H. H.)

(or) WIFE of William A Taylor PERKINS

(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 82 Years 3 Months 14 Days If under 24 hours Hours Minutes

13 Usual Occupation Housewife (Kind of work done during most of working life)

14 Industry or Business At Home

15 Social Security No. None

16 BIRTHPLACE (City) Portland (State or country) Maine

17 NAME OF FATHER Joshua L Taylor

18 BIRTHPLACE OF FATHER (City) Unable to obtain (State or country)

19 MAIDEN NAME OF MOTHER Roseanna Story

20 BIRTHPLACE OF MOTHER (City) Boston (State or country) Mass

21 Informant Grace Keough (Address) 78 Waldemar Ave. Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Walter E. Baker (Signature of Agent of Board of Health or other)

(Official Designation) Health Officer (Date of Issue of Permit) 6/1/51

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
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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

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)-10-48-246/8

Form VS No. 60b.

MARGIN RESERVED FOR BINDING

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)

MEDICAL CERTIFICATION

Dist. No. 5098 To be inserted by registrar		11980 Registered No. 15	
1. PLACE OF DEATH: STATE OF NEW YORK a. COUNTY <u>Steuben</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Massachusetts</u> b. COUNTY <u>Suffolk</u>	
b. TOWN <u>Bath</u>		c. TOWN <u>Wintthrop</u>	
c. CITY OR VILLAGE <u>6 yrs., 11 mos. 13 days</u>		d. CITY OR VILLAGE <u>Wintthrop</u> Is residence within its corporate limits? YES ☒ NO ☐	
d. NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Veterans Administration</u>		e. STREET ADDRESS <u>125 Pleasant St.</u>	
3. NAME OF DECEASED (Type or Print) <u>Charles F. Collins</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>February 2, 1951 19</u>	
5. SEX <u>male</u>		6. COLOR OR RACE <u>white</u>	
7. SINGLE, MARRIED, WIDDED, DIVORCED (Specify) <u>WIDDED</u>		8. IF MARRIED, WIDDED OR DIVORCED, Name of Husband (or) Wife <u>unknown</u>	
9. DATE OF BIRTH <u>Nov. 6, 1888</u>		10. AGE Years <u>62</u> Months <u>2</u> Days <u>26</u> IF UNDER 24 HRS. Hours <u></u> Min. <u></u>	
11a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Painter</u>		11. BIRTHPLACE (State or foreign country) <u>Boston, Mass.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13b. KIND OF BUSINESS OR INDUSTRY <u></u>	
14. FATHER'S NAME <u>unknown</u>		15. MOTHER'S MAIDEN NAME <u>unknown</u>	
16. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give year or dates of service) <u>yes WW I</u>		17. SOCIAL SECURITY NO. <u>unknown</u>	
18. INFORMANT'S OWN SIGNATURE <u>VA Hospital Records, Bath, N.Y.</u>		ADDRESS <u></u>	
19. CAUSE OF DEATH			INTERVAL BETWEEN ONSET AND DEATH
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.) <u>(A) Uremic coma secondary to pyelonephrosis and hydronephrosis</u>			(B) DUE TO (C) <u>600.0</u>
ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING 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	
21. AUTOPSY? YES ☒ NO ☐		21. WHERE DID INJURY OCCUR? (City or town) (County) (State)	
22a. ACCIDENT, SUICIDE, HOMICIDE (Specify)		22b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
22c. TIME (Month) (Day) (Year) (Hour)		22d. INJURY OCCURRED While at ☐ Not While at Work ☐	
22e. HOW DID INJURY OCCUR?		22f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>February 1, 1951 to February 2, 1951</u> , and that death occurred at <u>6:15 p. m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>W. Kelly</u>		23b. ADDRESS <u>VA Bath, N.Y.</u>	
23c. DATE SIGNED <u>2/5/51 19</u>		23d. LICENSE NO. <u>4909</u>	
24a. PLACE OF BURIAL, CREMATION OR REMOVAL <u>VA Center, Bath, N.Y.</u>		24b. DATE <u>2/6/51 19</u>	
25. DATE FILED BY LOCAL REG. <u>2/5/51 19</u>		25b. UNDERTAKER'S ADDRESS <u>Bath, N.Y.</u>	
26. UNDERTAKER'S SIGNATURE <u>Jos. A. Chiappone</u>		26b. DATE OF ISSUE <u>2/5/51 19</u>	
Burial or <u>Permit issued by</u>		Date of issue <u>2/5/51 19</u>	

JUN 21 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-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-(c)-11-49-900-475

PLACE OF DEATH

SUFFOLK
(County)
BOSTON



The Commonwealth of Massachusetts
EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS
COPY OF
MEDICAL EXAMINER'S
CERTIFICATE OF DEATH

(City or town making return)

Registered No. 1526

Brighton Marine Hospt.

St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Benson W 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) W #2

(a) Residence. No. 12 Sewall 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 May 29/51
(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.)
Crushing injury of chest and fracture of pelvis incurred accidentally in collision of motor car and tree

5 Accident, suicide, or homicide (specify) accident
Date and hour of injury May 25/51 19
Where did injury occur? Marshfield Mass.
(City or town and State)
Did injury occur in or about home, on farm, in industrial place, or in public place? Public Highway
(Specify type of place)
Manner of injury Motor car collided with
(How did injury occur?)
Nature of injury tree crushing injury of chest fracture of pelvis
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 5-29-51
Orchard Grove Kittery Maine

7 Place of Burial, or Cremation. May 31/51 (City or Town)
DATE OF BURIAL 19

8 NAME OF FUNERAL DIRECTOR R C Kirby
ADDRESS Boston Mass

Received and filed JUN 11 1951 19
(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

9 SEX M 10 COLOR OR RACE W 11 SINGLE (write the word) MARRIED WIDOWED OR DIVORCED Married

11a If married, widowed, or divorced HUSBAND of Hazel Hann
(Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

12 IF STILLBORN, enter that fact here.

13 AGE 28 Years 5 Months 3 Days If under 24 hours Hours Minutes

14 Usual Occupation: Radio Man 2nd Class
(Kind of work done during most of working life)

15 Industry or Business: U.S. Coast Guard

16 Social Security No. 003-20-1920
17 BIRTHPLACE (City) Haverhill Mass.
(State or country)

18 NAME OF FATHER Charles W Brown

19 BIRTHPLACE OF FATHER (City) Hampton N.H.
(State or country)

20 MAIDEN NAME OF MOTHER Sylvia Wheeler

21 BIRTHPLACE OF MOTHER (City) Atkinson N.H.
(State or country)

22 Informant Mrs H Brown Wife
(Address)

A TRUE COPY.

ATTEST: Charles A. Trachue
(Registrar of City or Town where death occurred)

DATE FILED June 1/51 19

Entered Service Sept.20,1946 In Service at time of death

Radio Man 2nd Class U S Coast Guard Service No.

255-986

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, Ser 12, G. L.)

25M (E16-50-902253

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. 5288121

No. Baker Memorial Hosp. (Mass Gen Hosp) St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Margaret Bellamy
(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. 135 Grovers Ave 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 Lifetime months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH June 6, 1951
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from June 1 1951 to June 6 1951

I last saw her alive on June 6 1951, death is said to

have occurred on the date stated above, at 1:10 p. m.

DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a)Rheumatic heart
diseaseINTERVAL BETWEEN
ONSET
AND DEATH

40 yrs

ANTE Due To
CEDENT (b)
CAUSESDue To
(c)OTHER
SIGNIFICANT
CONDITIONSMajor findings:
Of operations.

Date of operation. Was autopsy performed? Yes

What test confirmed diagnosis?

5 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) E Mora M. D.

(Address) Mass Gen Hosp Date June 6 1951

6 Mt Auburn Cem Cambridge Mass
Place of Burial or Cremation (City or Town)

DATE OF BURIAL June 8 1951

7 NAME OF FUNERAL DIRECTOR C P Chapman
ADDRESS Boston Mass

Received and filed JUN 19 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
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 66 Years 10 Months 7 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 William Bellamy

18 BIRTHPLACE OF FATHER (City) Boston Mass
(State or country)

19 MAIDEN NAME OF MOTHER Anna M Johnson

20 BIRTHPLACE OF MOTHER (City) Owego N Y
(State or country)21 Informant R Bellamy (brother)
(Address)A TRUE COPY Charles H. Mackie
ATTEST: (Registrar of City or Town where death occurred)

DATE FILED June 11 1951

PLACE OF DEATH

Suffolk
(County)Winthrop
(City or Town)

The Commonwealth of Massachusetts

EDWARD J. CRONIN, SECRETARY
DIVISION OF VITAL STATISTICSSTANDARD
CERTIFICATE OF DEATHTo be filed for burial permit
with Board of Health
or its Agent.

Registered No. 122

No. Winthrop Community Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME. Baby Boy Marino
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT

(Was deceased a
U. S. War Veteran,
if so specify WAR)

(a) Residence. No. 36 Moore Street 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
CERTIFICATEn giving
E OF DEATHnot enter
e than one
e for each
, (b) and (c)is does not mean
e of dying, such
ailure, asthenia,
means the disease,
lications which
eath.rid conditions,
iving rise to the
use (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 7 1951
(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

INTERVAL BE-
TWEEN ONSET
AND DEATHANTE Due To Cord tight twice
CEDENT (b) about the neck
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)

(Address) 25 Elms St. Winthrop Date June 7 1951 M. D.

6 Oak Grove Cemetery Medford
Place of Burial or Cremation (City or Town)

DATE OF BURIAL June 8 1951

7 NAME OF FUNERAL DIRECTOR Anthony F. Gata

ADDRESS 197 Washington St. Somerville

Received and filed. JUN 8 1951 19

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Male 9 COLOR OR RACE White 10 SINGLE (write the word)
MARRIED WIDOWED Stillborn
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 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 Anthony V. Marino

18 BIRTHPLACE OF FATHER (City) Somerville, Mass.
(State or country)

19 MAIDEN NAME OF MOTHER Frances Massa

20 BIRTHPLACE OF MOTHER (City) Somerville, Mass.
(State or country)21 Informant Anthony V. Marino
(Address) 36 Moore St. WinthropI HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:Walter G. Baker, Jr.
(Signature of Agent of Board of Health or other)

(Official Designation) Health Officer (Date of Issue of Permit) 6/8/51

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or 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 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 (E)-50-902253

PLACE OF DEATH

1

SUFFOLK
BOSTON

(City or Town)

No.

Peter Bent Brigham 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. 531423

St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Mary Ryan
(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. 152 Pleasant St
(Usual place of abode)St. Winthrop Mass
(If nonresident, give city or town and State)

Length of stay: In place of death 1 years 2 months days. In place of residence years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH June 7, 1951
(Month) (Day) (Year)

we HEREBY CERTIFY, That we attended deceased from May 5 1951 to June 7 1951
we last saw her alive on June 7, 1951 death is said to have occurred on the date stated above, at 3:55 a.m.

DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a) Carcinoma of cervix
extension to bladderINTERVAL
BETWEEN ONSET
AND DEATH

3 yrs

ANTE CEDENT (b) Due To Abdominal aortic
CAUSES aneurysm withDue To Retroperitoneal
(c) hematoma

term

OTHER SIGNIFICANT CONDITIONS Arterio sclerosis

years

Major findings: Ureterostomy
Of operations

Date of operation 5:11:51 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) P Bent Brig Hosp Date June 7 1951

6 Holy Cross Cem Malden Mass
Place of Burial or Cremation (City or Town)

DATE OF BURIAL June 9 1951

7 NAME OF FUNERAL DIRECTOR J B McMahon
Wilmington Mass

ADDRESS

Received and filed JUN 19 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
or DIVORCED10a If married, widowed, or divorced
HUSBAND of(Give maiden name of wife in full)
(or) WIFE of James J Ryan
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 76 Years 1 Months Days If under 24 hours
Hours Minutes13 Usual Occupation: Housewife
(Kind of work done during most of working life)

14 Industry or Business: At Home

15 Social Security No.

16 BIRTHPLACE (City) Ireland
(State or country)

17 NAME OF FATHER John Dunn

18 BIRTHPLACE OF FATHER (City) Ireland
(State or country)

19 MAIDEN NAME OF MOTHER

20 BIRTHPLACE OF MOTHER (City) Ireland
(State or country)21 Informant May F Young
(Address)

A TRUE COPY

ATTEST: Charles J. Young
(Registrar of City or Town where death occurred)

DATE FILED June 11 1951



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. 121

No. 142 Pleasant St.

(If death occurred in a hospital or institution,
St. give its NAME instead of street and number)

2 FULL NAME IDA Rossi

(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. 645 Washington Ave

(Usual place of abode)

St. Chelsea 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 June 9 1951
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from June 4 1951 to June 9 1951

I last saw her alive on June 8 1951, death is said to have occurred on the date stated above, at 1:45 p.m.

DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a) MyocarditisINTERVAL BE-
TWEEN ONSET
AND DEATH

ANTECEDENT (b) 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? No

If so, specify

(Signed) H. D. Grant

(Address) 140 Suffolk Ave Chelsea

Date June 11 1951

6 Holy Cross

Place of Burial or Cremation

MALDEN

(City or Town)

DATE OF BURIAL June 12 1951

7 NAME OF FUNERAL DIRECTOR Salvatore C. Panatta

ADDRESS 314 Washington Ave Chelsea

Received and filed

JUN 14 1951

(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 84 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.

16 BIRTHPLACE (City) ITALY
(State or country)

17 NAME OF FATHER Rossi

18 BIRTHPLACE OF FATHER (City) ITALY
(State or country)

19 MAIDEN NAME OF MOTHER AIDA DeGIOVANNI

20 BIRTHPLACE OF MOTHER (City) ITALY
(State or country)21 Informant John Rossi (Nephew)
(Address) 645 Washington Ave ChelseaI HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:Walter S. Baker
Health Officer (Signature of Agent of Board of Health or other)
(Official Designation) 6/11/51
(Date of Issue of Permit)INSTRUCTIONS
FOR
CERTIFICATEgiving
OF DEATHnot enter
than one
e for each
(b) and (c)does not mean
of dying, such
failure, asthenia,
means the disease,
indications which
ath.bid conditions.
ing rise to the
use (a) stating
erlying causeditions contrib-
the death but not
the disease or
causing death.

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall 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

INSTRUCTIONS
FOR
CERTIFICATE

giving

OF DEATH

not enter
than one
for each
(b) and (c)does not mean
of dying, such
ure, ashenia,
ns the disease,
ations which
h.d conditions,
ng rise to the
(a) stating
lying causeions contrib-
death but not
e disease or
causing death.

PLACE OF DEATH

1

Suffolk

(County)

Winthrop

(City or Town)

No. 150 Circuit Road

St. { (If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME Elizabeth (Vincent) Blazo

(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. 150 Circuit Road

(Usual place of abode)

St. (If nonresident, give city or town and State)

Length of stay: In place of death. 8 years. months. days. In place of residence. 8 years. months. days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH June 10 1951
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
June 1, 1951, to June 10, 1951.

I last saw her alive on June 1, 1951, death is said to

have occurred on the date stated above, at 6:20 a.m.

DISEASE OR CONDITION

DIRECTLY LEADING

TO DEATH (a) Carcinomatosis

INTERVAL BE-
TWEEN ONSET
AND DEATH

18 months

ANTE CEDENT
CAUSESDue To
(c)OTHER
SIGNIFICANT
CONDITIONS

Major findings:

Of operations... Carcinoma

Date of operation... June 5, 1951 Was autopsy performed? no

What test confirmed diagnosis? Pathologist report

5 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address) 447 Shirley St. Winthrop Date 6-11-1951 M. D.

6 Winthrop Cemetery Winthrop
Place of Burial or Cremation (City or Town)

DATE OF BURIAL June 12, 1951 19

7 NAME OF FUNERAL DIRECTOR Alfred B. Mark

ADDRESS 174 Winthrop St. Winthrop, Mass.

Received and filed

JUN 14 1951

19

(Registrar)

A TRUE COPY ATTEST

The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

Winthrop

(City or town making return)

125

Registered No.

STANDARD
CERTIFICATE OF DEATH

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 Ralph Eugene Blazo

(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 54 Years 2 Months 25 Days If under 24 hours
Hours Minutes13 Usual Occupation: housework
(Kind of work done during most of working life)

14 Industry or Business: own home

15 Social Security No. none

16 BIRTHPLACE (City) Wellesley
(State or country) Mass.

17 NAME OF FATHER Charles Augustus Vincent

18 BIRTHPLACE OF FATHER (City) Montreal
(State or country) Canada

19 MAIDEN NAME OF MOTHER Lillian Alexander

20 BIRTHPLACE OF MOTHER (City) England
(State or country)21 Informant Ralph E. Blazo
(Address) 150 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 J. Baker
(Signature of Agent of Board of Health or other)
Health Officer (Official Designation) 6/11/51 (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 exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained 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

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 (E 1-6-30-902253

+

PLACE OF DEATH

1

(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. 5406126

No. St Elizabeth's Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Charles F Mahoney (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. 4 Washington Ave St. Winthrop Mass (Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death. 3 years. months. days. In place of residence. 40 years. months. days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH June 10, 1951 (Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from June 7, 1951, to June 10, 1951.

I last saw him alive on June 10, 1951, death is said to have occurred on the date stated above, at 12:58 a.m.

DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a)Cerebral hemorrhage
right hemisphereINTERVAL BE-
TWEEN ONSET
AND DEATH

3 days

ANTE DUE TO
CEDENT (b)
CAUSES

Hypertension

Years

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) C P Grillone

(Address) St Eliz Hosp

Date June 10, 1951

6 Winthrop Cem Winthrop Mass
Place of Burial or Cremation (City or Town)

DATE OF BURIAL June 13, 1951

7 NAME OF FUNERAL DIRECTOR J F O'Maley
ADDRESS Winthrop Mass

Received and filed JUN 25 1951 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 Agnes R Driscoll (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: Medical Doctor (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 Edward F Mahoney

18 BIRTHPLACE OF FATHER (City) Ireland (State or country)

19 MAIDEN NAME OF MOTHER Frances A Walsh

20 BIRTHPLACE OF MOTHER (City) Boston Mass (State or country)

21 Informant Wife (Address)

PARENTS

A TRUE COPY

ATTEST: (Registrar of City or Town where death occurred)

DATE FILED June 14, 1951



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
path.

bid conditions,
iving rise to the
use (a) stating
erlying cause

ditions contrib-
the death but not
the disease or
causing death.

PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)

No. 23 Cliff Ave.

2 FULL NAME Mary Bell (Sampson) Paine

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 23 Cliff Ave.

(Usual place of abode)

St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

(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

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD

CERTIFICATE OF DEATH

Registered No.

127



MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH June 10 1951
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from May 5, 1950 to June 10, 1951

I last saw her alive on June 10, 1951 death is said to

have occurred on the date stated above, at 5:50 p.m.

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Acute Coronary Thrombosis

ANTE CEDENT CAUSES Due To (b) Atherosclerotic Heart Disease 1 year

Due To (c) Chronic Glomerular Nephritis 1 year

OTHER SIGNIFICANT CONDITIONS none

Major findings: none

Date of operation: none Was autopsy performed? No

What test confirmed diagnosis: clinical & Electrocardiogram

5 Was disease or injury in any way related to occupation of deceased? If so, specify Jacob J. Chang in the M. D. (Signed) 562 Middle St. Date June 11, 1951 (Address) Winthrop and Winthrop

6 Place of Burial or Cremation (City or Town)

DATE OF BURIAL June 13 1951

7 NAME OF FUNERAL DIRECTOR Edward S. Reynolds

ADDRESS Winthrop Mass

Received and filed JUN 14 1951 19

(Registrar)

A TRUE COPY ATTEST

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

(or) WIFE of Leon A Paine (Give maiden name of wife in full)

(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 67 Years 2 Months 15 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) Bangor (State or country) Maine

17 NAME OF FATHER John Sampson

18 BIRTHPLACE OF FATHER (City) Unable to obtain (State or country)

19 MAIDEN NAME OF MOTHER Siebel

20 BIRTHPLACE OF MOTHER (City) Unable to obtain (State or country)

21 Informant: Leon A Paine (Address) 23 Cliff Ave. Winthrop, Mass

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Walter L. Baker (Signature of Agent of Board of Health or other Health Officer) (Official Designation) 6/14/51 (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 exume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . General Laws, Chap. 38, Sec. 6.

No undertaker or other 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

(City or town making return)
Registered No. 128

No. 79 Highland Ave. St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Anna Louise (Quigley) Naedele
(If deceased is a married, widowed or divorced woman, give also maiden name.) (Was deceased a U. S. War Veteran, if so specify WAR)

(a) Residence. No. 79 Highland Ave. St. (If nonresident, give city or town and State)
(Usual place of abode)

Length of stay: In place of death 10 years. months. days. In place of residence 10 years. months. days.

INSTRUCTIONS
FOR
FILLING OUT
THIS
CERTIFICATE OF DEATH

Do not enter
more than one
cause for each
(b) and (c)

Conditions does not mean
of dying, such
as failure, asthenia,
means the disease,
which
causes death.

Underlying conditions,
contributing 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 June 16 1951
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from
June 12 1951 to June 15 1951
I last saw her alive on June 15 1951 death is said to
have occurred on the date stated above, at 10 P.M.

DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a) Bronchitis
Pneumonia

ANTECEDENT CAUSES Due To Cerebral Hemorrhage
(b) 2 Days

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 Fixed & Plegan
(Signed) M. D. 6/17 1951
(Address) 670 Salato St. Bk

6 Ceda Hill Hartford Conn.
Place of Burial or Cremation (City or Town)

DATE OF BURIAL June 19 1951

7 NAME OF FUNERAL DIRECTOR Howard S. Phynold
ADDRESS Winthrop Mass.

Received and filed JUN 20 1951 19

A TRUE COPY ATTEST

(Registrar)

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 Theodore Naedele
(Give maiden name of wife in full)
(or) WIFE of Theodore Naedele
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 91 Years 5 Months 6 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) Hartford (State or country) Connecticut

17 NAME OF FATHER Thomas Quigley

18 BIRTHPLACE OF FATHER (City) Hartford (State or country) Connecticut

19 MAIDEN NAME OF MOTHER Laura Barnes

20 BIRTHPLACE OF MOTHER (City) Hartford (State or country) Connecticut

21 Informant Theodore Naedele
(Address) 79 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 E. Baker
(Signature of Agent of Board of Health or other Health Officer)
(Date of Issue of Permit) 6/13/51

ATTACHMENT

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

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death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

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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

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 (E) 6-30-902253

PLACE OF DEATH

SUFFOLK
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. 554129

No. Mass. General Hospital

St. { (If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME Anne G Trainor

(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. 5 Emerson Road
(Usual place of abode)St. Winthrop Mass.
(If nonresident, give city or town and State)

Length of stay: In place of death.....years.....months.....23 days. In place of residence.....10 years.....months.....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH June 16/51
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
May 24, 19 51, to June 16, 19 51I last saw her alive on June 16 19 51, death is said to
have occurred on the date stated above, at 1:26A m.DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a) Metastatic adenocarcinomaINTERVAL BE-
TWEEN ONSET
AND DEATH2 Mos
PlusANTE Due To
CEDENT (b)
CAUSES

Primary site undetermined

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) C L Clay M.D.
(Address) Mass. General Hospt. date 6-16 19 516 Winthrop Cem-Winthrop Mass.
Place of Burial or Cremation (City or Town)

DATE OF BURIAL June 19/51 19

7 NAME OF FUNERAL DIRECTOR M W Kirby
Winthrop Mass.

ADDRESS

Received and filed JUN 29 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 WIDOWED or DIVORCED Married (write the word)

10a If married, widowed, or divorced

HUSBAND of (Give maiden name of wife in full)

(or) WIFE of James E Trainor
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 48 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. 029-24-0118

16 BIRTHPLACE (City) East Boston Mass.
(State or country)

17 NAME OF FATHER Fred E Cotter

18 BIRTHPLACE OF FATHER (City) Newfoundland
(State or country)

19 MAIDEN NAME OF MOTHER Mary J White

20 BIRTHPLACE OF MOTHER (City) Newfoundland
(State or country)21 Informant J E Trainor
(Address)

A TRUE COPY

ATTEST: Charles H Mackie
(Registrar of City or Town where death occurred)

June 20/51

DATE FILED 19

INSTRUCTIONS
FOR
CERTIFICATEgiving
OF DEATHnot enter
than one
for each
(b) and (c)does not mean
of dying, such
lure, asthenia,
→ the disease,
ications which
th.d conditions,
ing rise to the
e (a) stating
lying causeions contrib-
death but not
he disease or
causing death.

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

(City or town making return)

Registered No. 130

No. 10 Almont St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME: Annie Agatha Dasey
(If deceased is a married, widowed or divorced woman, give also maiden name.)(a) Residence. No. 101 Almont St. Winthrop 32, 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 3 years. months. days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH June 17 1951
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw him alive on Sept. 9 M. death is said to

have occurred on the date stated above at 9 M.

DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a) Acute

Cormary Thrombosis 10 min

ANTE Due To Atherosclerotic
CEDENT (b) Heart Disease. 1 year

Due To Sudden Death of

OTHER SIGNIFICANT CONDITIONS Board of Health

Major findings: none

Date of operation: none Was autopsy performed?

What first confirmed diagnosis? history & clinical findings

5 Was disease or injury in any way related to occupation of deceased?

If so, specify Jacob J. Abraham M. D.

(Signed) 662 Shirley St. 6/17/51

(Address) Winthrop, Mass

6 Place of Burial or Cremation Holy Wood City or Town

DATE OF BURIAL June 20 1951

7 NAME OF FUNERAL DIRECTOR Frank Fally

ADDRESS 426 Harvard St. Brookline

Received and filed JUN 20 1951

(Registrar)

A TRUE COPY ATTEST

PERSONAL AND STATISTICAL PARTICULARS

8 SEX F 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 Martin J. Dasey (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 74 Years 9 Months 7 Days If under 24 hours Hours. Minutes

13 Usual Occupation: Retired - Housewife (Kind of work done during most of working life)

14 Industry or Business: Housewife

15 Social Security No. none

16 BIRTHPLACE (City) Brookline, Mass (State or country)

17 NAME OF FATHER Charles Flaherty

18 BIRTHPLACE OF FATHER (City) Ireland (State or country)

19 MAIDEN NAME OF MOTHER Mary Curry

20 BIRTHPLACE OF MOTHER (City) Ireland (State or country)

Informant (Address) Margaret M. Burns 1018 Almont 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)

(Official Designation) Health Officer (Date of Issue of Permit) 6/19/51

EXTRACTS
FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original, interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . General Laws, Chap. 38, Sec. 6.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

RM R-302

Copies of returns of deaths which occurred in your city or town in case the deceased resided in another city or town at the time of death should be transmitted on Form R-302 to the clerk of the city or town in which the deceased resided as soon as possible after the close of the month in which the death occurred. (See Chap. 46, Sec. 12, G. L.)

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

COPY OF
CERTIFICATE OF DEATH

BOSTON

(City or town making return)

Registered No. 5613131

No. Beth Israel Hospital

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Celia Mindel
(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 Farrest
(Usual place of abode)

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 June 18/51
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from June 18 51 to June 18 51

I last saw her alive on June 18 51 death is said to have occurred on the date stated above, at 7 PM m.

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Acute myocardial infarct

INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES Due To Hypertension (b) ?

Due To (c)

OTHER SIGNIFICANT CONDITIONS

Major findings: Of operations..... Yes
Date of operation..... None Was autopsy performed?
What test confirmed diagnosis?

5 Was disease or injury in any way related to occupation of deceased? If so, specify M. I. Klayman
(Signed) Beth Israel Hosp Date 6-18-51
(Address) Sharon Memorial Park Sharon Mass.

6 Place of Burial or Cremation (City or Town)
DATE OF BURIAL June 20/ 19

7 NAME OF FUNERAL DIRECTOR E L Levine
ADDRESS Brookline Mass.

Received and filed JUN 29 1951
(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) Louis Mindel
(or) WIFE of (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 75 Years Months Days If under 24 hours Hours Minutes

13 Usual Occupation: 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 Abraham Hurwitz

18 BIRTHPLACE OF FATHER (City) Russia (State or country)

19 MAIDEN NAME OF MOTHER Leah

20 BIRTHPLACE OF MOTHER (City) Russia (State or country)

21 Informant Albert Mindel (Address)

A TRUE COPY

ATTEST: Charles J. Inacki (Registrar of City or Town where death occurred)

DATE FILED June 21/51



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

Worcester

(County)

RutLAND

(City or Town)



The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH

DIVISION OF VITAL STATISTICS

COPY OF

CERTIFICATE OF DEATH

RUTLAND

(City or town making return)

Registered No.

132

No. Rutland State Sanatorium

St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

Gordon Francis Berridge

2 FULL NAME

(If deceased is a married, widowed or divorced woman, give also maiden name.)

25 Pearl Avenue

Winthrop, Mass.

(a) Residence. No.

(Usual place of abode)

7

6

20

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

20,

1951

(Month)

(Day)

(Year)

4 DECEASED ON November 30, 1943. The deceased died on June 20, 1951.

I last saw him alive on June 19, 1951.

death is said to have occurred on the date stated above, at 3:30 p.m.

DISEASE OR CONDITION

DIRECTLY LEADING TO DEATH (a) Pulmonary tuberculosis

ANTECEDENT CAUSES

Due To

(c)

OTHER SIGNIFICANT CONDITIONS

Tbc. meningitis

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)

(Add)

6 Place of Burial or Cremation

June 22, 1951

DATE OF BURIAL

7 NAME OF FUNERAL DIRECTOR

Ellsworth Crosswell

ADDRESS

Bow St., N. Reading, Mass.

Received and filed

JUL 5 1951

(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX

Male

9 COLOR OR RACE

White

10 SINGLE

MARRIED

WIDOWED

or DIVORCED

(write the word)

Widowed

10a If married, widowed, divorced or separated, name of HUSBAND of Edith Carder

(Give maiden name of wife in full)

(or) WIFE of.....

(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE

47

0

19

Years

Months

Days

If under 24 hours

Hours

Minutes

13 Usual Occupation:

Gua rd

(Kind of work done during most of working life)

14 Industry or Business:

030-09-1415

15 Social Security No.

Roxbury

16 BIRTHPLACE (City) (State or country)

Mass.

17 NAME OF FATHER

Thomas W. Berridge

18 BIRTHPLACE OF FATHER (City) (State or country)

Pembroke,

Maine

19 MAIDEN NAME OF MOTHER

Rose O'Neil

20 BIRTHPLACE OF MOTHER (City) (State or country)

Charlestown,

Mass.

21 Informant (Address) Rutland State Sanatorium Rutland, Mass.

A TRUE COPY

ATTEST:

(Registrar of City or Town where death occurred)

DATE FILED

June 20, 1951

RECEIVED

LIBRARY

OF THE

U. S. DEPT. OF AGRICULTURE

JUL 15 1901

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.

Suffolk

(County)

Winthrop

(City or Town)

STANDARD
CERTIFICATE OF DEATH

Registered No.

133

No. 55 Wilshire

{ (If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME Evelyn Bridgeman (Jacobs)

(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 Wilshire
(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 25 years..... months..... days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH June 21 1951
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
April 19 45, to June 1951I last saw her alive on June 10 1951, death is said to
have occurred on the date stated above, at 1:20 A. m.DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a) Coronary thrombosisINTERVAL BE-
TWEEN ONSET
AND DEATH

6 years

ANTECEDENT CAUSES Due To (b) arterial Hypertension
Coronary sclerosisDue To
(c)OTHER
SIGNIFICANT
CONDITIONSMajor 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. H. Bennett, M. D.
(Address) 447 Shirley St., Winthrop Date 6-21-19516 Holy Cross Malden
(Place of Burial or Cremation) (City or Town)

DATE OF BURIAL June 25, 1951

7 NAME OF FUNERAL DIRECTOR Michael Harella
Bennett St., Boston
ADDRESS 10 No. Bennett

Received and filed JUN 25 1951 19

(Registrar)

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 John T. Bridgeman
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 64 Years Months Days If under 24 hours
Hours Minutes13 Usual Occupation: Housewife
(Kind of work done during most of working life)

14 Industry or Business: at home

15 Social Security No. none

16 BIRTHPLACE (City) Rochester N.Y.
(State or country)

17 NAME OF FATHER John R. Jacobs

18 BIRTHPLACE OF FATHER (City) Rochester
(State or country) N.Y.

19 MAIDEN NAME OF MOTHER Ann Nolan

20 BIRTHPLACE OF MOTHER (City) Canada
(State or country)21 Informant John T. Bridgeman
(Address) 55 Wilshire St., Winthrop, Mass.I HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:Walter H. Baker
(Signature of Agent of Board of Health or other)

(Official Designation) Health Officer (Date of Issue of Permit) 6/23/51

R-301A

INSTRUCTIONS
FOR
CERTIFICATEgiving
OF DEATHnot enter
than one
for each
(b) and (c)does not mean
of dying, such
failure, asthenia,
trans the disease,
ications which
ath.bid conditions.
ving rise to the
use (a) stating
erlying causeditions contrib-
he death but not
the disease or
causing death.

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or 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

giving
OF DEATH

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PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)

No. 142 Pleasant St.

2 FULL NAME Harriett Macey Hodgkins

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 86 Bartlett Rd.

(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 42 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH 21 June 1951

(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from

9 June 1951 to 21 June 1951

I last saw her alive on 20 June 1951, death is said to

have occurred on the date stated above, at 5:45 A. m.

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Hypostatic Pneumonia

ANTECEDENT CAUSES Due To Congestive Cardiac Failure

Due To Arteriosclerosis

OTHER SIGNIFICANT CONDITIONS Cerebral Hemorrhage and Hemiplegia

Major findings: June Of operations: W

Date of operation: Was autopsy performed? W

What test confirmed diagnosis? W

5 Was disease or injury in any way related to occupation of deceased? W

If so, specify

(Signed) John F. Welch M. D. (Address) Revere Mass. Date 22 June 1951

6 Woodlawn Crematory Everett

Place of Burial or Cremation (City or Town)

DATE OF BURIAL June 23 1951

7 NAME OF FUNERAL DIRECTOR Howard Reynolds

ADDRESS Winthrop Mass

Received and filed JUN 25 1951 19

A TRUE COPY ATTEST

(Registrar)

The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD

CERTIFICATE OF DEATH

(City or town making return)

Registered No. 134

St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

(Was deceased a U. S. War Veteran, if so specify WAR)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX 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 69 Years 5 Months 7 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) Boston (State or country) Mass

17 NAME OF FATHER Samuel Hodgkins

18 BIRTHPLACE OF FATHER (City) England (State or country)

19 MAIDEN NAME OF MOTHER Ella Parker

20 BIRTHPLACE OF MOTHER (City) Nantucket (State or country) Mass

21 Informant Mary Walker (Address) 86 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:

Waller H. Walker (Signature of Agent of Board of Health or other) Health Officer (Official Designation) 6/22/51 (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 exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith 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.

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Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

INSTRUCTIONS
FOR
CERTIFICATEgiving
OF DEATH

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PLACE OF DEATH

1

No.

(County)

(City or Town)

2 FULL NAME

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No.

(Usual place of abode)

St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of stay: In place of death. years. months. days. In place of residence. years. months. days.

Registered No.

135

The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

(City or town making return)

STANDARD

CERTIFICATE OF DEATH



MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH June 22 1951
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from September 19 50 to June 22 19 51

I last saw her alive on June 21 19 51, death is said to have occurred on the date stated above, at 1:05 A.M.

DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a) Valvular Heart
Disease with Acute Ingestion 10 mo.ANTECEDENT (b)
CAUSESDue To
(c)OTHER
SIGNIFICANT
CONDITIONSMajor findings:
Of operations

Date of operation. Was autopsy performed? No

What test confirmed diagnosis? Chemical Findings

5 Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Dorothy Cheney Appleton M. D.

(Address) 197 Woodside Ave. Date 6/22 19 51

6 Place of Burial or Cremation Holy Sepulchre Cemetery, Wrentham, Mass.

DATE OF BURIAL June 25 19 51

7 NAME OF FUNERAL DIRECTOR

ADDRESS

Received and filed JUN 25 1951

(Registrar)

A TRUE COPY ATTEST

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Male 9 COLOR OR RACE White 10 SINGLE (write the word) MARRIED WIDOWED or DIVORCED Divorced

10a If married, widowed, or divorced HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of Charles A. Austin (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: M. E. Telly Tel. Co. (Kind of work done during most of working life)

14 Industry or Business: operator

15 Social Security No.

16 BIRTHPLACE (City) (State or country) Fairview, Mass.

17 NAME OF FATHER J. P. Pierce, Jr.

18 BIRTHPLACE OF FATHER (City) (State or country) Ireland

19 MAIDEN NAME OF MOTHER Mary Agnes O'Brien

20 BIRTHPLACE OF MOTHER (City) (State or country) Ireland

21 Informant (Address) 186 Wrentham St.

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued.

(Signature of Agent or Board of Health or other)

(Official Designation) Health Officer (Date of Issue of Permit) 6/25/51

EXTRACTS
FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if all, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

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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).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

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(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

M R-301

INSTRUCTIONS
FOR
CERTIFICATEgiving
OF DEATHnot enter
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for each
(b) and (c)does not mean
of dying, such
failure, asthenia,
means the disease,
indications which
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iving rise to the
use (a) stating
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he death but not
the disease or
causing death.

501 (A) 12 49 900722

PLACE OF DEATH

Suffolk
(County)Winthrop
(City or Town)

No. Winthrop Community Hospital

2 FULL NAME Alfred Roy Paro
(If deceased is a married, widowed or divorced woman, give also maiden name.)(a) Residence. No. 70 Cottage Park Road
(Usual place of abode)

Length of stay: In place of death. . . years. . . months. 1 days. In place of residence 35 years. . . months. . . days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH June 23, 1951
(Month) (Day) (Year)I HEREBY CERTIFY, That I attended deceased from
June 10, 1951 to June 23, 1951
I last saw him alive on June 23, 1951, death is said to
have occurred on the date stated above, at 4 A. M.DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a) Left Ventricular
failureANTECEDENT
CAUSES (b) intra-ventricular
bleed

Due To (c) Rheumatic Fever

OTHER
SIGNIFICANT
CONDITIONSMajor findings:
Of operations: none

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) Roy G. Gale

(Address) 621 Main St. W. Mass.

Date 6-25-51

6 Winthrop Cemetery Winthrop, Mass.
Place of Burial or Cremation (City or Town)

DATE OF BURIAL June 26, 1951

7 NAME OF
FUNERAL DIRECTOR Alfred B. Marsh

ADDRESS 174 Winthrop St., Winthrop, Mass.

Received and filed.

JUN 27 1951

(Registrar)

A TRUE COPY ATTACHED

The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD

CERTIFICATE OF DEATH

Winthrop

(City or town making return)

Registered No.

136

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) 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 married
or DIVORCED10a If married, widowed, or divorced
HUSBAND of Roslyn May Doane
(Give maiden name of wife in full)(or) WIFE of . . .
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 44 Years 2 Months 24 Days If under 24 hours
Hours Minutes13 Usual Occupation: Asst. Engineer
(Kind of work done during most of working life)

14 Industry or Business: Office Systems

15 Social Security No. 021-05-1684

16 BIRTHPLACE (City) Wakefield
(State or country) Mass.

17 NAME OF FATHER Edward Edmund Paro

18 BIRTHPLACE OF FATHER (City) Woods Hole
(State or country) Vermont

19 MAIDEN NAME OF MOTHER Catherine Simon

20 BIRTHPLACE OF MOTHER (City) Canada
(State or country)21 Informant Mrs. A. R. Paro
(Address) 70 Cottage Park Road, WinthropI HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued.Walter H. Baker
(Signature of Agent or Board of Health or other)
Health Officer (Official Designation) 6/20/51
(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.

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Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

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(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—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-301

INSTRUCTIONS
FOR
CERTIFICATEgiving
OF DEATHnot enter
than one
for each
(b) and (c)does not mean
of dying, such
ilure, asthenia,
ans the disease,
ications which
th.id conditions,
ing rise to the
se (a) stating
lying causelions contrib-
e death but not
the disease or
causing death.

* ON (A) 12-49-900722

PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)

No. 142 Pleasant St

2 FULL NAME Ella G (Freeman) Everbeck

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 121 Willow St
(Usual place of abode)

St. Reading

(If nonresident, give city or town and State)

Length of stay: In place of death years months 2 days. In place of residence 5 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH June 24 1951
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
December 50 to June 51I last saw her alive on June 22, 1951, death is said to
have occurred on the date stated above, at 6:45 P. m.DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a)

Carcinoma of uterus 5 yrs

ANTECEDENT
CAUSES (b)Due To
(c)OTHER
SIGNIFICANT
CONDITIONSMajor findings:
Of operations

Date of operation Jan 1948. 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. Murray M. D.
(Address) Winthrop Mass Date 25 Jun 19516 Woodlawn
Place of Burial or Cremation (City or Town)

DATE OF BURIAL June 26 1951

7 NAME OF
FUNERAL DIRECTOR

ADDRESS

Received and filed JUN 27 1951

A TRUE COPY ATTEST

(Registrar)

The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD

CERTIFICATE OF DEATH

(City or town making return)

Registered No. 137

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)

MASS.

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 Arthur Everbeck
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 77 Years 4 Months 1 Days If under 24 hours
Hours Minutes13 Usual Occupation: Housewife
(Kind of work done during most of working life)

14 Industry or Business: At home

15 Social Security No. None

16 BIRTHPLACE (City) Albany
(State or country) New York

17 NAME OF FATHER Andrew L Freeman

18 BIRTHPLACE OF FATHER (City) Orleans
(State or country) Mass

19 MAIDEN NAME OF MOTHER Henreitta Corthell

20 BIRTHPLACE OF MOTHER (City) Boston
(State or country) Mass21 Informant Frederic H Everbeck
(Address) 140 River Rd. WinthropI 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) 6/26/51

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine Insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith 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

(County)
SUFFOLK
(City or town)
BOSTON

The Commonwealth of Massachusetts **BOSTON**

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS
COPY OF
CERTIFICATE OF DEATH

(City or town making return)

Registered No. 584138

No. Beth Israel Hospt St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME **Lillian Watchmaker**
(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. **265 River 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 **27** days In place of residence **4** years months days

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH **June 27/51**
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from **May 31, 1951** to **June 27, 1951**
I last saw her alive on **June 27, 1951** death is said to have occurred on the date stated above, at **4:35A.m.**

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) **Carcinoma of gall bladder**

INTERVAL BETWEEN ONSET AND DEATH

Yrs.

ANTE CEDENT CAUSES
Due To (b)

Due To (c)

OTHER SIGNIFICANT CONDITIONS

Major findings: **Carcinoma**
Of operations.

Date of operation **6-10-51** Was autopsy performed? **Yes**

What test confirmed diagnosis? **Microscopy**

5 Was disease or injury in any way related to occupation of deceased? **No**

If so, specify (Signed)

(Address)

E Friedman

330 Brookline Ave. 6-27-51

6 Place of Burial or Cremation **Mt. Lebanon Ind. Pride of Boston** (City or Town) **West Rox.**

DATE OF BURIAL **June 27/51**

7 NAME OF FUNERAL DIRECTOR **B Birnbach**

ADDRESS **Dorchester Mass.**

Received and filed **JUL 9 1951**

(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 **Abraham Watchmaker**
(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. **None**

16 BIRTHPLACE (City) **New York City**
(State or country)

17 NAME OF FATHER **Hyman Cohen**

18 BIRTHPLACE OF FATHER (City) **Russia**
(State or country)

19 MAIDEN NAME OF MOTHER **Bessie**

20 BIRTHPLACE OF MOTHER (City) **Russia**
(State or country)

Informant **Sidney Omansky**
(Address)

A TRUE COPY

ATTEST: **Charles Z. Zmactie**
(Registrar of City or Town where death occurred)

DATE FILED **June 29/51**



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 STATISTICSSTANDARD
CERTIFICATE OF DEATHTo be filed for burial permit
with Board of Health
or its Agent.

Registered No. 139

2 FULL NAME

Timothy J. O'Toole

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No.

34 Pleasant Street

(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 40 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH June 28 1951
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from

October 1946 to June 28 1951
I last saw him alive on June 25 1951 death is said to

have occurred on the date stated above, at 12:15 A. M.

DISEASE OR CONDITION
DIRECTLY LEADING

TO DEATH (a)

Myocardial
infarctionINTERVAL BE-
TWEEN ONSET
AND DEATH

1 week

ANTE
CEDENT
CAUSESDue To
(b)Coronary artery
diseaseDue To
(c)Coronary artery
sclerosisOTHER
SIGNIFICANT
CONDITIONSChronic bronchitis
with emphysemaMajor 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)No. 34 Pleasant St. 6/28/51 M. D.
19516 Holy Cross
Place of Burial or CremationMalden Mass
(City or Town)

DATE OF BURIAL

July 3 1951

7 NAME OF
FUNERAL DIRECTOR

ADDRESS

John F. O'Malley
Winthrop Mass

Received and filed

JUL 3 1951

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 Flora 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 76 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: Maritime

15 Social Security No. 011-20-2189 A

16 BIRTHPLACE (City)
(State or country) Co Mayo
Ireland17 NAME OF
FATHER Michael18 BIRTHPLACE OF
FATHER (City)
(State or country) Ireland19 MAIDEN NAME
OF MOTHER Jane O'Toole20 BIRTHPLACE OF
MOTHER (City)
(State or country) Ireland21 Informant Martha O'Toole
(Address) 34 Pleasant St WinthropI HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued.Walter A. Baker
(Signature of Agent of Board of Health or other)

(Official Designation) Health Officer (Date of Issue of Permit) 7/3/51

INSTRUCTIONS
FOR
CERTIFICATEgiving
OF DEATHnot enter
than one
for each
(b) and (c)does not mean
of dying, such
illure, asthenia,
ans the disease,
ications which
th.id conditions.
ing rise to the
e (a) stating
lying causetions contrib-
e death but not
the disease or
causing death.

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.— Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of 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

August 14 1896

June 14 1900

Corporal

U. S. Marine Corps

M R-301

INSTRUCTIONS
FOR
CERTIFICATEgiving
OF DEATHnot enter
than one
for each
(b) and (c)does not mean
of dying, such
illness, asthenia,
ans the disease,
ications which
th.id conditions,
ing rise to the
e (a) stating
lying causeitions contrib-
e death but not
the disease or
causing death.

FORM (A), 12-49-900722

PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)

No. 142 Pleasant St.

2 FULL NAME Alexander S Knox

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 63 Harbor View Ave.

(Usual place of abode)

St.

(If nonresident, give city or town and State)

Length of stay: In place of death. years. months 6 days. In place of residence 50 years. months. days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH June 30 1951
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
1947, 19 to June 30, 1951I last saw him alive on June 30, 1951, death is said to
have occurred on the date stated above, at 2 A. M.

DISEASE OR CONDITION

DIRECTLY LEADING

TO DEATH (a) Bronchitis -

pneumonia (terminal) 1 day

ANTE Due To

CEDENT (b) carcinoma

CAUSES the stomach 6 hrs

Due To

(c)

OTHER
SIGNIFICANT
CONDITIONS

Arteriosclerosis gen

Arteriosclerosis heart

Major findings: disease

Of operations.

Date of operation.

Was autopsy performed?

What test confirmed diagnosis? x-ray (stomach)

5 Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Joseph H. Hagonie

(Address) 370 Washington St. Date 6-30-51

Winthrop Winthrop

Place of Burial or Cremation

DATE OF BURIAL July 2 1951

7 NAME OF

FUNERAL DIRECTOR Howard S. Reynolds

ADDRESS Winthrop Mass

Received and filed

19

JUL 2 1951

(Registrar)

A TRUE COPY ATTEST

The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH

DIVISION OF VITAL STATISTICS

STANDARD

CERTIFICATE OF DEATH

(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)

No

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

Emma L. Tewksbury

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12

AGE

75

Years

Months

Days

If under 24 hours

Hours

Minutes

13 Usual

Occupation:

Salesman

(Kind of work done during most of working life)

14 Industry

or Business:

Hats

15 Social Security No.

028-10-1042

16 BIRTHPLACE (City)

(State or country)

Scotland

17 NAME OF

FATHER

Alexander Knox

18 BIRTHPLACE OF

FATHER (City)

(State or country)

Scotland

19 MAIDEN NAME

OF MOTHER

Agnes Neilson

20 BIRTHPLACE OF

MOTHER (City)

(State or country)

Scotland

21

Informant

(Address)

Evalina Murray

90 Terrace 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 or Board of Health or other)

H.O. (Official Designation)

July 2/51 (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 exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith 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)

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. 394141

No. Soldiers' Home Hospital

(If death occurred in a hospital or institution, St. { give its NAME instead of street and number)

2 FULL NAME George J. Halliday
 (If deceased is a married, widowed or divorced woman, give also maiden name.)

(Was deceased a SW
 U. S. War Veteran,
 if so specify WAR)

(a) Residence. No. 423 Winthrop
 (Usual place of abode)
 Hospital

St. Winthrop, Mass.
 (If nonresident, give city or town and State)

Length of stay: In place of death 1 years 9 months 17 days. In place of residence years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH June 15, 1951
 (Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from
 Feb. 13 19 51 to June 15 19 51
 I last saw him alive on June 15 19 51 death is said to
 have occurred on the date stated above, at 7:05 A.M.

INTERVAL BE-
 TWEEN ONSET
 AND DEATH

DISEASE OR CONDITION
 DIRECTLY LEADING
 TO DEATH (a) Carcinoma of bladder
 with metastasis

ANTE DUE TO
 CEDENT (b)

Due To
 (c)

OTHER SIGNIFICANT CONDITIONS Generalized arteriosclerosis
 with arteriosclerotic heart disease

Major findings: Carcinoma of bladder
 Of operations:

Date of operation 4/6/51 Was autopsy performed? no

What test confirmed diagnosis? operation.

5 Was disease or injury in any way related to occupation of deceased?

If so, specify Lewis Glazer

(Signed) Soldiers' Home Date 6/15/51 M. D.

(Address) Winthrop Cem. Winthrop, Mass.

6 Place of Burial or Cremation (City or Town)

DATE OF BURIAL June 18, 1951

7 NAME OF FUNERAL DIRECTOR Frederick J. Magrath

ADDRESS 98 Havre St. East Boston

Received and filed JUL 13 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 divorced

10a If married, widowed or divorced
 HUSBAND of Anna H. Johnson
 (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 71 4 17
 AGE Years Months Days If under 24 hours
 Hours Minutes

13 Usual Occupation: Glazier
 (Kind of work done during most of working life)

14 Industry or Business:

15 Social Security No.

16 BIRTHPLACE (City) Woburn, Mass.
 (State or country)

17 NAME OF FATHER Charles E.

18 BIRTHPLACE OF FATHER (City) India
 (State or country)

19 MAIDEN NAME OF MOTHER Julia Buckley

20 BIRTHPLACE OF MOTHER (City) Woburn, Mass.
 (State or country)

21 Hospital Records
 Informant (Address)

A TRUE COPY

ATTEST: Joseph A. Tyrrell
 (Registrar of City or Town where death occurred)

DATE FILED June 15, 1951

Enlisted 6/25/98
Discharged 3/31/99
Priv.
Co.G, 5th Mass.Inf.

PLACE OF DEATH

Suffolk
(County)Winthrop
(City or Town)

No. 104 Highland Ave.



The Commonwealth of Massachusetts
EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD
CERTIFICATE OF DEATH

(City or town making return)

Registered No.

142

2 FULL NAME John 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. 60 Sea View Ave.
(Usual place of abode)

St. (If nonresident, give city or town and State)

Length of stay: In place of death. years 2 months 14 days. In place of residence 35 years months days.

INSTRUCTIONS
FOR
CERTIFICATE

giving
OF DEATH

not enter
than one
for each
(b) and (c)

does not mean
of dying, such
illure, asthenia,
ans the disease,
ications which
th.

id conditions,
ring rise to the
se (a) stating
lying cause

itions contrib-
e death but not
the disease or
causing death.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH July 1 1951
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from
June 21 1951 to July 1 1951

I last saw him alive on June 30 1951, death is said to
have occurred on the date stated above, at 6:45 p.m.

DISEASE OR CONDITION

DIRECTLY LEADING

TO DEATH (a)

Cerebral hemorrhage

Onset. Sept. 10, 1948.

ANTECEDENT (b) Due To Generalized arteriosclerosis
CAUSES 10 years

Due To
(c)

OTHER
SIGNIFICANT
CONDITIONS none.

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)

Suzette W. Dickinson

Winthrop Mass

Date July 2 1951

6 Winthrop Winthrop
Place of Burial or Cremation (City or Town)

DATE OF BURIAL July 5 1951

7 NAME OF FUNERAL DIRECTOR Edward S. Reynolds

ADDRESS

Received and filed JUL 5 1951 19

A TRUE COPY ATTEST

(Registrar)

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 Isabel Ritchie
(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 1 Months 17 Days If under 24 hours
Hours Minutes

13 Usual Occupation: Clerk
(Kind of work done during most of working life)

14 Industry or Business: Dry Goods

15 Social Security No. 012-10-3618

16 BIRTHPLACE (City) Scotland
(State or country)

17 NAME OF FATHER James Brown

18 BIRTHPLACE OF FATHER (City) Scotland
(State or country)

19 MAIDEN NAME OF MOTHER Elizabeth Noble

20 BIRTHPLACE OF MOTHER (City) Scotland
(State or country)

21 Informant Isabel Brown
(Address) 60 Sea View Ave. Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:

Walter J. Baker
(Signature of Agent of Board of Health or other)
Health Officer (Official Designation) 7/3/51 (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 exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith 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

(County)
SUFFOLK
(City or Town)
BOSTON

The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS
COPY OF
CERTIFICATE OF DEATHBOSTON (City or Town making return)
Registered No. **60743**No. **Mass. General Hospital**St. { (If death occurred in a hospital or institution,
give its NAME instead of street and number)2 FULL NAME **Addie Pickett**
(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 Franklin St**
(Usual place of abode)St. **Winthrop Mass.**
(If nonresident, give city or town and State)Length of stay: In place of death.....years.....months **7**.....days. In place of residence **31**.....years.....months.....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH **July 3/51**
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
June 26, 19 51 to July 3, 19 51I last saw her alive on **July 3, 19 51**, death is said to
have occurred on the date stated above, at **8:25PM** m.INTERVAL BE-
TWEEN ONSET
AND DEATHDISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a) **Aneurysm of left mid****cerebral artery with**
ruptureANTE Due To
CEDENT (b) **Essential hypertension**
CAUSESDue 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

(Signed) **I P Ackerman**(Address) **M.G.H.**Date **7-4**M. **51**6 **Washington D.C. Cem-Washington**
Place of Burial or Cremation (City or Town)DATE OF BURIAL **July 7/51** 197 NAME OF FUNERAL DIRECTOR **M W Kirby**
Winthrop Mass.

ADDRESS

Received and filed **JUL 23 1951** 19

(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX **F** 9 COLOR OR RACE **Col** 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

Walter Pickett

(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: **Gen. Housework**
(Kind of work done during most of working life)14 Industry
or Business:

15 Social Security No.....

16 BIRTHPLACE (City) **Washington D.C.**
(State or country)17 NAME OF FATHER **Louis Patten**18 BIRTHPLACE OF FATHER (City) **Virginia**
(State or country)19 MAIDEN NAME OF MOTHER **Elizabeth Majors**20 BIRTHPLACE OF MOTHER (City) **Lynchburg Va.**
(State or country)21 Informant **W Pickett**
(Address)

A TRUE COPY

ATTEST:

(Registrar of City or Town where death occurred)

DATE FILED **July 6/51** 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.)



PLACE OF DEATH

1

Suffolk *Chelsea*
County *8/8/51*
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. **144**No. *1* (If death occurred in a hospital or institution, St. { give its NAME instead of street and number)

2 FULL NAME

ANNIE O'NEIL CROWLEY

(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 Reynolds Ave CHELSEA

(Usual place of abode)

(If nonresident, give city or town and State)

Length of stay: In place of death years *1* months *1* days. In place of residence *70* years *70* months *70* days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH **July 4 1951**
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
July 4 1951 to **July 4 1951**
I last saw her alive on **July 4 1951** death is said tohave occurred on the date stated above, at **11:50 a.m.**

DISEASE OR CONDITION

DIRECTLY LEADING

TO DEATH (a)

Bronchopneumonia

INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Due To (b)**General debility**

Due To (c)

Arteriosclerosis

OTHER SIGNIFICANT CONDITIONS

Major findings:

Of operations: **None**Date of operation **None** Was autopsy performed?What test confirmed diagnosis? **John H. Crandon**5 Was disease or injury in any way related to occupation of deceased? **No**

If so, specify

(Signed)

(Address)

Date

M. D.

City or Town

DATE OF BURIAL

7 NAME OF FUNERAL DIRECTOR

ADDRESS

Received and filed

JUL 6 1951

(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, if full)

(or) WIFE of **Frank Crowley**
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE **86** Years Months Days If under 24 hours
Hours Minutes13 Usual Occupation: **Housewife**
(Kind of work done during most of working life)14 Industry or Business: **at Home**

15 Social Security No.

16 BIRTHPLACE (City) **Doubling**
(State or country) **Chelmsford**17 NAME OF FATHER **John O'Neil**18 BIRTHPLACE OF FATHER (City) **Chelmsford**
(State or country)19 MAIDEN NAME OF MOTHER **Annie McCabe**20 BIRTHPLACE OF MOTHER (City) **Chelmsford**
(State or country)21 Informant (Address) **My Agnes Donovan**
21 Reynolds Ave Chelsea

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Walter L. Baker
(Signature of Agent of Board of Health or other)(Official Designation) **Health Officer** (Date of Issue of Permit) **7/6/51**INSTRUCTIONS
FOR
CERTIFICATEgiving
OF DEATHnot enter
than one
for each
(b) and (c)does not mean
of dying, such
culture, asthenia,
means the disease,
indications which
th.id conditions,
ing rise to the
e (a) stating
lying causetions contrib-
death but not
he disease or
causing death.

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of 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).

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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

R-301A

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
th.ad conditions,
ing rise to the
ie (a) stating
lying causeions contrib-
e death but not
the disease or
causing death.

PLACE OF DEATH

1

2 FULL NAME

Length of stay: In place of death. 1 years 6 months days. In place of residence 8 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH July 4 1951
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from
Jun 19 19 51 to July 4 19 51

I last saw him alive on July 4 19 51, death is said to
have occurred on the date stated above, at 8:13 P. M.

DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a) Bronchopneumonia

ANTECEDENT CAUSES
Due To (b) Corbacia Demyelator

Due To
(c)

OTHER SIGNIFICANT
CONDITIONS
Senility

Major findings:
Of operations. none

Date of operation. — Was autopsy performed? —

What test confirmed diagnosis? none

5 Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) O. P. M. Steffen
(Address) 21 Essex St. B. B. Date July 4 1951

6 Place of Burial or Cremation Holy Cross Malden
(City or Town)

DATE OF BURIAL July 7 1951

7 NAME OF FUNERAL DIRECTOR John E. Kelly
ADDRESS 1286 Merchants St. B. B.

Received and filed

JUL 6 1951

(Registrar)

The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD
CERTIFICATE OF DEATH

Registered No. 145

(If death occurred in a hospital or institution,
St. { give its NAME instead of street and number)

PHYSICIAN — IMPORTANT

(Was deceased a
U. S. War Veteran,
if so specify WAR)

St. East Boston
(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 Mary A. Walsh
(City maiden name of wife in full)

(or) WIFE of
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 93 9 Years Months Days If under 24 hours
Hours Minutes

13 Usual Occupation: Paper Hanger
(Kind of work done during most of working life)

14 Industry or Business: House Building

15 Social Security No. none

16 BIRTHPLACE (City) East Boston Mass
(State or country)

17 NAME OF FATHER Unknown Kelly

18 BIRTHPLACE OF FATHER (City) Ireland
(State or country)

19 MAIDEN NAME OF MOTHER Mary Tobin

20 BIRTHPLACE OF MOTHER (City) St. Johns
(State or country) Newfoundland

21 Informant (Address) William Kelly
23 Breed St. E. B. Boston

I HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:

Walter E. Baker
(Signature of Agent of Board of Health or other)
Health Officer 7/5/51
(Official Designation) (Date of Issue of Permit)

50M (B) 12-49-900722

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

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SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

INSTRUCTIONS
FOR
CERTIFICATEgiving
OF DEATHnot enter
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e death but not
the disease or
causing death.

PLACE OF DEATH

(County)

WINTHROP

(City or Town)



The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD

CERTIFICATE OF DEATH

(City or town making return)

Registered No.

146

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 Howard

(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. 1069 Shirley St. Wintthrop 52, Mass.

(Usual place of abode)

St. (If nonresident, give city or town and State)

Length of stay: In place of death. . . years. . . months. 4 . . . days. In place of residence 9 . . . years. . . months. . . days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH July 5 1951
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from April 51, 1951 to present July 4/51

I last saw her alive on July 4, 1951, death is said to have occurred on the date stated above, at 11 A. m.

DISEASE OR CONDITION

DIRECTLY LEADING
TO DEATH (a)

Carcinoma of Colon

INTERVAL BE-
TWEEN ONSET
AND DEATH

6 mos

ANTECEDENT CAUSES

Due To General Carcinomatosis

3 mos

Due To (c)

Abdominal Ascites

4 mos

OTHER SIGNIFICANT
CONDITIONSUremia
Parasitosis

12 hrs

Major findings: Paracentesis (July 3, 1951)
Cancer cells + bloody fluid
Date of operation July 3/51 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
(Signed) Jacob J. Abner M. D.
(Address) 562 Shirley St. Date 7/5/516 WINTHROP CEMETERY WINTHROP MASS
Place of Burial or Cremation (City or Town)

DATE OF BURIAL JULY 7 1951

7 NAME OF

FUNERAL DIRECTOR FRANK H CARR

ADDRESS 79 ELM ST CHARLESTOWN MASS

Received and filed.

JUL 5 1951

(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 PAUL JOSEPH HOWARD

(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 63 Years Months Days If under 24 hours
Hours Minutes13 Usual Occupation: HOUSE WIFE
(Kind of work done during most of working life)

14 Industry or Business: OWN HOME

15 Social Security No. NONE

16 BIRTHPLACE (City) ROZBURY
(State or country) MASS

17 NAME OF FATHER MICHAEL SULLIVAN

18 BIRTHPLACE OF FATHER (City) CORK
(State or country) IRELAND

19 MAIDEN NAME OF MOTHER BRIDGET FLANNAGAN

20 BIRTHPLACE OF MOTHER (City) CORK
(State or country) IRELAND21 Informant MR HOWARD (HUSBAND)
(Address) 1069 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 L. Baker
(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

A TRUE COPY ATTACHED

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

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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

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. 6154147

No. Mass. General Hospital

(If death occurred in a hospital or institution, St. { give its NAME instead of street and number)

2 FULL NAME. Lena Stout
(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. 166 Woodside Ave. St. Winthrop Mass.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death.....years.....2.....months.....28.....days. In place of residence.....years.....months.....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH July 7/51
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from April 9, 1951 to July 7, 1951

I last saw her alive on July 7, 1951 death is said to have occurred on the date stated above, at 5:15P.m.

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Carcinoma of cervix gradual nutritional failure

INTERVAL BETWEEN ONSET AND DEATH

3 Yrs

ANTECEDENT CAUSES Due To (b) CEMENT

Due To (c)

OTHER SIGNIFICANT CONDITIONS Suppurative parotitis 4 Mos. Vesico rectovaginal fistula 1 Yr.

Major findings: Ca cervix adhesions 6 Operations between '30 and 1951
Of operations. Was autopsy performed?

Date of operation. 1951

What test confirmed diagnosis?

5 Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) T Nielsen

(Address) Mass General Hospital 7-7-51

6 Place of Burial or Cremation Winthrop Cem-Winthrop Mass. (City or Town)

DATE OF BURIAL July 11/51

7 NAME OF FUNERAL DIRECTOR M W Kirby

ADDRESS Winthrop Mass.

Received and filed JUL 23 1951

(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 Walter A Stout (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: At Home

15 Social Security No. None

16 BIRTHPLACE (City) Gloucester Mass. (State or country)

17 NAME OF FATHER Fred Gardner

18 BIRTHPLACE OF FATHER (City) Gloucester Mass. (State or country)

19 MAIDEN NAME OF MOTHER Martha ----

20 BIRTHPLACE OF MOTHER (City) (State or country)

21 Informant Husband (Address)

A TRUE COPY

ATTEST: Charles A. Zmachev (Registrar of City or Town where death occurred)

DATE FILED July 10/51

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.)



M R-301

INSTRUCTIONS
FOR
CERTIFICATEgiving
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PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)

No. Winthrop Community Hospital

2 FULL NAME Blanche E (Pickup) Ericson

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 25 Bates Ave.

(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 15 years months. days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH July 8 1951
(Month) (Day) (Year)

4 I HEREBY CERTIFY, that attended deceased from February 1 1950 to July 8 1951

I last saw her alive on July 8 1951 death is said to

have occurred on the date stated above, 4:45 p.m.

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Carcinoma of right breast 2 yrs.

ANTECEDENT (b) Carcinoma of rt. lung 6 mos.

CAUSES Due To (c) General Carcinomatosis 4 mos.

OTHER SIGNIFICANT CONDITIONS none

Major findings: Grade II Carcinoma of rt. breast

Date of operation: Feb 2/51 Was autopsy performed? no

What test confirmed diagnosis: clinical & pathological

5 Was disease or injury in any way related to occupation of deceased? no

If so, specify: James E. J. Abrams M.D.

(Signed) (Address) 1562 Shirley St. Winthrop 7/9/51

6 West Chelmsford Chelmsford

Place of Burial or Cremation (City or Town)

DATE OF BURIAL July 11 1951

7 NAME OF FUNERAL DIRECTOR Howard S. Reynolds

ADDRESS: Winthrop Mass.

Received and filed JUL 11 1951 19

A TRUE COPY ATTEST (Registrar)

The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD

CERTIFICATE OF DEATH

(City or town making return)

Registered No.

148

(If death occurred in a hospital or institution, St. give its NAME instead of street and number)

(Was deceased a
U. S. War Veteran,
if so specify WAR)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX 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 Carl David Ericson

(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 41 Years 9 Months 13 Days If under 24 hours
Hours Minutes

13 Usual Occupation: Housewife

(Kind of work done during most of working life)

14 Industry or Business: Own home

15 Social Security No. 012-20-1668

16 BIRTHPLACE (City) Lawrence

(State or country) Mass

17 NAME OF FATHER Columbus Pickup

18 BIRTHPLACE OF FATHER (City) Lawrence

(State or country) Mass

19 MAIDEN NAME OF MOTHER Blanche E Maybury

20 BIRTHPLACE OF MOTHER (City) Carlisle

(State or country) Mass

21 Informant Carl David Ericson

(Address) 25 Bates Ave. Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation) Health Officer

(Date of Issue of Permit) 7/10/51

501 (A) 12 49-900722

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith 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

DUCTIONS
FOR
CERTIFICATEgiving
OF DEATHot enter
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50M (B)-12-49-900722

PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)

No. 125 Cliff Ave.

2 FULL NAME Inger(Sorensen) Cosgrove
(If deceased is a married, widowed or divorced woman, give also maiden name.)(a) Residence. No. 125 Cliff 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 (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 DEATHANTE Due To
CEDENT (b)
CAUSESDue To
(c)OTHER
SIGNIFICANT
CONDITIONSMajor findings:
Of operations.

Date of operation. Was autopsy performed?

What test confirmed diagnosis?

5 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

Oak Grove

Medford

Place of Burial or Cremation

(City or Town)

DATE OF BURIAL

July 12

1951

7 NAME OF
FUNERAL DIRECTOR

ADDRESS

Received and filed

JUL 11 1951

(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.

149

{(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)
Female White MARRIED
WIDOWED or DIVORCED Widow10a If married, widowed, or divorced
HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of Thomas F Cosgrove
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 74 4 Months 17 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). Denmark
(State or country)

17 NAME OF FATHER Christian Sorensen

18 BIRTHPLACE OF FATHER (City) Denmark
(State or country)

19 MAIDEN NAME OF MOTHER Kristina

20 BIRTHPLACE OF MOTHER (City) Denmark
(State or country)Informant (Address) Charlotte Rasmussen
15 Orient Ave. East 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) 7/10/51

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, 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.

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(3) **Medical Examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

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SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

PLACE OF DEATH

Suffolk
(County)Winthrop
(City or Town)

No. Winthrop Community Hosp.

The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD

CERTIFICATE OF DEATH

(City or town making return)

Registered No. 150

2 FULL NAME. Max Siegel
(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)

(Was deceased a
U. S. War Veteran,
if so specify WAR)

No

(a) Residence. No. 72 Thornton
(Usual place of abode)St. Revere, Mass.
(If nonresident, give city or town and State)

Length of stay: In place of death. years months 1 days. In place of residence 35 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH July 10 1951
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
7/9/1951 to 7/10/1951

I last saw him alive on 7/10/1951, death is said to

have occurred on the date stated above, at 6:20 P.M.

DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a) Coronary DefectionINTERVAL
BETWEEN ONSET
AND DEATHANTECEDENT
CAUSES

Due To

(b)

(c)

Due To

(c)

OTHER
SIGNIFICANT
CONDITIONSMajor findings:
Of operations:

Date of operation: Was autopsy performed? No

What test confirmed diagnosis? Clinical

5 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Charles L. Birnbach

(Address) 20 Winthrop

Date 7/10/1951

6 Aves Achim Everett, Mass.
(City or Town)

DATE OF BURIAL July 11, 1951

7 NAME OF FUNERAL DIRECTOR Benjamin Birnbach

ADDRESS 10 Washington St., Dorchester

Received and filed JUL 12 1951 19

(Registrar)

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 Rose Pearlman
(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 Presser
(Kind of work done during most of working life)

14 Industry or Business Trimount Clothing Co.

15 Social Security No. 023-09-0407

16 BIRTHPLACE (City) Russia
(State or country)

17 NAME OF FATHER Joseph Siegel

18 BIRTHPLACE OF FATHER (City) Russia
(State or country)

19 MAIDEN NAME OF MOTHER Jennie-Cannot be learned

20 BIRTHPLACE OF MOTHER (City) Russia
(State or country)21 Informant Dr. Robert Siegel
(Address) 1579 Acushnet Ave, New Bedford Mass.I HEREBY CERTIFY that a satisfactory standard certificate was
filed with me BEFORE the burial or transit permit was issued:Walter J. Wakar
(Signature of Agent of Board of Health or other)
Health Officer
(Official Designation)

(Date of Issue of Permit) 7/11/51

A TRUE COPY ATTEST

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

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SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

PLACE OF DEATH

SUFFOLK
(County)
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. 633151

No. Boston Lying In Hospt.

St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Baby Boy Murray
(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. 283 Revere 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. days. In place of residence. years. months. days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH July 12/51
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
July 11 19 51 to July 12 19 51I last saw him alive on July 12 19 51 death is said to
have occurred on the date stated above, at 6:45P m.DISEASE OR CONDITION
DIRECTLY LEADING TO DEATH (a) Pulmonary atelectasisINTERVAL BE-
TWEEN ONSET
AND DEATHANTE Due To Prematurity
CEDENT (b)
CAUSESDue To
(c)OTHER
SIGNIFICANT
CONDITIONSMajor findings:
Of operations.

Date of operation. Was autopsy performed? Yes

What test confirmed diagnosis? Autopsy

5 Was disease or injury in any way related to occupation of deceased? No

If so, specify.

(Signed) D E Reid M. 51
(Address) Boston Mass. Date 7-13 19 516 Place of Burial or Cremation Holy Cross-Malden Mass.
(City or Town)

DATE OF BURIAL July 16/51 19

7 NAME OF FUNERAL DIRECTOR F J Magrath
ADDRESS East Boston Mass.

Received and filed JUL 30 1951 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 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. 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 Arthur J Murray

18 BIRTHPLACE OF FATHER (City) Boston Mass.
(State or country)

19 MAIDEN NAME OF MOTHER Marie LaCombe

20 BIRTHPLACE OF MOTHER (City) Leominster Mass.
(State or country)21 Informant Boston Lying In Hospt
(Address)

A TRUE COPY

ATTEST: Charles J. Murray
(Registrar of City or Town where death occurred)

DATE FILED July 16/51 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.)



INSTRUCTIONS
FOR
CERTIFICATEgiving
OF DEATHnot enter
than one
for each
(b) and (c)does not mean
of dying, such
lure, asthenia,
ans the disease,
ications which
th.d conditions,
ing rise to the
e (a) stating
lying causeions contrib-
death but not
he disease or
causing death.

50M (B) 1-51 903586

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. 152

PLACE OF DEATH

Suffolk
(County)
Winthrop
(City or Town)

No. 16 Almont St. St. { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Thomas H. O'Meara
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT

{ (Was deceased a
U. S. War Veteran, none
if so specify WAR)(a) Residence. No. 16 Almont St. 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 43 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH July 12 1951
(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 P. m.

DISEASE OR CONDITION

DIRECTLY LEADING

TO DEATH (a)

Natural causes

INTERVAL BE-
TWEEN ONSET
AND DEATHANTE CEDENT
CAUSES

Due To

(b)

Due To

(c)

Presumably
coronary
occlusion

hours

OTHER
SIGNIFICANT
CONDITIONSMajor 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)

(Address)

Arthur C. Murray M. D. Date 12 July 1951

6 Holy Cross Health Walden (City or Town)

Place of burial or cremation

DATE OF BURIAL July 16 1951

7 NAME OF FUNERAL DIRECTOR Frederick J. Magrath

ADDRESS East Boston

Received and filed JUL 16 1951 19

(Registrar)

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.

12 AGE 43 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: Boston Navy Yard

15 Social Security No. Cannot be determined

16 BIRTHPLACE (City) East Boston
(State or country) Mass

17 NAME OF FATHER Michael O'Meara

18 BIRTHPLACE OF FATHER (City) Cluland
(State or country)

19 MAIDEN NAME OF MOTHER Mary Hanlon

20 BIRTHPLACE OF MOTHER (City) Cluland
(State or country)

21 Informant Ellen Davidson

(Address) 16 Almont 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

Healer officer

(Signature of Agent of Board of Health or other)

(Official Designation) (Date of Issue of Permit) 7/13/51

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or 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

DUCTIONS
FOR
CERTIFICATEgiving
OF DEATHot enter
than one
for each
b) and (c)does not mean
of dying, such
ure, asthenia,
ns the disease,
ations which
h.d conditions,
ng rise to the
e (a) stating
lying causeions contrib-
death but not
e disease or
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 Sarah E Dickson

(If deceased is a married, widowed or divorced woman, give also maiden name.)

Registered No. 153

PHYSICIAN — IMPORTANT

{(Was deceased a
U. S. War Veteran,
if so specify WAR)(a) Residence. No. 19 Floyd St.
(Usual place of abode)

(If nonresident, give city or town and State)

Length of stay: In place of death.....years.....months 1.....days. In place of residence.....years.....6.....months.....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH July 13, 1951
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from

July 11, 1951, to July 13, 1951.
I last saw her alive on July 13, 1951, death is said to

have occurred on the date stated above, at 11:30 P. M.

DISEASE OR CONDITION

DIRECTLY LEADING

TO DEATH (a)

Acute Coronary
ThrombosisINTERVAL BE-
TWEEN ONSET
AND DEATH

2 hours

ANTE
CEDENT
CAUSES

Due To

(b)

(c)

Due To

(c)

OTHER
SIGNIFICANT
CONDITIONS

Carcinoma of Rectum

3 months

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?

If so, specify

(Signed)

(Address)

56 2nd Street

Winthrop Conn.

6 Norwalk Union

Place of Burial or Cremation

Norwalk Conn.

(City or Town)

DATE OF BURIAL

July 16, 1951

7 NAME OF
FUNERAL DIRECTOR

Howard S. Reynolds

ADDRESS

Winthrop Mass.

Received and filed.

JUL 16 1951

(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 82

Years

1

Months

13

Days

If under 24 hours

Hours

Minutes

13 Usual

Occupation:

Housekeeper

(Kind of work done during most of working life)

14 Industry
or Business:

Private home

15 Social Security No.

None

16 BIRTHPLACE (City)
(State or country)Belfast
Ireland17 NAME OF
FATHER

Robert Dickson

18 BIRTHPLACE OF
FATHER (City)

(State or country)

Ireland

19 MAIDEN NAME
OF MOTHER

Elizabeth

20 BIRTHPLACE OF
MOTHER (City)

(State or country)

Ireland

21

Informant
(Address)Lillian Ward
19 Floyd St. WinthropI HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:

Walter S. Baker

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

7/15/51

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen 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

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(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

R-301A

PLACE OF DEATH

1

Suffolk
(County)
Wrentham
(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. **154**

No. *39 Fairview St* (If death occurred in a hospital or institution, St. { give its NAME instead of street and number)

2 FULL NAME *William J. Hawley*
(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. *39 Fairview St* St. (If nonresident, give city or town and State)
(Usual place of abode)

Length of stay: In place of death *5* years..... months..... days. In place of residence..... years..... months..... days.

INSTRUCTIONS
FOR
CERTIFICATE

giving
OF DEATH

not enter
than one
for each
(b) and (c)

does not mean
of dying, such
ure, asthenia,
ans the disease,
ations which
th.

and conditions,
ing rise to the
e (a) stating
lying cause

tions contrib-
death but not
he disease or
causing death.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH *July 14 1951*
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from
19..... to 19.....

I last saw h..... alive on....., 19....., death is said to
have occurred on the date stated above, at *5 P.* m.

DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a) *Natural causes*

INTERVAL
BETWEEN
ONSET
AND DEATH

ANTECEDENT CAUSES Due To *Presumably cerebral*
(b) *hemorrhage* 1 day

Due To *Hypertension* 10 yrs
(c)

OTHER SIGNIFICANT CONDITIONS *Hypertension* 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) *Arthur C. Merritt* M. D.
(Address) *Wrentham Board of Health* Date *14 July 1951*

6 Place of Burial or Cremation *Wrentham* (City or Town)

DATE OF BURIAL *July 17* 19.....

7 NAME OF FUNERAL DIRECTOR *John H. Hawley*

ADDRESS *Wrentham*

Received and filed..... JUL 16 1951 19.....

(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.....
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE *7* Years..... Months..... Days..... If under 24 hours
Hours..... Minutes

13 Usual Occupation: *Clark*
(Kind of work done during most of working life)

14 Industry or Business: *Grocery Store*

15 Social Security No. *in file*

16 BIRTHPLACE (City) *Albiston Mass*
(State or country)

17 NAME OF FATHER *Robert Hawley*

18 BIRTHPLACE OF FATHER (City) *Canada*
(State or country)

19 MAIDEN NAME OF MOTHER *Mary Norton*

20 BIRTHPLACE OF MOTHER (City) *Albiston*
(State or country)

21 Informant (Address) *Walter L. Baker*
39 Fairview 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 Officer (Official Designation) *7/14/51* (Date of Issue of Permit)

50M (D)-6-50 9087263

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or 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

R-301A

INSTRUCTIONS
FOR
CERTIFICATEgiving
OF DEATHnot enter
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PLACE OF DEATH

Suffolk
(County)
Dorchester
(City or Town)

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. 155

No. 68 Crystal Cove Ave. St. (If death occurred in a hospital or institution,
give its NAME instead of street and number)2 FULL NAME John A. McMath
(If deceased is a married, widowed or divorced woman, give also maiden name.)PHYSICIAN — IMPORTANT
(Was deceased a
U. S. War Veteran, World War I
if so specify WAR)

(a) Residence No. 68 Crystal Cove Ave. St. (If nonresident, give city or town and State)

Length of stay: In place of death 8 years 1 months 25 days. In place of residence 8 years 1 months 25 days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH July 16, 1951
(Month) (Day) (Year)I HEREBY CERTIFY, That I attended deceased from
July 11, 1951, to July 16, 1951.
I last saw him alive on July 16, 1951, death is said to
have occurred on the date stated above, at 3:45 A.M.DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a) Acute Coronary
ThrombosisINTERVAL BE-
TWEEN ONSET
AND DEATH
13/4 hoursANTE CEDENT CAUSES
Due To (b)

Due To (c)

OTHER
SIGNIFICANT
CONDITIONSMajor 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 Trauberg, M. D.
(Address) 562 Cherry St. Waltham, Mass. Date July 16, 1951

6 Place of Burial or Cremation (City or Town)

DATE OF BURIAL July 18, 1951

NAME OF FUNERAL DIRECTOR W. A. Baker

ADDRESS 265 Washington St. Waltham, Mass.

Received and filed JUL 19 1951

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Male 9 COLOR OR RACE white 10 SINGLE (write the word)
MARRIED married
WIDOWED or DIVORCED10a If married, widowed, or divorced
HUSBAND of Marie G. Mann
(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 1 Months 16 Days If under 24 hours
Hours Minutes13 Usual Occupation: Personnel supervisor
(Kind of work done during most of working life)

14 Industry or Business: Boston Naval Shipyard

15 Social Security No. none

16 BIRTHPLACE (City) Boston
(State or country) Mass.

17 NAME OF FATHER Thomas M. McMath

18 BIRTHPLACE OF FATHER (City) Ireland
(State or country)

19 MAIDEN NAME OF MOTHER Annie Murray

20 BIRTHPLACE OF MOTHER (City) Ireland
(State or country)21 Informant (Address) Marie G. McMath
68 Crystal Cove Ave.I HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued.Walter A. Baker
(Signature of Agent of Board of Health or other)

(Official Designation) Health Officer (Date of Issue of Permit) 7/16/51

501 (D-6-50-90225)

EXTRACTS
FROM THE LAWS OF

COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

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SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

August 27 1917

DATE OF DISCHARGE

January 1919 in reserve to August 26, 1921

RANK, RATING

Ma. 2 C

ORGANIZATION AND OUTFIT

Navy

SERVICE NUMBER

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICSTo be filed for burial permit
with Board of Health
or its Agent.STANDARD
CERTIFICATE OF DEATHRegistered No. **156**

PLACE OF DEATH

Suffolk
(County)
Winthrop
(City or Town)No. **Winthrop Community Hospital** St. (If death occurred in a hospital or institution, give its NAME instead of street and number)2 FULL NAME **Louis Joseph Vinter**
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT

(Was deceased a
U. S. War Veteran. **None**
if so specify WAR)(a) Residence. No. **113 Revere St.** St.
(Usual place of abode) (If nonresident, give city or town and State)Length of stay: In place of death **1 hr 2 min** years **25** months **25** days. In place of residence **25** years **25** months **25** days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH **July 16 1951**
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
to 19 to 19I last saw him alive on 19, death is said to
have occurred on the date stated above, at **1:22 P.M.**DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a) **Natural causes**INTERVAL BE-
TWEEN ONSET
AND DEATHANTECEDENT CAUSES
Due To (b) **Presumably coronary occlusion**

Due To (c)

OTHER
SIGNIFICANT
CONDITIONSMajor findings:
Of operations.Date of operation. Was autopsy performed? **no**

What test confirmed diagnosis?

5 Was disease or injury in any way related to occupation of deceased? **no**If so, specify (Signed) **Arthur C. Murray** M. D.
(Address) **Winthrop Board of Health** 16 July 19516 **Winthrop**
Place of Burial or Cremation (City or Town)DATE OF BURIAL **July 19 1951**7 NAME OF FUNERAL DIRECTOR **Ernest Haggard**ADDRESS **14716 Winthrop St Winthrop**Received and filed **JUL 19 1951**

(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 **Mrs. Loretta L. Vinter**
(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** Months Days Hours Minutes13 Usual Occupation: **Laborer**
(Kind of work done during most of working life)14 Industry or Business: **Town of Winthrop**15 Social Security No. **029-01-9438**16 BIRTHPLACE (City) **Revere, Mass.**
(State or country)17 NAME OF FATHER **Arthur H. Vinter**18 BIRTHPLACE OF FATHER (City) **Peabody, Mass.**
(State or country)19 MAIDEN NAME OF MOTHER **Mary Miller**20 BIRTHPLACE OF MOTHER (City) **Ireland**
(State or country)21 Informant (Address) **Mrs. Myrtle Vinter (Wife)**
113 Revere St. WinthropI HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:**Walter L. Baker**
(Signature of Agent of Board of Health or other)**Health Officer** (Official Designation) **7/18/51** (Date of Issue of Permit)

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R-301A

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EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

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Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . General Laws, Chap. 38, Sec. 6.

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SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

.....
 (Signature of Agent of Board of Health or other)

 (Official Designation) (Date of Issue of Permit) 7/1

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

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A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

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death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

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

BOSTON

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICSCOPY OF
CERTIFICATE OF DEATH

(City or town making return)

Registered No. 6476158

PLACE OF DEATH

SUFFOLK
(County)

BOSTON

(City or Town)



No. Mass. General Hospital

St. (If death occurred in a hospital or institution,
give its NAME instead of street and number)2 FULL NAME. Mary Lampasona
(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. 115 Putnam St. Winthrop Mass.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death. 7 years. months. 7 days. In place of residence. 35 years. months. days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH July 18/51
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
July 11, 1951, to July 18, 1951I last saw h. --- alive on July 18, 1951, death is said to
have occurred on the date stated above, at 3:45A. m.DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a) Carcinoma of biliary
tree, probably pancreasINTERVAL BE-
TWEEN ONSET
AND DEATH1 Yr
PlusANTE Due To
CEDENT (b)
CAUSESDue To
(c)OTHER
SIGNIFICANT
CONDITIONSMajor 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) L. Lezer M. B. 7-18-51
(Address) Mass. General Hospt Date 7-18-51
Winthrop Gen-Winthrop Mass.

6 Place of Burial or Cremation (City or Town)

DATE OF BURIAL July 21/51 19

7 NAME OF FUNERAL DIRECTOR E P Caggiano
ADDRESS Winthrop Mass.

Received and filed AUG 2 1951 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)
John Lampasona
(or) WIFE of (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 72 3 Months Days If under 24 hours
Hours Minutes13 Usual Occupation: Housewife
(Kind of work done during most of working life)14 Industry
or Business

15 Social Security No. ---

16 BIRTHPLACE (City) Italy
(State or country)

17 NAME OF FATHER Salvatore Ganci

18 BIRTHPLACE OF FATHER (City) Italy
(State or country)

19 MAIDEN NAME OF MOTHER Unknown

20 BIRTHPLACE OF MOTHER (City) Italy
(State or country)

21 Informant (Address) A Circidelacona

A TRUE COPY

ATTEST: (Registrar of City or Town where death occurred)

DATE FILED July 20/51 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 after the close of the month in which the death occurred. (See Chap. 46, Sec. 12, G. L.)

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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.

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SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

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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. 160

No. 595 Shirley St. (If death occurred in a hospital or institution, St. give its NAME instead of street and number)

2 FULL NAME Michael L. McCarthy (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. 595 Shirley St. 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 July 19 19 1951 (Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from July 1950 19 to July 19 1951

I last saw him alive on July 19 1951, death is said to have occurred on the date stated above, at + 3:00 p.m.

DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a) Arteriosclerosis
heart diseaseINTERVAL BE-
TWEEN ONSET
AND DEATH

1950

ANTECEDENT CAUSES

Due To (c) Arteriosclerosis

1950

OTHER SIGNIFICANT CONDITIONS

Major findings: no

Date of operation: Was autopsy performed?

What test confirmed diagnosis? stethoscope

5 Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) Hynde Galt

(Address) 600 Broadway

(City or Town) New York

(State or Country) N.Y.

(Date) July 21 1951

(M. D.)

(City or Town) New York

(State or Country) N.Y.

(Date) July 23 1951

(M. D.)

(City or Town) New York

(State or Country) N.Y.

(Date) July 23 1951

(M. D.)

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(State or Country) N.Y.

(Date) July 23 1951

(M. D.)

(City or Town) New York

(State or Country) N.Y

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

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The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection 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, Ser. 12, G. L.)

25M IE 1-6-50-902253

PLACE OF DEATH

(County)

(City or Town)

No.

New England Baptist Hospt

St. { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Pearl Etelman

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No.

43 Dolphin 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. 18 days. In place of residence.....years.....months.....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH

July 21/51

(Month)

(Day)

(Year)

4 I HEREBY CERTIFY, That I attended deceased from

July 3, 19 51, to July 21, 19 51

I last saw her alive on July 21, 19 51, death is said to

have occurred on the date stated above, at 8:40P m.

DISEASE OR CONDITION

DIRECTLY LEADING

TO DEATH (a)

Carcinoma stomach

INTERVAL BETWEEN ONSET AND DEATH
1 yrANTECEDENT CAUSES
Due To (b)

Due To (c)

OTHER SIGNIFICANT CONDITIONS

Broncho pneumonia

Major findings:
Of operations

Carcinoma stomach with metastases

Date of operation

7-11-51

Was autopsy performed? No

What test confirmed diagnosis?

Biopsy at operation

5 Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed)

(Address)

J G Wiedman

605 Commonwealth Ave.

7-21 M. 51

Winthrop Cem-Everett Mass.

6 Place of Burial or Cremation

July 22/51

(City or Town)

DATE OF BURIAL

19

7 NAME OF FUNERAL DIRECTOR

H J Torf

ADDRESS

Chelsea Mass.

Received and filed

AUG 6 1951

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

(City or town making return)

Registered No.

6566 161

PERSONAL AND STATISTICAL PARTICULARS

8 SEX

F

9 COLOR OR RACE

W

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

Herman Etelman

(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12

AGE 53

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)

New York City New York

(State or country)

17 NAME OF FATHER

Bernard Goldstein

18 BIRTHPLACE OF FATHER (City)

Russia

(State or country)

19 MAIDEN NAME OF MOTHER

Rebecca Weintuck

20 BIRTHPLACE OF MOTHER (City)

Russia

(State or country)

21

Informant (Address)

Eli Wolkon

A TRUE COPY

ATTEST:

Charles H. Mackie
(Registrar of City or Town where death occurred)

DATE FILED

July 24/51

19



Suffolk

(County)

Winthrop

(City or Town)



STANDARD

CERTIFICATE OF DEATH

(City or town making return)

Registered No. 162

No. Winthrop Community Hospital

St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Agnes C. Tierney
(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. 43 Franklin Street
(Usual place of abode)

(If nonresident, give city or town and State)

Length of stay: In place of death. years. months. 4 days. In place of residence 40 years. months. days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH July 21 1951
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from February 1951 to July 21 1951

I last saw h. alive on July 21 1951, death is said to have occurred on the date stated above, at 5:30 p.m.

DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a) Carcinoma of sigmoid
c metastasesINTERVAL BETWEEN ONSET AND DEATH
6 monthsANTE DUE TO
CEDENT (b)
CAUSESDue To
(c)OTHER
SIGNIFICANT
CONDITIONS

Major findings: Carcinoma of sigmoid c metastases

Date of operation 9.21.51 Was autopsy performed?

What test confirmed diagnosis? path report

5 Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) H. B. Greenfield M. D.

(Address) 44 Shirley St. Winthrop Date July 21 1951

6 Calvary Boston
Place of Burial or Cremation (City or Town)

DATE OF BURIAL July 24 1951

7 NAME OF FUNERAL DIRECTOR John F. O'Malley

ADDRESS Winthrop Mass

Received and filed JUL 23 1951 19

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX 9 COLOR OR RACE 10 SINGLE (write the word)
MARRIED
WIDOWED
or DIVORCED
Female White Single

10a If married, widowed, or divorced

HUSBAND of (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 58 Years Months Days
If under 24 hours Hours Minutes13 Usual Occupation: Typist
(Kind of work done during most of working life)

14 Industry or Business: Accounting

15 Social Security No. 012-07-9941

16 BIRTHPLACE (City) South Boston
(State or country) Massachusetts

17 NAME OF FATHER Matthew Tierney

18 BIRTHPLACE OF

FATHER (City) Ireland
(State or country)

19 MAIDEN NAME

OF MOTHER Catherine Keough

20 BIRTHPLACE OF

MOTHER (City) Prince Edward Island
(State or country) Canada21 Informant Anna Johnstone
(Address) 43 Franklin Street 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)

(Date of Issue of Permit) 7/23/51

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith 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

(County)
SUFFOLK
(City or Town)
BOSTON



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. 6632 163

No. JEWISH MEM HOSP St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME MORRIS SINGER (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. 38 FORREST St. WINTHROP (If nonresident, give city or town and State)

Length of stay: In place of death years 1 months 2 days In place of residence 35 years months days

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH JUL 23 1951
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from JUN 21 19 51 to JUL 23 51

I last saw him alive on JUL 23 51, death is said to have occurred on the date stated above, at 5:55 P. m.

DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a) MYOCARDIAL INFARCT

INTERVAL BE-
TWEEN ONSET
AND DEATH
20AS

ANTE CEDENT (b) DUE TO ANTERIOSCLEROTIC HEART DIS 5YRS CAUSES

Due To
(c)

OTHER
SIGNIFICANT
CONDITIONS

Major findings:
Of operations.

Date of operation. Was autopsy performed? NO

What test confirmed diagnosis? ECG & CLIN

5 Was disease or injury in any way related to occupation of deceased? NO

If so, specify G COHEN

(Signed) JMH Date 7/23 19 51 P.

(Address)

6 CHEVRA MICHNIA LYNN
Place of Burial or Cremation (City or Town)

DATE OF BURIAL JUL 24 1951 19

7 NAME OF FUNERAL DIRECTOR B BIRNBACH

ADDRESS DORCHESTER

Received and filed AUG 10 1951 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 ANNA RADETSKY (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: TAILOR (Kind of work done during most of working life)

14 Industry or Business: SCOTT & CO

15 Social Security No. 029 10 6466

16 BIRTHPLACE (City) RUSSIA (State or country)

17 NAME OF FATHER LOUIS SINGER

18 BIRTHPLACE OF FATHER (City) RUSSIA (State or country)

19 MAIDEN NAME OF MOTHER PESSIE CNBL

20 BIRTHPLACE OF MOTHER (City) RUSSIA (State or country)

21 Informant (Address) PHILLIP GOLD

A TRUE COPY Charles G. Mackie
ATTEST: (Registrar of City or Town where death occurred)

DATE FILED JUL 26 1951 19



so that it may be properly classified under the International Classification of Causes of Death. See reverse side for extracts from the laws relative to the return of certificates of death.

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect

50m-(f)-6-43-12056

PLACE OF DEATH

Suffolk
(County)
Winthrop
(City or Town)
No. 154 Lincoln 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. 164

1 FULL NAME Thomas E. Gillon
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(a) Residence, No. 154 Lincoln 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 40 yrs. mos. days.
(Before death) (Specify whether)

PHYSICIAN-IMPORTANT

(Was deceased a
U. S. War Veteran, No
If so specify WAR)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE (write the word)
MARRIED
WIDDED
or DIVORCED Widowed

5a If married, widowed or divorced
HUSBAND of Alice Warren
(Give maiden name of wife in full)
(or) WIFE of _____
(Husband's name in full)

6 Age of husband or wife if alive _____ years

7 IF STILLBORN, enter that fact here.

8 AGE 68 Years _____ Months _____ Days | If less than 1 day
Hours _____ Minutes

9 Usual Occupation Retired Fish Buyer

Industry
10 or Business: Fish

11 Social Security No. 012-01-2736A

12 BIRTHPLACE (City) Provincetown
(State or country) Mass

13 NAME OF
FATHER Cannot be learned

14 BIRTHPLACE OF
FATHER (City) Cannot be learned
(State or country)

15 MAIDEN NAME
OF MOTHER Cannot be learned

16 BIRTHPLACE OF
MOTHER (City) Cannot be learned
(State or country)

17 Informant Warren Gillon
(Address) 1404 W Central Glendale
California

I HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued.

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF
DEATH July 24 1951
(Month) (Day) (Year)

19 I HEREBY CERTIFY that I have investigated the death
of the person above-named and that the CAUSE AND MANNER thereof
are as follows: (If an injury was involved, state fully.)
Arteriosclerotic heart
disease

20 Accident, suicide, or homicide (specify) _____
Date of occurrence _____ 19 _____

Where did
injury occur? _____
(City or town and State)

Did injury occur in or about home, on farm, in industrial place, or in public
place? _____
(Specify type of place)

Manner of
injury _____

Nature of
injury _____

While at work? _____ Was there an autopsy? no

21 Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) Michael Thompson, M. D.
(Address) 15 State St Date 7/25/51

22 Winthrop Winthrop
Place of Burial, Cremation or Removal. (City or Town)

DATE OF BURIAL July 28 1951 19 _____

23 NAME OF
FUNERAL DIRECTOR John J. O'Malley

ADDRESS Winthrop Mass

Received and filed JUL 30 1951 19 _____

(Registrar)

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death... Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which

it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made... Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same;...—General Laws, Chap. 38, Sec. 6.

...He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—General Laws, Chap. 38, Sec. 7.

...The medical examiner certifies the cause and manner of death to the best of his knowledge and belief.

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners will investigate and certify to all deaths apparently due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

STATEMENT OF CAUSE OF DEATH

Medical Examiners in certifying to a death will state the cause and manner thereof, and will specify: (1) Under cause, the nature of an injury and of its consequences; and (2) under manner, the mode of its production together with the circumstances when these are known. For example: "Compound fracture of the femur with ensuing septicemia (gas bacillus) caused by a steam railway accident." "Pistol shot wound of the chest with associated hemorrhage, homicidal." "Asphyxiation by suspension, suicidal." "Syncope while under the influence of ether administered as a surgical anaesthetic." "Fracture of the skull with associated internal injury sustained under circumstances unknown."

If disease or injury was related to occupation, specify. If investigation shows the death to have been due to disease, specify: (1) Under cause its known or presumable nature; and (2) under manner, indicate the circumstances leading to medico-legal inquiry. For example: "Hemorrhage spontaneous of the brain (basal ganglia) (found dead in bed)." "Heart disease, presumably coronary sclerosis. (Sudden death)."

DESCRIPTION (for unknown person)

NOTICE TO UNDERTAKERS: No embalming fluid, or any substitute therefor, shall be injected into the body of any person supposed to have met his death by violence, until a permit, signed by the Medical Examiner, has first been obtained.—General Laws, Chap. 38, Sec. 14.

THIS CERTIFICATE CONSTITUTES SUCH PERMIT

The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

COPY OF CERTIFICATE OF DEATH

(City or town making return)

Registered No. 6725 165

PLACE OF DEATH

No. Massachusetts General Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Wellington Douglas (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 Convalescent Home 142 Pleasant St. Winthrop Mass. (Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death years months 5 days In place of residence years 3 months days

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH July 25 1951 (Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from July 21 1951 to July 25 1951 We last saw him alive on July 25 1951 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 & chronic pyelonephritis

ANTECEDENT CAUSES Due To (b) acute cholecystitis cholelithiasis

Due To (c) pulmonary edema hrs

OTHER SIGNIFICANT CONDITIONS

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 L. A. Lezer (Signed) Asst. Dir. Mass. G. B. (Address) Date 7-26-51

6 Winthrop Winthrop Place of Burial or Cremation (City or Town)

DATE OF BURIAL July 28, 1951 19

7 NAME OF FUNERAL DIRECTOR Howard S. Reynolds

ADDRESS Winthrop Mass.

Received and filed AUG 10 1951 19

(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX male 9 COLOR OR RACE white 10 SINGLE MARRIED WIDOWED DIVORCED (write the word) divorced

10a If married, widowed or divorced HUSBAND of Isabel Miller (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 15 Days If under 24 hours Hours Minutes

13 Usual Occupation: Police officer retired (Kind of work done during most of working life)

14 Industry or Business: Town of Winthrop

15 Social Security No. none

16 BIRTHPLACE (City) Canada (State or country)

17 NAME OF FATHER Edward Douglas

18 BIRTHPLACE OF FATHER (City) P. E. I. (State or country)

19 MAIDEN NAME OF MOTHER Hettie Cook

20 BIRTHPLACE OF MOTHER (City) P. E. I. (State or country)

21 Informant Gordon Douglas (Address)

A TRUE COPY

ATTEST: (Registrar of City or Town where death occurred)

DATE FILED July 30, 1951 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 (E) 6-50-902253

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 DEATHRegistered No. **166**Suffolk
(County)Winthrop
(City or Town)No. **11 Beacon St.**(If death occurred in a hospital or institution,
St. { give its NAME instead of street and number)2 FULL NAME **Alfred Laura**
(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. **11 Beacon 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 **23** years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH **July 29 51**
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
Jan 14 1949, 1949 to **July 29**, 1951.I last saw him alive on **July 28**, 1951, death is said to
have occurred on the date stated above, at **3:30 A** m.DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a) **Coronary****occlusion**ANTE CEDENT
CAUSES (b) **Coronary Artery****Disease**Due To (c) **Arteriosclerosis****generalized**OTHER
SIGNIFICANT
CONDITIONS **Chronic valvular**
heart 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) **Joseph L. S. P.**(Address) **336 Summer St.**Date **7-30**

1951

6 **St. Michael Cemetery**

Place of Burial or Cremation

July 31 - 51

19

7 NAME OF
FUNERAL DIRECTOR **Vincent Rapino**ADDRESS **9 Chelsea St. East Boston**

Received and filed

JUL 30 1951

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 **Theresa ~~DiFolli~~ DeFolchi**
(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: **Shoe worker**
(Kind of work done during most of working life)14 Industry or Business: **Retired**15 Social Security No. **023-16-9644**16 BIRTHPLACE (City). **Italy**
(State or country)17 NAME OF FATHER **Domenico Laura**18 BIRTHPLACE OF FATHER (City) **Italy**
(State or country)19 MAIDEN NAME **Guendalina Zampini**
OF MOTHER **Margaret Lampi**20 BIRTHPLACE OF MOTHER (City) **Italy**
(State or country)21 Informant **Theresa Laura**
(Address) **11 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 J. Baker**
(Signature of Agent of Board of Health or other)Health Officer **7/30/51**
(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 exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or 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.Suffolk
(County)Winthrop
(City or Town)STANDARD
CERTIFICATE OF DEATH

Registered No. 167

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 E. Bridgett
(If deceased is a married, widowed or divorced woman, give also maiden name.)(a) Residence. No. 5 Floyd Street St.
(Usual place of abode)

Length of stay: In place of death 4 years months days. In place of residence 38 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH July 30 1951.
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
5/5 1951 to 7/30 1951
I last saw him alive on 7/30/51 death is said to
have occurred on the date stated above, at 6:50 p.m.DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a) BronchopneumoniaINTERVAL BE-
TWEEN ONSET
AND DEATH

4 days

ANTECEDENT CAUSES (b) Arterio sclerotic Heart Disease
with decompensation 2 yrs.
2 mo.Due To
(c)OTHER SIGNIFICANT CONDITIONS Chronic ulcer left leg with
gangrene 2 yrs.
1 dayMajor 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) 25 Slough St Winthrop date 7/30 1951

6 Sacred Heart Meriden Conn
Place of Burial or Cremation (City or Town)

DATE OF BURIAL August 2, 1951

7 NAME OF FUNERAL DIRECTOR John F. O'Malley

ADDRESS Winthrop Mass.

Received and filed AUG 1 1951 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 Anna L. Curran
(Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 75 Years Months Days If under 24 hours
Hours Minutes13 Usual Occupation: Retired Field Supt.
(Kind of work done during most of working life)

14 Industry or Business: U.S. Postal Service

15 Social Security No.

16 BIRTHPLACE (City) Wallingford
(State or country) Connecticut

17 NAME OF FATHER Nicholas Bridgett

18 BIRTHPLACE OF FATHER (City) Ireland
(State or country)

19 MAIDEN NAME OF MOTHER Margaret Shore

20 BIRTHPLACE OF MOTHER (City) Ireland
(State or country)21 Informant Anna Bridgett
(Address) 5 Floyd St., WinthropI 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
Health Officer) 7/31/51
(Official Designation) (Date of Issue of Permit)

PLACE OF DEATH

1

R-301A

DUPLICATIONS
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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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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

R-301A

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100M-(D)-10-4B-2489B

PLACE OF DEATH

Suffolk
(County)
Dorchester
(City or Town)

No. 24 Wendenhill St

2 FULL NAME

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 24 Wendenhill St

(Usual place of abode)

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Registered No.

168

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 15 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH

(Month)

(Day)

(Year)

4 I HEREBY CERTIFY, That I attended deceased from

1/8 1951 to 7/31 1951

I last saw her alive on 7/30 1951, death is said to

have occurred on the date stated above, at 5 A. m.

DISEASE OR CONDITION

DIRECTLY LEADING

TO DEATH (a)

Hodgkin's Disease with pleural effusion. 3 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?

Biopsy

5 Was disease or injury in any way related to occupation of deceased?

If so, specify.

(Signed)

(Address)

25 Sturges St

Date

8/1 1951

6 DATE OF BURIAL

Aug 2 1951

7 NAME OF FUNERAL DIRECTOR

ADDRESS

Received and filed

AUG 2 1951

(Registrar)

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICSSTANDARD
CERTIFICATE OF DEATHTo be filed for burial permit
with Board of Health
or its Agent.

PERSONAL AND STATISTICAL PARTICULARS

8 SEX

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 15 Years Months Days

If under 24 hours

Hours Minutes

13 Usual

Occupation: School

(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 L. Baker
(Official Designation)

(Signature of Agent of Board of Health or other)

(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

1

No.

(If death occurred in a hospital or institution,
St. give its NAME instead of street and number)

2 FULL NAME

(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT

(Was deceased a
U. S. War Veteran,
if so specify WAR)

(a) Residence, No.

(Usual place of abode)

St.

(If nonresident, give city or town and State)

Length of stay: In place of death years months days. In place of residence years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF
DEATHAugust 1, 1951
(Month) (Day) (Year)

4 HEREBY CERTIFY, That I attended deceased from

June 6, 1951 to August 1, 1951

I last saw her alive on July 31, 1951, death is said to

have occurred on the date stated above, at 4:08 A.M.

DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a)Generalized
Carcinomatosis
ORIGINATING IN
BREASTINTERVAL
BETWEEN ONSET
AND DEATH

3 mos.

ANTE
CEDENT
CAUSES

Due To

(b)

Carcinoma of
Cervix uteri

Due To

(c)

—

OTHER
SIGNIFICANT
CONDITIONSMajor 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)

(Address)

Maurice T. ... M. D.
562 Cherry Street
Date Aug. 1, 1951

6

Place of Burial or Cremation

(City or Town)

DATE OF BURIAL

August 3, 1951

7 NAME OF

FUNERAL DIRECTOR

ADDRESS

200 ...

Received and filed

AUG 2 1951

19

(Registrar)

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICSTo be filed for burial permit
with Board of Health
or its Agent.STANDARD
CERTIFICATE OF DEATH

Registered No. 169

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 57 Years Months Days

If under 24 hours

Hours Minutes

13 Usual

Occupation:

Thermal (Kind of work done during most of working life)

14 Industry

or Business:

15 Social Security No.

16 BIRTHPLACE (City)

(State or country)

17

NAME OF

FATHER

18

BIRTHPLACE OF

FATHER (City)

(State or country)

19

MAIDEN NAME

OF MOTHER

20

BIRTHPLACE OF

MOTHER (City)

(State or country)

21

Informant

(Address)

I HEREBY CERTIFY that a satisfactory standard certificate of death was

filed with me BEFORE the burial or transit permit was issued:

Walter S. Baker

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

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EXTRACTS
FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . General Laws, Chap. 38, Sec. 6.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection 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.

S SPACE FOR ADDITIONAL INFORMATION

D DATE OF ENTERING MILITARY SERVICE

D DATE OF DISCHARGE

R RANK, RATING

O ORGANIZATION AND OUTFIT

S SERVICE NUMBER

The Commonwealth of Massachusetts

BOSTON

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS
COPY OF
CERTIFICATE OF DEATH

(City or town making return)

Registered No. **6931**

170

PLACE OF DEATH

{ SUFFOLK
(County) BOSTON

(City or Town)

No. **Carney Hospital**

St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME **William Eskrigge**
(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 nonresident, give city or town and State)Length of stay: In place of death.....years.....months.....**22** days. In place of residence.....years.....months.....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH **Aug. 2, 1951**
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
July 51, 19**51**, to **Aug. 2 51**I last saw him alive on **Aug. 2, 1951**, death is said to
have occurred on the date stated above, at **8:05 A.**INTERVAL BE-
TWEEN ONSET
AND DEATHDISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a) **ADENOCARCINOMA
of large bowel**ANTECEDENT CAUSES Due To **with metastases to
abdomen and lung**Due To
(c)OTHER
SIGNIFICANT
CONDITIONSMajor findings: **adenocarcinoma with metastases**Date of operation **7-15-51** Was autopsy performed? **yes**What test confirmed diagnosis? **Path. Sections**

5 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) **James C. Ferrucci** M. D.
(Address) **Carney Hosp.** Date **8-3-51**6 **Winthrop Winthrop**
Place of Burial or Cremation **Aug. 6, 1951** (City or Town)

DATE OF BURIAL.....19.....

7 NAME OF FUNERAL DIRECTOR **Alfred Marsh**
ADDRESS **174 Winthrop St. Winthrop**

Received and filed.....19.....

AUG 17 1951

(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX **M.** 9 COLOR OR RACE **white** 10 SINGLE (write the word)
MARRIED
WIDOWED **married**
or DIVORCED10a If married, widowed, or divorced
HUSBAND of **Charlotte ----**
(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 **5** Months **20** Days If under 24 hours
Hours Minutes13 Usual Occupation: **Driver**
(Kind of work done during most of working life)14 Industry or Business: **taxi**15 Social Security No. **032-05-2635**16 BIRTHPLACE (City)
(State or country) **Canada**17 NAME OF FATHER **THOMAS ESKRIGGE**18 BIRTHPLACE OF FATHER (City)
(State or country) **England**19 MAIDEN NAME OF MOTHER **Esther Holcroft**20 BIRTHPLACE OF MOTHER (City)
(State or country) **England**21 Informant (Address) **Ronald MacKay**

A TRUE COPY

ATTEST: **Charles H. MacKay**
(Registrar of City or Town where death occurred)DATE FILED **Aug. 5, 1951**.....19.....

AUG 17 1961 AM

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Journal of the

1851 Eastern
County

Register Daily

Vol. 1 No. 1

1851

1851

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INSTRUCTIONS
FOR
CERTIFICATEgiving
OF DEATH

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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. 171

1 PLACE OF DEATH No. 25 Underhill St.
(If death occurred in a hospital or institution, give its NAME instead of street and number)
2 FULL NAME Reuben Freedman
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(a) Residence. No. 128 Columbia St. St. Brookline
(Usual place of abode) (If nonresident, give city or town and State)
Length of stay: In place of death years months days. In place of residence years months days.

PHYSICIAN — IMPORTANT

(Was deceased a
U. S. War Veteran,
if so specify WAR) YLO

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH Aug 2 1951
(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 9:25 A.M.

DISEASE OR CONDITION

DIRECTLY LEADING

TO DEATH (a)

Natural Causes
Presumably - Coronary Occlusion

ANTE CEDENT
CAUSES

Due To Sudden Death
(b)

Due To
(c)

OTHER
SIGNIFICANT
CONDITIONS

Major findings:
Of operations.

Date of operation Was autopsy performed?

What test confirmed diagnosis?

5 Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed)

(Address)

Board of Health Date Aug 2 1951

6 Adath Teshuvah M. BOX
Place of Burial or Cremation (City or Town)

DATE OF BURIAL Aug 3 1951

7 NAME OF FUNERAL DIRECTOR Henry Lerner

ADDRESS 770 Harrison St. Brookline

Received and filed AUG 2 1951

(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 Annie Lewis
(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: PROP (Kind of work done during most of working life)

14 Industry or Business: Wholesale Thrift Business

15 Social Security No.

16 BIRTHPLACE (City) (State or country) Russia

17 NAME OF FATHER Abraham Freedman

18 BIRTHPLACE OF FATHER (City) (State or country) Russia

19 MAIDEN NAME OF MOTHER Harriet (Wintrop)

20 BIRTHPLACE OF MOTHER (City) (State or country) Russia

21 Informant (Address) Abraham Freedman 25 Salisbury 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 J. Baker (Signature of Agent of Board of Health or other)

Health Office (Official Designation) 8/2/51 (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 exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or 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 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

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. 172

PLACE OF DEATH

Suffolk
(County)
Winthrop
(City or Town)

No. 142 Pleasant St.

St. (If death occurred in a hospital or institution,
give its NAME instead of street and number)2 FULL NAME ~~Samuel~~ Whitecomb
(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. 620 Shirley Street
(Usual place of abode)

St. (If nonresident, give city or town and State)

Length of stay: In place of death... years... months... days. In place of residence 25 years... months... days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH Aug 4 1951
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
Sept. 1949, to Aug 3 1951

I last saw him alive on Aug 3, 1951, death is said to

have occurred on the date stated above, at 8:30 A. M.

DISEASE OR CONDITION

DIRECTLY LEADING
TO DEATH (a) Bronchopneumonia
(terminal) 1 dayINTERVAL BE-
TWEEN ONSET
AND DEATHANTE Due To
CEDENT (b) Hemiparesis
CAUSES 3 daysDue To hypertrophied
prostate & bladder atony
OTHER
SIGNIFICANT
CONDITIONS C. N. S. Les. Les.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 Szegorie M. D.
(Address) 20 Washington St. Date 8-4 19516 Woodlawn City of Mass
Place of Burial or Cremation (City or Town)

DATE OF BURIAL Aug 6 1951

7 NAME OF FUNERAL DIRECTOR Edward S. Reynolds

ADDRESS Winthrop Mass.

Received and filed AUG 6 1951 19

(Registrar)

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.

12 AGE 28 Years Months Days If under 24 hours
Hours Minutes13 Usual Occupation: Mechanic
(Kind of work done during most of working life)

14 Industry or Business: Repair

15 Social Security No. 030-20-9920

16 BIRTHPLACE (City) Ashland
(State or country) Mass

17 NAME OF FATHER Ebenezer Whitcomb

18 BIRTHPLACE OF FATHER (City) Southboro
(State or country) Mass

19 MAIDEN NAME OF MOTHER Elizabeth Gladher

20 BIRTHPLACE OF MOTHER (City) England
(State or country)21 Informant Record Clk Age Bureau
(Address) Winthrop 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)
Health Office (Official Designation) 8/4/51 (Date of Issue of Permit)

50M (8-1-51) 903586

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained 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

Ayer, Mass.
August 8, 1951

Town Clerk
Winthrop, Mass.,

Dear Sir:

My brother Burritt
Whitcomb passed away at
the Winthrop Convalescent Home
- Saturday, August 4th, 1951.
His first name and his age
are not correct on the certificate
which came with the body.
Correct name Burritt E. Whitcomb
correct age 78. Born July 20, 1873.
Please inform me how this
error can be corrected on Death
Certificate. Very sincerely yours
sister (Miss) Maud E. Whitcomb
13 1/2 Pleasant St.,
Ayer, Mass.

80219-1

80219-1

INSTRUCTIONS
FOR
CERTIFICATEgiving
OF DEATHnot enter
than one
for each
(b) and (c)does not mean
of dying, such
failure, asthenia,
means the disease,
indications which
path.bid conditions.
iving rise to the
use (a) stating
erlying causeditions contrib-
the death but not
the disease or
causing death.

100M-(D)-10-48-24658

PLACE OF DEATH

1

Suffolk
(County)
Waltham
(City or Town)

No.

Pank Rest Home 125 Cliff Ave.

2 FULL NAME

Helen Scott Ellis

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No.

28 Sycamore

(Usual place of abode)

St.

Somerville, Mass

(If nonresident, give city or town and State)

Length of stay: In place of death 3 years months days. In place of residence 60 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF
DEATHAugust 5 1951
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from

6/14 1949, to Aug 5 1951

I last saw her alive on Aug 4 1951, death is said to

have occurred on the date stated above, at 7:20 A. m.

DISEASE OR CONDITION

DIRECTLY LEADING

TO DEATH (a) Cerebral Thrombosis

INTERVAL BE-
TWEEN ONSET
AND DEATH

2 wks.

ANTE Due To
CEDENT (b)
CAUSESArterio-sclerotic Heart
Disease

5 yrs.

Due To
(c)OTHER
SIGNIFICANT
CONDITIONS

none.

Major findings:
Of operations

none

Date of operation

none

Was autopsy performed? No

What test confirmed diagnosis?

5 Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed)

Myron H. King M. D.

(Address)

25 Stung St. Waltham 8/5 1951

6 Place of Burial or Cremation

Evergreen Cemetery Somerville, Mass

DATE OF BURIAL

Aug 7 1951

7 NAME OF
FUNERAL DIRECTOR

DAVID FUDGE & SON, INC.

ADDRESS 100 Highland Ave., Somerville, Mass.

Received and filed

AUG 7 1951

(Registrar)

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICSTo be filed for burial permit
with Board of Health
or its Agent.STANDARD
CERTIFICATE OF DEATH

Registered No.

173

(If death occurred in a hospital or institution,
give its NAME instead of street and number)

PHYSICIAN — IMPORTANT

(Was deceased a
U. S. War Veteran,
if so specify WAR)

no

PERSONAL AND STATISTICAL PARTICULARS

8 SEX

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

Joseph A. Ellis

(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12

AGE

85

Years

9

Months

6

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)

Yarmouth, N.S.

17 NAME OF

FATHER

John W. Scott

18 BIRTHPLACE OF

FATHER (City)

(State or country)

Yarmouth, N.S.

19 MAIDEN NAME

OF MOTHER

Sarah Landers

20 BIRTHPLACE OF

MOTHER (City)

(State or country)

Yarmouth, N.S.

21

Informant

(Address)

Helen Scott Ellis

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)

8/6/51

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FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

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A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

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Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith 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

The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

COPY OF

MEDICAL EXAMINER'S
CERTIFICATE OF DEATH

Arlington

(City or town making return)

Registered No. 349

PLACE OF DEATH

Middlesex

(County)

Arlington

(City or Town)

Dead on arrival-Symmes Arlington Hospital (If death occurred in a hospital or institution, No. give its NAME instead of street and number)

2 FULL NAME Arthur W. Kirby
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(Was deceased a U. S. War Veteran, if so specify WAR) W.W. 2

(a) Residence. No. 53 Fremont Street 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 August 8 1951
(Month) (Day) (Year)

4 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows: (If an injury was involved, state fully.)

Fractured skull

5 Accident, suicide, or homicide (specify) Accident

Date and hour of injury 8-8 8AM 19 51

Where did injury occur? Lexington
(City or town and State)Did injury occur in or about home, on farm, in industrial place, or in public place? Public Place
(Specify type of place)Manner of injury Auto Collision
(How did injury occur?)

Nature of injury As above

While at work? No Was autopsy performed? No

6 Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Leo T. Myles M. D.

(Address) Cambridge, Mass. Date 8-8-19 51

7 Holy Cross Malden, Mass.

Place of Burial, or Cremation. (City or Town)

DATE OF BURIAL August 11 19 51

8 NAME OF FUNERAL DIRECTOR E. E. Burns

ADDRESS Malden, Mass.

Received and filed SEP 7 1951 19

(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

9 SEX 10 COLOR OR RACE 11 SINGLE (write the word)
Male White MARRIED
WIDOWED
or DIVORCED Married11a If married, widowed, or divorced
HUSBAND of Louise M. Vostute
(Give maiden name of wife in full)(or) WIFE of
(Husband's name in full)

12 IF STILLBORN, enter that fact here.

13 AGE 35 Years - Months - Days If under 24 hours
Hours Minutes14 Usual Occupation: Brakeman
(Kind of work done during most of working life)

15 Industry or Business: N. H. Railroad

16 Social Security No. 034-03-5477

17 BIRTHPLACE (City) E. Boston
(State or country) Mass.

18 NAME OF FATHER Richard C. Kirby

19 BIRTHPLACE OF FATHER (City) E. Boston
(State or country) Mass.

20 MAIDEN NAME OF MOTHER Elizabeth M. Driscoll

21 BIRTHPLACE OF MOTHER (City) E. Boston
(State or country) Mass.22 Informant Louise M. Kirby
(Address) 53 Fremont St., Winthrop

A TRUE COPY.

ATTEST: (Registrar of City or Town where death occurred)

DATE FILED August 9 19 51



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.

Suffolk

(County)

Winthrop

(City or Town)



STANDARD

CERTIFICATE OF DEATH

Registered No. 175

No. Winthrop Community Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME William Homer Leavitt
(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. 137 Bartlett Road 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 August 8 1951
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from

August 23, 1950 to August 8, 1951

I last saw him alive on August 8, 1951 death is said to

have occurred on the date stated above, at 8:20 PM

DISEASE OR CONDITION

DIRECTLY LEADING

TO DEATH (a) Atherosclerotic

Heart Disease

1 year

ANTE CEDENT CAUSES

(b) Congestive Heart

Failure

1 year

(c) Uremia

48 hours

OTHER SIGNIFICANT CONDITIONS

Major findings: 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: Jacob J. Phayre M. D.

(Signed) 562 Plum St. Date 8/9/51

(Address) Island Cemetery Newport, R.I.

Place of Burial or Cremation (City or Town)

DATE OF BURIAL August 11, 1951

7 NAME OF FUNERAL DIRECTOR Alfred B. Marsh

ADDRESS 174 Winthrop St. Winthrop, Mass.

Received and filed AUG 15 1951

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX male 9 COLOR OR RACE white 10 SINGLE (write the word) MARRIED married
WIDOWED or DIVORCED10a If married, widowed, or divorced HUSBAND of Ruth Bryan
(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 15 Days If under 24 hours Hours Minutes

13 Usual Occupation: Portrait Painter
(Kind of work done during most of working life)

Industry or Business: self employed

Social Security No. none

16 BIRTHPLACE (City) Sandwich
(State or country) Mass.

17 NAME OF FATHER Aaron Littlefield Leavitt

18 BIRTHPLACE OF FATHER (City) Lowell
(State or country) Mass.

19 MAIDEN NAME OF MOTHER Sarah Ann Clerk

20 BIRTHPLACE OF MOTHER (City) Boston
(State or country) Mass.21 Informant Miss Florence M. Cassidy
(Address) 137 Bartlett Road, Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation) (Date of Issue of Permit)

504 (9-1-51 903586)

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

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- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

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. 7098

176

PLACE OF DEATH

Suffolk

(County)

Boston

(City or Town)

No. Mass. Mem. Hospt

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Alma A Fahlander
 (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. 81 Main
 (Usual place of abode)

St. Winthrop Mass.
 (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 August 9/51
 (Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from August 2, 51 to August 9/51
 I last saw her alive on August 9, 1951 death is said to have occurred on the date stated above, at 12:25 P.M.

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Cardiac arrest

INTERVAL BETWEEN ONSET AND DEATH
 Mins.

ANTE CEDENT CAUSES Due To Therapeutic midadventure Min.

OTHER SIGNIFICANT CONDITIONS Fracture pelvis right 6 Days Carcinoma kidney right Mos.

Major findings: Carcinoma kidney right
 Of operations.

Date of operation 8-9-51 Was autopsy performed? No

What test confirmed diagnosis? Xray

5 Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) E T Rafferty
 (Address) Mass. Mem. Hospt Date 8-9-51 M.D.

6 Place of Burial or Cremation Swedish Cem-Worcester Mass.
 (City or Town)

DATE OF BURIAL August 12/51

7 NAME OF FUNERAL DIRECTOR A B Marsh

ADDRESS Winthrop Mass.

Received and filed AUG 27 1951

(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 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 77 Years 5 Months 16 Days If under 24 hours Hours Minutes

13 Usual Occupation: Wholesale Dress Shop
 (Kind of work done during most of working life)

14 Industry or Business: Seamstress

15 Social Security No. 032-03-3838

16 BIRTHPLACE (City) Sweden
 (State or country)

17 NAME OF FATHER August W Fahlander

18 BIRTHPLACE OF FATHER (City) Sweden
 (State or country)

19 MAIDEN NAME OF MOTHER Alma A Jasson

20 BIRTHPLACE OF MOTHER (City) Sweden
 (State or country)

21 Informant Mrs A C Johnson
 (Address)

A TRUE COPY ATTEST: Charles H. MacKie
 (Registrar of City or Town where death occurred)

DATE FILED August 13/51

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.)

AUG 27 1951 PM

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. *177*

1 No. *29 Shore Drive* (If death occurred in a hospital or institution, give its NAME instead of street and number)
2 FULL NAME. *Anthony Mario Maselli* (If deceased is a married, widowed or divorced woman, give also maiden name.)
(a) Residence. No. *29 Shore Drive* St. (If nonresident, give city or town and State)
(Usual place of abode)
Length of stay: In place of death. *12* years months days. In place of residence *12* 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 *August 11 1951*
(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 *about 11:12 P.M.*

DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a) *Natural Causes*

ANTECEDENT (b) *Presumably*
CAUSES *Crown Occlusion*
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 *D. J. O'Brien, M.D.* M. D.
(Signed) *Winthrop Board of Health*
(Address) *Winthrop* Date *August 12 1951*

6 *Winthrop* Place of Burial or Cremation (City or Town)
Date of Burial *Aug 14 1951*

7 NAME OF FUNERAL DIRECTOR *Ernest P. Maggiano*
ADDRESS *147 Winthrop St. Wm.*

Received and filed 19

AUG 1 1951

(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 *Mina Peruzzi*
(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 *58* Years *2* Months *11* Days
If under 24 hours
Hours Minutes

13 Usual Occupation: *Retired*
(Kind of work done during most of working life)

14 Industry or Business: *Restaurant owner*

15 Social Security No.

16 BIRTHPLACE (City) *Rome*
(State or country) *Italy*

17 NAME OF FATHER *Giacinto Maselli*

18 BIRTHPLACE OF FATHER (City) *Rome*
(State or country) *Italy*

19 MAIDEN NAME OF MOTHER *Filomena Faddanno*
Madalena Unknown

20 BIRTHPLACE OF MOTHER (City) *Rome*
(State or country) *Italy*

21 Informant *Mrs. Mina Maselli*
(Address) *29 Shore Drive Wm.*

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)

8/13/51 (Date of Issue of Permit)

Mina P. Maselli

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or 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

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICSTo be filed for burial permit
with Board of Health
or its Agent.Suffolk
(County)Winthrop
(City or Town)STANDARD
CERTIFICATE OF DEATH

Registered No.

178

No. Winthrop Community Hosp Winthrop St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME William A. Dinsmore
(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) WW-1(a) Residence. No. 87 Pleasant Street Winthrop St. (If nonresident, give city or town and State)
(Usual place of abode)

Length of stay: In place of death years months 6 days. In place of residence 15 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH August 13 1951
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from August 9 1951 to Aug. 13 1951
I last saw him alive on Aug. 13 1951, death is said to have occurred on the date stated above, at 10 A. M.DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a) Cerebral HemorrhageINTERVAL BE-
TWEEN ONSET
AND DEATH

5 Days

ANTE CEDENT CAUSES Due To Chronic Hypertension

Due To Hypertension

OTHER SIGNIFICANT CONDITIONS Chronic Hypertension

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) Richard C. Kirby M. D.
(Address) 17 Bennington St. East Boston Date 8/15/516 Winthrop Winthrop
Place of Burial or Cremation (City or Town)

DATE OF BURIAL August 17 1951 19

7 NAME OF FUNERAL DIRECTOR Richard C. Kirby
ADDRESS 17 Bennington St East Boston

Received and filed 19

AUG 15 1951

(Registrar)

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 Mary Phyllis Sheehan
(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 2 Months 21 Days
If under 24 hours Hours Minutes13 Usual Occupation: Mail Adverizing
(Kind of work done during most of working life)

14 Industry or Business: Institutional service

15 Social Security No. none

16 BIRTHPLACE (City): East Boston
(State or country) Mass

17 NAME OF FATHER Robert Dinsmore

18 BIRTHPLACE OF FATHER (City) Glasgow
(State or country) Scotland

19 MAIDEN NAME OF MOTHER Hannah Cleary

20 BIRTHPLACE OF MOTHER (City) Brooklyn
(State or country) New York21 Informant Mary Phyllis Dinsmore wife
(Address) 87 Pleasant Street 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
(Signature of Agent of Board of Health or other Health Officer)
(Official Designation) 8/15/51
(Date of Issue of Permit)

PLACE OF DEATH

R-301A

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EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died, and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

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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

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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

May 15 1917

DATE OF DISCHARGE

April 16 1919

RANK, RATING

Apprentice Seaman

ORGANIZATION AND OUTFIT

U.S. Navy U.S. Virginia

SERVICE NUMBER

#1313114

R-301

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CERTIFICATEiving
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PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)

No. Winthrop Community Community Hospital

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME. Mary Louise Trainor

(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. 231 Endicott Ave.

(Usual place of abode)

St. Revere

(If nonresident, give city or town and State)

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 Aug 13 1951
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from

Aug 1 1951 to Aug 13 1951

I last saw him alive on Aug 13 1951, death is said to

have occurred on the date stated above, at 2:55 P.M.

INTERVAL BE-
TWEEN ONSET
AND DEATHDISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a) Cerebral HemorrhageANTE DUE TO
CEDENT (b) Arteriosclerosis
CAUSES HypertensionDue To
(c) HypertensionOTHER
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

Place of Burial or Cremation

Malden

(City or Town)

DATE OF BURIAL August 16, 1951.

7 NAME OF
FUNERAL DIRECTOR

Michael J. Porcella

ADDRESS 876 Winthrop Ave., Revere, Mass.

Received and filed

AUG 15 1951

(Registrar)

A TRUE COPY ATTEST

The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD

CERTIFICATE OF DEATH

(City or town making return)

Registered No.

179

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 69 Years 8 Months Days If under 24 hours
Hours Minutes13 Usual Occupation Retired-Nurse
(Kind of work done during most of working life)

14 Industry or Business Visiting Nurses Asso.

15 Social Security No. none

16 BIRTHPLACE (City) Boston
(State or country) Mass.

17 NAME OF FATHER Thomas Trainor

18 BIRTHPLACE OF FATHER (City) Johnston
(State or country) P.E.I.

19 MAIDEN NAME OF MOTHER Catherine Mullin

20 BIRTHPLACE OF MOTHER (City) Johnston
(State or country) P.E.I.21 Informant Anna Arnold
(Address) 87 Searle St., W. Rox 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)

(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

Danvers

(City or town making return)

COPY OF
CERTIFICATE OF DEATH

Registered No.

130

PLACE OF DEATH

Essex

(County)

Danvers

(City or Town)

Danvers State Hospital, Hathorne

No. St. { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME SAVILLE, Percy E.

(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 War

(a) Residence. No. 93 Bay View Ave.

(Usual place of abode)

St. Winthrop

(If nonresident, give city or town and State)

Length of stay: In place of death.....years...5...months...5...days. In place of residence.....years.....months.....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH August 14, 1951
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from March 9, 1951, to August 14, 1951.

I last saw him alive on August 14, 1951, death is said to

have occurred on the date stated above, at 2:50 a.m.

DISEASE OR CONDITION

DIRECTLY LEADING

TO DEATH (a) Bronchopneumonia

INTERVAL BETWEEN ONSET AND DEATH

days

ANTE CEDENT CAUSES
Due To (b)

Due To (c)

OTHER SIGNIFICANT CONDITIONS

Generalized Arterio-sclerosis

years

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 Andrew Nichols 3rd.

(Signed) M. D.

(Address) Danvers, Mass. Date 8/17/51

6 Woodlawn Cemetery Attleboro.

Place of Burial or Cremation

(City or Town)

DATE OF BURIAL August 16, 1951

7 NAME OF FUNERAL DIRECTOR Howard S. Reynolds
Winthrop, Mass.

ADDRESS

Received and filed. SEP 11 1951

(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 Eunice Marion Kelly

(Give maiden name of wife in full)

(or) WIFE of..... (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 72 Years 7 Months 18 Days If under 24 hours Hours Minutes

13 Usual Occupation: P.O. Clerk (retired) (Kind of work done during most of working life)

14 Industry or Business:

15 Social Security No. Unknown

16 BIRTHPLACE (City) Boston (State or country) Mass.

17 NAME OF FATHER Eldon Saville

18 BIRTHPLACE OF FATHER (City) Stoughton

(State or country) Mass.

19 MAIDEN NAME OF MOTHER Alice Pearse

20 BIRTHPLACE OF MOTHER (City) Unknown (State or country) N.S. Canada

21 Informant Mary E. Sheehan (Address) Hathorne, Mass.

A TRUE COPY

ATTEST: (Registrar of City or Town where death occurred)

DATE FILED August 20, 1951

Copies of returns of deaths which occurred in your city or town in which the deceased resided in another 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.)

INSTRUCTIONS
FOR
CERTIFICATEgiving
OF DEATHnot enter
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for each
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death but not
he disease or
causing death.

50m-(v)-11-40-070,560

PLACE OF DEATH

Suffolk
(County)Winthrop
(City or Town)

No. 92 Bartlett Road

2 FULL NAME Robert Fowler
(If deceased is a married, widowed or divorced woman, give also maiden name.)(a) Residence. No. 92 Bartlett Road
(Usual place of abode)

Length of stay: In place of death 42 years months days. In place of residence 42 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH August 19 51
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
May 1 19 51, to August 19, 19 51
I last saw h. alive on August 19 19 51, death is said to
have occurred on the date stated above, at 9:15 p.m.DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a) Coronary occlusionANTECEDENT
CAUSES (b) Aortic StenosisDue To
(c)OTHER
SIGNIFICANT
CONDITIONSMajor findings:
Of operations

Date of operation Was autopsy performed? No

What test confirmed diagnosis?

5 Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Harry A. Tully

(Address) 200 Pleasant

Date Aug 20 19 51

6 Forrest Hills Jamaica Plain, Mass.
Place of Burial or Cremation (City or Town)

DATE OF BURIAL August 22, 1951

7 NAME OF
FUNERAL DIRECTOR Alfred B. Marsh

ADDRESS 174 Winthrop St., Winthrop, Mass.

Received and filed AUG 24 1951

(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.

181

(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 DIVORCED10a If married, widowed, or divorced
HUSBAND of R. Gretchen Mc Intyre
(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 1 Months 8 Days If under 24 hours
Hours Minutes13 Usual Occupation: accountant retired
(Kind of work done during most of working life)

14 Industry or Business: Commercial

15 Social Security No. 034-18-2687

16 BIRTHPLACE (City) Jamaica Plain
(State or country) Mass.

17 NAME OF FATHER George Robert Fowler

18 BIRTHPLACE OF FATHER (City) Concord
(State or country) New Hampshire

19 MAIDEN NAME OF MOTHER Isobel Minot

20 BIRTHPLACE OF MOTHER (City) Concord
(State or country) New Hampshire21 Informant Mrs. Robert Fowler
(Address) 92 Bartlett Road, 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) 8/22/51

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or 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
CERTIFICATEgiving
OF DEATH

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PLACE OF DEATH

Suffolk
(County)Winthrop
(City or Town)

No. 68 Fremont St.

2 FULL NAME. Julia Ann Taylor
(If deceased is a married, widowed or divorced woman, give also maiden name.)(a) Residence. No. 68 Fremont St., Winthrop St.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death 11 years months days. In place of residence 11 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH Aug. 20 1951
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
19 to 19I last saw h alive on about 19 death is said to
have occurred on the date stated above, at 6.45A.m.DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a)

Natural Causes (presumptive)

ANTE Due To Myocarditis
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)

(Address)

6 Woodlawn Everett
Place of Burial or Cremation (City or Town)

DATE OF BURIAL

Aug 22

19 51

7 NAME OF
FUNERAL DIRECTOR

ADDRESS

Received and filed

AUG 21 1951

(Registrar)

The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICSSTANDARD
CERTIFICATE OF DEATH

Registered No. 132

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 F 9 COLOR OR RACE W 10 SINGLE (write the word)
MARRIED Single
WIDOWED
or DIVORCED

10a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 79 Years 5 Months 3 Days If under 24 hours
Hours Minutes13 Usual Occupation: Book keeper
(Kind of work done during most of working life)

14 Industry or Business: Gas Co.

15 Social Security No. None

16 BIRTHPLACE (City) East Boston
(State or country) Mass

17 NAME OF FATHER Henry Taylor

18 BIRTHPLACE OF FATHER (City) Africa
(State or country)

19 MAIDEN NAME OF MOTHER Julia A Moore

20 BIRTHPLACE OF MOTHER (City) Salem
(State or country) Mass21 Informant Henrietta Taylor
(Address) 68 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 S. Baker
(Signature of Agent of Board of Health or other)
Health Officer 10/21/51
(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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Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be 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

WORCESTER

(County)

ATHOL

(City or Town)

No. Athol Memorial Hospital

2 FULL NAME

Louis Jacobs

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No.

19 Lowell Road

(Usual place of abode)

(If death occurred in a hospital or institution, St. { give its NAME instead of street and number)

Winthrop, Mass.

(If nonresident, give city or town and State)

Length of stay: In place of death.....years.....months.....1 days. In place of residence.....years.....1 months.....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH August 22 1951
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from August 20 1951 to August 22 1951

I last saw him alive on August 22, 1951, death is said to have occurred on the date stated above, at 9:02 a.m.

DISEASE OR CONDITION

DIRECTLY LEADING

TO DEATH (a) Cerebral Hemorrhage

INTERVAL BETWEEN ONSET AND DEATH

2 days

ANTE CEDENT CAUSES
(b)Due To
(c)

OTHER SIGNIFICANT CONDITIONS

Major findings: None
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) Francis A. Reynolds M. D.

(Address) 43 Cottage St. Date 8/22 1951

6 Beth El West Roxbury

Place of Burial or Cremation (City or Town)

DATE OF BURIAL August 23 1951

7 NAME OF

FUNERAL DIRECTOR

Levine Chapel

ADDRESS Harvard St. Brookline, Mass.

Received and filed

AUG 27 1951

(Registrar of City or Town where deceased resided)

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICSCOPY OF
CERTIFICATE OF DEATH

ATHOL

(City or town making return)

Registered No.

183

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Male 9 COLOR OR RACE White 10 SINGLE (write the word) MARRIED Married or WIDOWED or DIVORCED

10a If married, widowed, or divorced HUSBAND of Bertha Grossfeld
(Give maiden name of wife in full)

(or) WIFE of (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: Salesman
(Kind of work done during most of working life)

14 Industry or Business: Floor covering

15 Social Security No.

16 BIRTHPLACE (City) Boston
(State or country)

17 NAME OF FATHER Nathan G. Jacobs

18 BIRTHPLACE OF FATHER (City) Russia
(State or country)

19 MAIDEN NAME OF MOTHER Sarah Cooperstein

20 BIRTHPLACE OF MOTHER (City) Russia
(State or country)21 Informant Moulton Ross
(Address) 24 Tripp Ave. Brockton, Mass.

A TRUE COPY

ATTEST: Walter E. Tammam
(Registrar of City or Town where death occurred)

DATE FILED August 23 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-(c)-10-48-24658



AUG 27 1961

The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICSCOPY OF
MEDICAL EXAMINER'S
CERTIFICATE OF DEATH

Boston

(City or town making return)

Registered No. 7508

184

PLACE OF DEATH

Suffolk

(County)

Boston

(City or Town)

No. 4 Bulfinch Place

St. (If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME Charles J Carlen

(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. 4 Bulfinch Place

(Usual place of abode)

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.....5.....years.....months.....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH August 23/51
(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 A Lyongo M. D.
(Address) 25 Shattuck St. Date 8-23-51

Winthrop Mass.

Place of Burial, or Cremation.....(City or Town)

DATE OF BURIAL August 25/51.....19.....

8 NAME OF FUNERAL DIRECTOR C H Treanor

ADDRESS East Boston Mass.

Received and filed SEP 10 1951.....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 Single
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 60 years.....Months.....Days If under 24 hours
Hours.....Minutes14 Usual Occupation: Steamfitter
(Kind of work done during most of working life)

15 Industry or Business: U S Navy Yard

16 Social Security No. 025-18-6888

17 BIRTHPLACE (City) Boston Mass.
(State or country)

18 NAME OF FATHER James Carlen

19 BIRTHPLACE OF FATHER (City) Vermont
(State or country)

20 MAIDEN NAME OF MOTHER Alice M Curtis

21 BIRTHPLACE OF MOTHER (City) Boston Mass.
(State or country)22 Informant Mary Carlen
(Address) Sister

A TRUE COPY.

ATTEST: (Registrar of City or Town where death occurred)

DATE FILED Aug. 27/51.....19.....

Enlisted June 16, 1914 Discharged June 4, 1920
Corporal Company B Thirteenth Infantry
Service No. 2366666

PLACE OF DEATH

SUFFOLK
BOSTON

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. 7554 185

No. CHILDREN'S HOSP

St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME. JOHN MOSCHELLA JR

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(Was deceased a
U. S. War Veteran,
if so specify WAR)

480 WINTHROP

WINTHROP

(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. 12 10HRS
In place of residence.....years.....months.....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH AUG 23 1951
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
AUG 10 1951, to AUG 23 1951I last saw him alive on AUG 23, 1951 death is said to
have occurred on the date stated above, at 1:30 A.m.DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a) ACUTE LEUKEMIAINTERVAL BE-
TWEEN ONSET
AND DEATH
3 MOSANTE Due To
CEDENT (b)
CAUSESDue To
(c)OTHER
SIGNIFICANT
CONDITIONSMajor findings:
Of operations.

Date of operation.....Was autopsy performed? NO

What test confirmed diagnosis? BONE MARROW STUDIES

5 Was disease or injury in any way related to occupation of deceased? NO

If so, specify

(Signed) J. P. KING

(Address) CH Date 8/23 1951

6 ST MICHAEL CEM BOSTON
Place of Burial or Cremation (City or Town)

DATE OF BURIAL AUG 27 1951 19

7 NAME OF FUNERAL DIRECTOR J A LANGONE JR
ADDRESS BOSTON

Received and filed SEP 10 1951 19

(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 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 4 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) WINTHROP
(State or country) MASS

17 NAME OF FATHER JOHN C MOSCHELLA

18 BIRTHPLACE OF FATHER (City) BOSTON
(State or country) MASS

19 MAIDEN NAME OF MOTHER NORA IANNESSA

20 BIRTHPLACE OF MOTHER (City) BOSTON
(State or country) MASS21 Informant JOHN MOSCHELLA (FATHER)
(Address)

A TRUE COPY

ATTEST: Charles H. Mackie
(Registrar of City or Town where death occurred)

DATE FILED AUG 28 1951 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
BOSTON

(County)

(City or Town)



The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICSCOPY OF
CERTIFICATE OF DEATHBOSTON
(City or town making return)

Registered No. 7569 136

No. MASS. GEN. HOSP. St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME MICHAEL TORRA (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. 145 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 3 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH AUG 23 1951
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
AUG 22, 1951, to AUG 23, 1951

I last saw him alive on AUG 23 1951, death is said to

have occurred on the date stated above, at 1:30 A. m.

DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a) BRONCHOPNEUMONIAINTERVAL BETWEEN ONSET AND DEATH
IDA

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? AUTOPSY

5 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) G. L. CLAY M. D.

(Address) MGH Date 8/23 1951

6 HOLY CROSS CEM MALDEN
Place of Burial or Cremation (City or Town)

DATE OF BURIAL AUG 27 1951 19

7 NAME OF FUNERAL DIRECTOR R D GUARENTE SONS

ADDRESS BOSTON

Received and filed SEP 10 1951 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 WICOWED or DIVORCED

10a If married, widowed, or divorced HUSBAND of FRANCESCA FABIANO (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 AT HOME

15 Social Security No.

16 BIRTHPLACE (City) ITALY (State or country)

17 NAME OF FATHER ANTONIO TORRA

18 BIRTHPLACE OF FATHER (City) ITALY (State or country)

19 MAIDEN NAME OF MOTHER MARY D'ORLANDO

20 BIRTHPLACE OF MOTHER (City) ITALY (State or country)

21 Informant Mrs ANGELA SCAVONGELLI (Address)

A TRUE COPY ATTEST Charles J. Inackis (Registrar of City or Town where death occurred)

DATE FILED AUG 29 1951 19



STANDARD

CERTIFICATE OF DEATH

Registered No.

137

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 John A. Gilgan
(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 Bellevue Ave.
(Usual place of abode)St. Winthrop, Mass.
(If nonresident, give city or town and State)

Length of stay: In place of death. 25 hrs. 10 min. years. months. days. In place of residence 40 years. months. days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH August 26 1951
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from Aug 24, 1951, to Aug 26, 1951

I last saw him alive on Aug 26, 1951, death is said to

have occurred on the date stated above, at 4:00 p.m.

INTERVAL BE-
TWEEN ONSET
AND DEATHDISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a) Coronary Heart
DiseaseANTE 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 Signs

5 Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed)

(Address)

Date Aug 26, 1951

M. D.

6 Holyhood Brookline Mass
Place of Burial or Cremation (City or Town)

DATE OF BURIAL Aug 28 1951

7 NAME OF FUNERAL DIRECTOR John F. O'Malley

ADDRESS Winthrop Mass.

Received and filed AUG 31 1951 19

(Registrar)

A TRUE COPY ATTEST

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Male 9 COLOR OR RACE White 10 SINGLE MARRIED (write the word)
WIDOWED or DIVORCED Married10a If married, widowed, or divorced
HUSBAND of Mary E. Saunders
(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 (Newspaperman)
(Kind of work done during most of working life)

14 Industry or Business Advertising

15 Social Security No. 029-03-8351

16 BIRTHPLACE (City) East Boston
(State or country) Massachusetts

17 NAME OF FATHER Edward E. Gilgan

18 BIRTHPLACE OF FATHER (City) Ireland
(State or country)

19 MAIDEN NAME OF MOTHER Margaret Carrigan

20 BIRTHPLACE OF MOTHER (City) Ireland
(State or country)21 Informant Dorothy Gilgan
(Address) 69 Bellevue Ave WinthropI HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:H. O. B. Baker
(Official Designation) (Signature of Agent of Board of Health or other)Aug. 28, 1951
(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

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.

188

PLACE OF DEATH

Suffolk
(County)
Winthrop
(City or Town)No. Winthrop Convalescent Home (If death occurred in a hospital or institution,
St. give its NAME instead of street and number)2 FULL NAME Isabella Natarazzo
(If deceased is a married, widowed or divorced woman, give also maiden name)

PHYSICIAN — IMPORTANT

(Was deceased a
U. S. War Veteran,
if so specify WAR)(a) Residence No. 48 Everett St. East Boston
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death years months 21 days. In place of residence 32 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH Aug 27 1951
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
Aug 20, 1951, to Aug 27, 1951
I last saw her alive on Aug 25, 1951, death is said to

have occurred on the date stated above, at 1:30 A.M.

DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a) Cerebral Hemorrhage 1 weekANTECEDENT (b) Due To hypertension 15 years
CAUSES

Due To (c)

OTHER SIGNIFICANT CONDITIONS Old Rt. hemiplegia 14 years

Major findings: Of operations. 0

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. Potito M. D.
(Address) 12a Bennington St. B. Date 8/27 19516 St. Michaels Boston
Place of Burial or Cremation (City or Town)

DATE OF BURIAL August 30 1951

7 NAME OF FUNERAL DIRECTOR Dr. Potito + Vazza

ADDRESS 11 Henry St. East Boston

Received and filed AUG 31 1951 19

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Male 9 COLOR OR RACE White 10 SINGLE (write the word)
MARRIED Married
WIDOWED or DIVORCED10a If married, widowed, or divorced
HUSBAND of (Give maiden name of wife, if full)
(or) WIFE of Pellegrino Natarazzo
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 70 Years Months Days If under 24 hours
Hours Minutes13 Usual Occupation Housework
(Kind of work done during most of working life)

14 Industry or Business: own home

15 Social Security No. none

16 BIRTHPLACE (City) Italy
(State or country)

17 NAME OF FATHER Rosencenzo Vecchi

18 BIRTHPLACE OF FATHER (City) Italy
(State or country)

19 MAIDEN NAME OF MOTHER Livia Simonelli

20 BIRTHPLACE OF MOTHER (City) Italy
(State or country)21 Pellegrino Natarazzo
(Address) 48 Everett 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 G. Baker
(Signature of Agent of Board of Health or other)H.O. alt Aug. 28/51
(Official Designation) (Date of Issuance 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.

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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

STANDARD

CERTIFICATE OF DEATH

Registered No.

139

PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)

No. Winthrop Community Hospital

St. (If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME Margaret C. Flannery

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(Was deceased a
U. S. War Veteran,
if so specify WAR)

(a) Residence. No. 25 Taylor St.

(Usual place of abode)

St. (If nonresident, give city or town and State)

Length of stay: In place of death. years. months. 6 days. In place of residence 40 years. months. days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH August 28, 1951
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
March 15, 1951 to August 28, 1951

I last saw her alive on August 28, 1951, death is said to

have occurred on the date stated above, at 4:20 P.m.

DISEASE OR CONDITION

DIRECTLY LEADING

TO DEATH (a) Arteriosclerotic Heart
Disease with marked cardiac failureANTE Due To Myocardial Disease
CEDENT (b) 1 yr.
CAUSESDue To
(c)OTHER
SIGNIFICANT
CONDITIONS

Asthma

10 years

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?

If so, specify

(Signed)

(Address) Maurice Travelpin Jr. M. D.
562 Shirley St. Winthrop, Mass. Date Aug. 28, 1951

6 Place of Burial or Cremation Winthrop (City or Town)

DATE OF BURIAL August 31, 1951

7 NAME OF FUNERAL DIRECTOR John F. O'Malley

ADDRESS Winthrop Mass

Received and filed AUG 31 1951 19

(Registrar)

A TRUE COPY ATTEST

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Female 9 COLOR OR RACE White 10 SINGLE MARRIED (write the word)
WIDOWED
or DIVORCED Married

10a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of Joseph Flannery

(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 57 Years Months Days If under 24 hours
Hours Minutes13 Usual Occupation: Housewife
(Kind of work done during most of working life)

14 Industry or Business: Own Home

15 Social Security No.

16 BIRTHPLACE (City) Prince Edward Island
(State or country)

17 NAME OF FATHER Allan McDonald

18 BIRTHPLACE OF FATHER (City) Prince Edward Island
(State or country)

19 MAIDEN NAME OF MOTHER Isabelle McDougall

20 BIRTHPLACE OF MOTHER (City) Prince Edward Island
(State or country)21 Informant Joseph Flannery
(Address) 25 Taylor St.I HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued.

(Signature of Agent of Board of Health or other)

H.O. (Official Designation)

Aug. 29/51 (Date of Issue of Permit)

PARENTS

PARENTS

PARENTS

R-301

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EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L. (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . General Laws, Chap. 38, Sec. 6.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L. (Tercentenary Edition).

RULES OF PRACTICE

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

R-301A

PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)

9 (Atlantic St

2 FULL NAME

William E. Sobey

(If deceased is a married, widowed or divorced woman, give also maiden name.)

9 Atlantic St

(a) Residence. No.

(Usual place of abode)

(If death occurred in a hospital or institution, give its NAME instead of street and number)

PHYSICIAN — IMPORTANT

(Was deceased a
U. S. War Veteran,
if so specify WAR)

WW-1

(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

August 28 1951

(Month)

(Day)

(Year)

4 I HEREBY CERTIFY, That I attended deceased from

August 27, 1951, to August 28, 1951

I last saw him alive on August 27, 1951, death is said to

have occurred on the date stated above, at 6:30 P.M.

DISEASE OR CONDITION

DIRECTLY LEADING
TO DEATH (a)Bilateral Pulmonary
Tuberculosis. 2 yrs.INTERVAL BE-
TWEEN ONSET
AND DEATHANTE Due To
CEDENT (b)
CAUSESDue To
(c)OTHER
SIGNIFICANT
CONDITIONS

None

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)(Address) Maurice Traverser, Jr. M.D. M. D.
562 City St., Winthrop, Mass. Date Aug. 28, 1951

6

Place of Burial or Cremation

(City or Town)

DATE OF BURIAL

August 31, 1951

7 NAME OF
FUNERAL DIRECTOR

John F. O'Malley

ADDRESS

Winthrop Mass

Received and filed

AUG 31 1951

(Registrar)

The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD

CERTIFICATE OF DEATH

Registered No. ...

190

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)

Male

White

MARRIED

WIDOWED

or Divorced

Married

10a If married, widowed, or divorced

HUSBAND of May 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 51 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

B. & A. R. R.

15

Social Security No.

16

BIRTHPLACE (City)

(State or country)

Prince Edwards Island

17

NAME OF

FATHER

William

18

BIRTHPLACE OF

FATHER (City)

(State or country)

P.E.I.

19

MAIDEN NAME

OF MOTHER

Harriet Pearson

20

BIRTHPLACE OF

MOTHER (City)

(State or country)

P.E.I.

21

Informant

(Address)

May Sobey

9 Atlantic St.

I HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:

Walter S. Baker

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

50m-(11-40-070)560

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

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SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

December 8, 1917 at Boston

DATE OF DISCHARGE

July 2, 1919 Camp Devens

RANK, RATING

Private 1st Class

ORGANIZATION AND OUTFIT

U. S. Army

SERVICE NUMBER

#776726

STANDARD

CERTIFICATE OF DEATH

Registered No.

191

PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)

No.

Winthrop Comm Hospital

{(If death occurred in a hospital or institution, give its NAME instead of street and number)}

2 FULL NAME Annie Goldberg Annie Goldberg

(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. 237 River Rd 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 31 years... months... days.3 hrs 55 min

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH August 29, 1951

(Month)

(Day)

(Year)

4 I HEREBY CERTIFY, That I attended deceased from August 29, 1951 to August 29, 1951I last saw her alive on August 29, 1951, death is said tohave occurred on the date stated above, at 11:00 P.m.

DISEASE OR CONDITION

DIRECTLY LEADING

TO DEATH (a) Acute Coronary Thrombosis

INTERVAL BETWEEN ONSET AND DEATH

2 days

ANTE CEDENT CAUSES

Due To (c)

OTHER SIGNIFICANT CONDITIONS

Acute pathological Leukemia2 days

Major findings: Of operations

NoneDate of operation... Was autopsy performed? NoWhat test confirmed diagnosis? Clinical & Laboratory5 Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Doris Traveler Jr.(Address) 562 Cherry St, WinthropDate Aug 29, 19516 PLACE OF BURIAL OR CREMATION Israel of Winthrop CemeteryDATE OF BURIAL Aug 30 19517 NAME OF FUNERAL DIRECTOR Erwin L. LevineADDRESS 470 Harvard St. BrooklineReceived and filed AUG 31 1951

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

SEX Female9 COLOR OR RACE White

10 SINGLE (write the word)

MARRIEDWIDOWEDOR DIVORCED

10a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of Israel J. Goldberg

(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 61 Years... Months... DaysIf under 24 hours
Hours... Minutes13 Usual Occupation: Housewife

(Kind of work done during most of working life)

14 Industry or Business: at home15 Social Security No. none16 BIRTHPLACE (City)... Russia

(State or country)

17 NAME OF FATHER Abraham Joseph Sacks18 BIRTHPLACE OF FATHER (City)... Russia

(State or country)

19 MAIDEN NAME OF MOTHER Dora Sacks (C B)20 BIRTHPLACE OF MOTHER (City)... Russia

(State or country)

21 Informant Israel J. Goldberg(Address) 237 River Rd. Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued.

Walter E. Baker
(Signature of Agent of Board of Health or other)
H.O. Aug 30, 1951
(Official Designation) (Date of Issue of Permit)

PARENTS

EXTRACTS

FROM THE LAWS OF THE

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RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician. If any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L. (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith 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
CERTIFICATEGIVING
OF DEATH

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The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICSSTANDARD
CERTIFICATE OF DEATH

(City or town making return)

Registered No. 192

PLACE OF DEATH

(County)

(City or Town)

No. 1019151 St. { (If death occurred in a hospital or institution, give its NAME instead of street and number)2 FULL NAME Uli Gregorio Baby Boy (male){ (Was deceased a
U. S. War Veteran,
if so specify WAR)(a) Residence. No. 37 Chest Ave St. Quincy, Mass
(Usual place of abode) (If nonresident, give city or town and State)Length of stay: In place of death. 21 min. years. months. days. In place of residence years. months. days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH August 27 1951
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
Aug 27 1951 to Aug 27 1951I last saw him alive on Aug 27 1951, death is said to
have occurred on the date stated above, at 10:05 PM.DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a) monitricityINTERVAL BE-
TWEEN ONSET
AND DEATH
1951ANTE DUE TO
CEDENT (b) CAUSESDue To
(c)OTHER
SIGNIFICANT
CONDITIONS
noneMajor 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?

If so, specify

(Signed)

(Address) 624 Beacon St Boston Date Aug 27 1951 M. D.6 not at home Place of Burial or Cremation Quincy, Mass (City or Town)DATE OF BURIAL Sept 5 19517 NAME OF FUNERAL DIRECTOR John SciottoADDRESS 7 North St BostonReceived and filed SEP 11 1951 19

(Registrar)

A TRUE COPY ATTEST

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Male 9 COLOR OR RACE White 10 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. Stillborn ✓12 AGE Years Months Days If under 24 hours Hours 21 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) Quincy, Mass17 NAME OF FATHER William D. Gregorio18 BIRTHPLACE OF FATHER (City) (State or country) Boston19 MAIDEN NAME OF MOTHER Regina M. Muriolo20 BIRTHPLACE OF MOTHER (City) (State or country) Boston21 Informant (Address) Walter E. Baker

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 Health or other)

(Official Designation)

(Date of Issue of Permit)

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

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death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or 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

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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

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

Boston

(City or town making return)

COPY OF
CERTIFICATE OF DEATH

Registered No. 7719193

No. Mass. General Hospital

{(If death occurred in a hospital or institution,
St. { give its NAME instead of street and number)2 FULL NAME Maurice F Driscoll
(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 Villa 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. 40 years. months. days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH August 29/51
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
Aug. 29, 1951, to Aug. 29, 1951I last saw him alive on August 29, 1951, death is said to
have occurred on the date stated above, at 11:25 P. m.DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a)

Acute pulmonary edema 4 Hrs

INTERVAL BE-
TWEEN ONSET
AND DEATHANTE Due To Arterio sclerotic heart
CEDENT (b) disease
CAUSESDue To
(c)5 Yrs
PlusOTHER
SIGNIFICANT
CONDITIONSMajor 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)

(Address)

C L Clay
Mass. General Hospt 8-30 1951 M.D.6 Place of Burial or Cremation Winthrop Cem-Winthrop Mass.
(City or Town)

DATE OF BURIAL Sept. 3/51 19

7 NAME OF FUNERAL DIRECTOR J F O'Maley
Winthrop Mass.

ADDRESS

Received and filed. SEP 17 1951 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 Agnes M Fitzgerald
(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 Minutes13 Usual Occupation Retired
(Kind of work done during most of working life)

14 Industry or Business Paper Broker

15 Social Security No. 023-12-4453
16 BIRTHPLACE (City) Quincy Mass.
(State or country)

17 NAME OF FATHER Maurice Driscoll

18 BIRTHPLACE OF FATHER (City) Ireland
(State or country)

19 MAIDEN NAME OF MOTHER Emma Loring

20 BIRTHPLACE OF MOTHER (City) Quincy Mass.
(State or country)21 Informant A M Driscoll
(Address)A TRUE COPY Charles H. Mac...
ATTEST: (Registrar of City or Town where death occurred)

DATE FILED Sept. 4/51 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.)



PLACE OF DEATH

Suffolk
(County)Revere
(City or Town)

No. 42 Pearl Avenue

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICSCOPY OF
CERTIFICATE OF DEATH

Revere

(City or town making return)

Registered No.

191

- 2 FULL NAME **Patrick H. Gaffny** (If deceased is a married, widowed or divorced woman, give also maiden name.)
- (a) Residence. No. **428 Revere Street** 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 **31** years.....months.....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH **August 29 1951**
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from **June 16 1950 to August 29 1951**

I last saw him alive on **August 29, 1951** death is said to have occurred on the date stated above, at **8:30 A.M.**

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) **Congestive heart failure**

ANTE CEDENT CAUSES (b) **Arterio sclerotic heart disease**

(c) **Generalized arterio sclerosis**

OTHER SIGNIFICANT CONDITIONS **Osteoarthritis of spine**

Major findings: Of operations.....

Date of operation..... Was autopsy performed?.....

What test confirmed diagnosis? **Clinical**

5 Was disease or injury in any way related to occupation of deceased? **No**
If so, specify.....

(Signed) **Paul P. Weinsaft** M. D.
(Address) **238 Shore Drive** Date **8/29 1951**

6 **Winthrop** Place of Burial or Cremation **Winthrop** (City or Town)

DATE OF BURIAL **September 1 1951**

7 NAME OF FUNERAL DIRECTOR **John F. O'Maley**

ADDRESS **Winthrop**

Received and filed **SEP 20 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

10a If married, widowed, or divorced HUSBAND of **Lena A. Miskell**
(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: **Retired**
(Kind of work done during most of working life)

14 Industry or Business: **Oil & Furniture**

15 Social Security No.....

16 BIRTHPLACE (City) **Milford**
(State or country) **Massachusetts**

17 NAME OF FATHER **John**

18 BIRTHPLACE OF FATHER (City) **Ireland**
(State or country)

19 MAIDEN NAME OF MOTHER **Mary Carroll**

20 BIRTHPLACE OF MOTHER (City) **Ireland**
(State or country)

21 Informant **John Gaffny**
(Address) **218 Lincoln Street**

A TRUE COPY.
ATTEST: **Joseph P. Miskell**
(Registrar of City or Town where death occurred)

DATE FILED **September 4, 1951**

INSTRUCTIONS
FOR
CERTIFICATEgiving
OF DEATH

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e death but not
the disease or
causing death.

OM (A) 12-49-900722

PLACE OF DEATH

Sussex
(County)
Wintthrop
(City or Town)



The Commonwealth of Massachusetts
EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

Wintthrop
(City or town making return)

STANDARD
CERTIFICATE OF DEATH

Registered No. *195*

No. *Wintthrop Community Hospital* (If death occurred in a hospital or institution, give its NAME instead of street and number)
2 FULL NAME *Fannie Abrams*
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(a) Residence. No. *23 Corona St.* *Dorchester, Mass.*
(Usual place of abode) (If nonresident, give city or town and State)
Length of stay: In place of death. *4* years. *4* months. *4* days. In place of residence *23* years. *4* months. *4* days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH *September 6 1951*
(Month) (Day) (Year)
4 I HEREBY CERTIFY That I attended deceased from *July 1 1922* to *Sept. 6 1951*
I last saw her alive on *Sept 6 1951*, death is said to have occurred on the date stated above, at *2:30 A.M.*

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) *Acute Coronary Thrombosis*

ANTECEDENT CAUSES Due To (b) *Arteriosclerotic Heart Disease*

Due To (c)

OTHER SIGNIFICANT CONDITIONS *Progressive arthritis deformans*

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 (Signed) *Jacob J. Abrams M.D.*
(Address) *562 Shirley St. Wintthrop, Mass.*

6 Place of burial: *ONE - JACOB - CEMETERY BURN*
DATE OF BURIAL: *Sept. 7 1951*

7 NAME OF FUNERAL DIRECTOR: *Henry Levine*
ADDRESS: *470 Harvard St. Brighton*

Received and filed: *SEP 14 1951*

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX *Female* 9 COLOR OR RACE *White* 10 SINGLE (write the word) *MARRIED* *widowed*
MARRIED WIDOWED OR DIVORCED

10a If married, widowed, or divorced HUSBAND of *Louis Abrams*
(Give maiden name of wife in full)
(or) WIFE of *Louis Abrams*
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE *28* Years. *8* Months. *3* Days If under 24 hours *8* Hours. *3* Minutes

13 Usual Occupation: *Housewife*
(Kind of work done during most of working life)

14 Industry or Business: *None*

15 Social Security No. *none*
BIRTHPLACE (City) *Shadt*
(State or country) *Russia*

17 NAME OF FATHER *Abraham Levine*

18 BIRTHPLACE OF FATHER (City) *Shadt.*
(State or country) *Russia*

19 MAIDEN NAME OF MOTHER *Pera (C.B.T.)*

20 BIRTHPLACE OF MOTHER (City) *Shadt.*
(State or country) *Russia*

21 Informant (Address) *Jacob J. Abrams M.D.*
562 Shirley St. Wintthrop, Mass.

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Walter C. Baker
(Signature of Agent of Board of Health or other)
H.O. (Official Designation) *Sept. 6/51* (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 exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . General Laws, Chap. 38, Sec. 6.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

Reading

(City or town making return)

COPY OF
CERTIFICATE OF DEATH

Registered No.

196

PLACE OF DEATH

Middlesex

(County)

Reading

(City or Town)

No. 93 Walnut Street

St. { (If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME Grace Lydia (Sherman) Bliss

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 219 Court Rd.
(Usual place of abode)

St. Winthrop, Mass

(If nonresident, give city or town and State)

Length of stay: In hospital or institution Rest Home 1 years 1 months days. In this community 40 yrs. moe. days.
(Before death) (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX Female 4 COLOR OR RACE White 5 SINGLE (write the word)
MARRIED
WIDOWED
or DIVORCED Widow5a If married, widowed, or divorced
HUSBAND of(Give maiden name of wife in full)
(or) WIFE of Arthur T. Bliss
(Husband's name in full)

6 Age of husband or wife if alive years

7 IF STILLBORN, enter that fact here.

8 AGE 76 Years 10 Months 6 Days If less than 1 day
Hours Minutes

Usual Occupation: Housewife

Industry Own home
10 or Business:

11 Social Security No. none

12 BIRTHPLACE (City) Appleton
(State or country) Maine

PARENTS

13 NAME OF FATHER Judson A. Sherman

14 BIRTHPLACE OF FATHER (City) Hope
(State or country) Maine

15 MAIDEN NAME OF MOTHER Helen S. Annis

16 BIRTHPLACE OF MOTHER (City) Appleton
(State or country) Maine17 Informant Cynthia R Gushee Relation, if any
(Address) 131 E 38th St. New York City

A TRUE COPY.

ATTEST:

(Registrar of city or town where death occurred)

DATE FILED September 7th 1951

18 DATE OF DEATH Sept. 6, 1951
(Month) (Day) (Year)19 I HEREBY CERTIFY, That I attended deceased from
Nov. 29, 1949, to Sept. 6, 1951.
I last saw her alive on Sept. 2, 1951 death is said to
have occurred on the date stated above, at 10:30 P.M.Immediate cause of death Hypertensive
Heart Disease over years

Due to Hypertension over 4 years

Due to Diabetes over 4 years
Mellitus

Other conditions (Include pregnancy within 3 months of death) Physician

Major findings: none Underline the cause to which death should be charged statistically.
Of operations Date of
Of autopsy Blood, Urine, Tests for

What test confirmed diagnosis? Diabetes for

20 Was disease or injury in any way related to occupation of deceased? no

If so, specify John F. Collins M. D.

(Signed) Revere, Mass. Date Sept. 7, 1951

21 PLACE OF BURIAL, CREMATION OR REMOVAL Winthrop Winthrop
(Cemetery) (City or Town)

DATE OF BURIAL Sept. 10, 1951

22 NAME OF FUNERAL DIRECTOR Howard S. Reynolds
ADDRESS Winthrop, Mass.

Resolved and filed SEP 12 1951 19

(Registrar of City or Town where deceased resided)

referred in another city or town at the time of death should be made forthwith and transmitted on Form R-302 to the clerk of the city or town in which the deceased resided. (See Chap. 46, Sec. 12, G. L.)

SEP 12 1951

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FOR
CERTIFICATE

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PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)

No. Winthrop Community Hospital

2 FULL NAME Helma Mattson (Rickter)

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 169 North Main St.

(Usual place of abode)

St. Natick

(If nonresident, give city or town and State)

Length of stay: In place of death. years. months. 15 days. In place of residence. 55 years. months. days.

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.

197

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH Sept 7 1951

(Month)

(Day)

(Year)

4 I HEREBY CERTIFY, That I attended deceased from Aug 23 1951 to Sept 7 1951

I last saw h. alive on Sept 7 1951, death is said to have occurred on the date stated above, at 6.30 P.M.

DISEASE OR CONDITION

DIRECTLY LEADING

TO DEATH (a) Cerebral hemorrhage

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) George A. Mitchell

(Address) 52 Pond St., Natick

Date Sept 1951

6 Dell Park Cemetery Natick

Place of Burial or Cremation

DATE OF BURIAL September 10, 1951

7 NAME OF FUNERAL DIRECTOR George A. Mitchell

ADDRESS 52 Pond St., Natick

Received and filed. SEP 14 1951 19

(Registrar)

A TRUE COPY ATTEST

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 Matthias Mattson

(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 77 Years 4 Months 25 Days If under 24 hours Hours Minutes

13 Usual Occupation: housewife (Kind of work done during most of working life)

14 Industry or Business:

15 Social Security No.

16 BIRTHPLACE (City) Helsingborg (State or country) Sweden

17 NAME OF FATHER Paul Rickter

18 BIRTHPLACE OF FATHER (City) Helsingborg (State or country) Sweden

19 MAIDEN NAME OF MOTHER Asserina (can't be Learnd)

20 BIRTHPLACE OF MOTHER (City) Helsingborg (State or country) Sweden

21 Informant Mrs Henry Nelson (Address) Everett St., Natick, 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. O. (Signature of Agent of Board of Health or other)

H. O. (Official Designation) Sept 28 1951 (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

Suffolk

(County)

Winthrop

(City or Town)

STANDARD
CERTIFICATE OF DEATH

Registered No. 198

No. Winthrop Community Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME ~~Arthur E. Smith~~ Arthur E. Smith (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 Crystal Cove Ave. Winthrop, Mass. (Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death. years. months. 10 days. In place of residence 20 years. months. days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH Sept 7, 1951 (Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from Aug 28, 1951, to Sept 7, 1951.

I last saw him alive on Sept 7, 1951, death is said to

have occurred on the date stated above, at 2:30 A.M.

DISEASE OR CONDITION

DIRECTLY LEADING

TO DEATH (a)

Coronary Thrombosis 8 days
Cerebral Hemorrhage 7 days

ANTE CEDENT CAUSES (b)

Gen. Arteriosclerosis / yrs.

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) Charles Liberman M. D.

(Address) 26 Waverley Ave Date 8/27/51

6 Winthrop Winthrop (City or Town)

Place of Burial or Cremation

DATE OF BURIAL Sept 10 19 51

7 NAME OF FUNERAL DIRECTOR Edward S. Reynolds

ADDRESS Winthrop, Mass

Received and filed SEP 14 1951 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 (Give maiden name of wife in full)

(or) WIFE of Grace G Pestell (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 69 9 27 AGE Years Months Days If under 24 hours Hours Minutes

13 Usual Occupation Gardener (Kind of work done during most of working life)

14 Industry or Business Private homes

15 Social Security No. None

16 BIRTHPLACE (City) Lawrence (State or country) Mass

17 NAME OF FATHER Fred H Smith

18 BIRTHPLACE OF FATHER (City) Lowell (State or country) Mass

19 MAIDEN NAME OF MOTHER Grace Margerison

20 BIRTHPLACE OF MOTHER (City) Lakeport (State or country) New Hampshire

21 Informant Grace Smith (Address) 73 Crystal Cove Ave.

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Walter G. Baker (Signature of Agent of Health or other)

H.O. (Official Designation) Sept. 7/51 (Date of Issue of Permit)

TRUE COPY ATTACHED

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen 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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Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

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50M-2-19-25666

PLACE OF DEATH

Suffolk
(County)
Winthrop
(City or Town)

The Commonwealth of Massachusetts

EDWARD J. CRONIN, SECRETARY
DIVISION OF VITAL STATISTICSTo be filed for burial permit
with Board of Health
or its Agent.STANDARD
CERTIFICATE OF DEATH

Registered No. 199

- 1 PLACE OF DEATH No. Winthrop Comm Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)
- 2 FULL NAME Annis Shuler (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) ho
- (a) Residence. No. 21 Eden St. Chelsea 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 45 years — months — days.

MEDICAL CERTIFICATE OF DEATH

- 3 DATE OF DEATH Sept. 10 1951 (Month) (Day) (Year)
- 4 I HEREBY CERTIFY, That I attended deceased from April 1951, to Sept 10 1951
- I last saw h alive on Sept 10 1951, death is said to have occurred on the date stated above, at 7:25 a.m.

DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a) Cerebral HemorrhageINTERVAL BE-
TWEEN ONSET
AND DEATH

5 days

ANTE CEDENT CAUSES (b) Hypertension

5 yrs

Due To
(c)

OTHER SIGNIFICANT CONDITIONS Coronary Artery Heart Disease

5 yrs.

Major findings: Of operations none

Date of operation none 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 Charles Lieberman M. D.
(Signed) (Address) 26 Wave Way Ave, Winthrop 9/10/1951

6 Agudas Shalom Burial Place of Burial or Cremation (City or Town)

DATE OF BURIAL Sept 10 1951

7 NAME OF FUNERAL DIRECTOR H. J. Joy
ADDRESS 57 Washington Ave Chelsea

Received and filed. SEP 14 1951 19

(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 Joseph Shuler (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: Own home

15 Social Security No. none

16 BIRTHPLACE (City) Russia (State or country)

17 NAME OF FATHER Hyman J. Rubin

18 BIRTHPLACE OF FATHER (City) Russia (State or country)

19 MAIDEN NAME OF MOTHER Vda. (CBI)

20 BIRTHPLACE OF MOTHER (City) Russia (State or country)

21 Informant (Address) Joseph Shuler 21 Eden 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 S. Baker (Signature of Agent of Board of Health or other)

Health Officer (Official Designation) 9/10/51 (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).

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.

230

STANDARD
CERTIFICATE OF DEATH

Registered No.

PLACE OF DEATH

Suffolk
(County)Winthrop
(City or Town)

No. Winthrop Corvalant Hine

St. (If death occurred in a hospital or institution,
give its NAME instead of street and number)2 FULL NAME MARY T. ROBERTS
(If deceased is a married, widowed or divorced woman, give also maiden name.)PHYSICIAN - IMPORTANT
(Was deceased a
U. S. War Veteran,
if so specify WAR)(a) Residence. No. 106 Washington Ave
(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 50 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH Sept. 11, 1951
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
June 1947, 19 to Sep. 11th, 1951I last saw her alive on September 11, 1951, death is said to
have occurred on the date stated above, at 12:14 PM.DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a) PneumonitisINTERVAL BE-
TWEEN ONSET
AND DEATH

1 week

ANTECEDENT CAUSES Due To Acute Respiratory
(b) Infection

10 days

Due To
(c)OTHER SIGNIFICANT
CONDITIONS Paralysis agitans
Agitans

5 yrs

Major findings:
Of operations.

Date of operation. Was autopsy performed? no

What test confirmed diagnosis? Clinical

5 Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) Paul P. Wentworth, M.D. Date 9/13, 1951
(Address) 238 Shore Dr. Winthrop6 Winthrop Cemetery Winthrop
Place of Burial or Cremation (City or Town)

DATE OF BURIAL Sept 14, 1951

7 NAME OF FUNERAL DIRECTOR Marie W King

ADDRESS 210 Winthrop St

Received and filed SEP 14 1951

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Female 9 COLOR OR RACE White 10 SINGLE (write the word)
MARRIED
WIDOWED
or DIVORCED Widowed10a If married, widowed, or divorced
HUSBAND of(Give maiden name of wife in full)
(or) WIFE of Hugh W Roberts
(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: Housewife
(Kind of work done during most of working life)

14 Industry or Business: at Home

15 Social Security No. none

16 BIRTHPLACE (City) Boston Mass
(State or country)

17 NAME OF FATHER John T Cunningham

18 BIRTHPLACE OF FATHER (City) Ireland
(State or country)

19 MAIDEN NAME OF MOTHER Catherine Lester

20 BIRTHPLACE OF MOTHER Ireland
(State or country)21 Informant Mrs Arthur Sullivan
(Address) 106 Washington Ave.I HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued.Walter L. Baker
(Signature of Agent of Board of Health or other
Health Officer) 9/13/51
(Official Designation) (Date of Issue of Permit)

50M (B)-1-51 903286

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
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A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

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SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

STANDARD
CERTIFICATE OF DEATHRegistered No. **201**

PLACE OF DEATH

Suffolk
(County)
Winthrop
(City or Town)No. **125 Cliff Ave**(If death occurred in a hospital or institution,
St. { give its NAME instead of street and number)2 FULL NAME **Lena M. Levinson**
(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. **29 Cliff 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 **13** years _____ months _____ days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH **Sept 13 1951**
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
July 1947 to **Sept 13 1951**
I last saw her alive on **Sept 13 1951**, death is said to
have occurred on the date stated above, at **3:30 P. m.**DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a) **Cerebral Hemorrhage**INTERVAL BE-
TWEEN ONSET
AND DEATH**8 mos.**ANTE DUE TO
CEDENT (b) **Hypertension**
CAUSES**Sys.**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 F. Williams** M. D.
(Address) **26 Waverley Ave. Winthrop** **9/13/1951**6 **Cheng Cheng Kadasha. Wafun**
Place of Burial or Cremation (City or Town)DATE OF BURIAL **Sept 14** 19 **51**7 NAME OF FUNERAL DIRECTOR **N. J. Joy**
ADDRESS **151 Washington Ave Chelsea**Received and filed **SEP 14 1951** 19

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX **Female** 9 COLOR OR RACE **White** 10 SINGLE (write the word)
MARRIED
WIDOWED
WIDOWED10a If married, widowed, or divorced
HUSBAND of _____(or) WIFE of **Jacob Levinson**
(Give maiden name of wife in full)
(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: **Own home**15 Social Security No. **none**16 BIRTHPLACE (City) **Russia**
(State or country)17 NAME OF FATHER **Nathan Dymov**18 BIRTHPLACE OF FATHER (City) **Russia**
(State or country)19 MAIDEN NAME OF MOTHER **Sarah (C.B.L.)**20 BIRTHPLACE OF MOTHER (City) **Russia**
(State or country)21 Informant **Joseph Levinson**
(Address) **29 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 F. Hackett**
(Signature of Agent of Board of Health or other)
Health Office **9/14/51**
(Official Designation) (Date of Issue of Permit)

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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.

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SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

R-301

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PLACE OF DEATH

1

(County)

(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 Maria Nicoletta Addrissi (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. 1056 Bennington St. East Boston (Usual place of abode) (If nonresident, give city or town and State)Length of stay: In place of death. years. months. 16 days. In place of residence. years. months. days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH Sept 16 1951
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from Aug 31 1951 to Sept 16 1951I last saw her alive on Sept 16 1951, death is said tohave occurred on the date stated above, at 1:30 P. m.DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a) Myocardial InfarctionINTERVAL BE-
TWEEN ONSET
AND DEATH
17 daysANTE CEDENT CAUSES (b) DiabetesDue To (c) ArteriosclerosisOTHER
SIGNIFICANT
CONDITIONSMajor findings:
Of operations.

Date of operation. Was autopsy performed?

What test confirmed diagnosis? Electrocardiogram5 Was disease or injury in any way related to occupation of deceased? no

If so, specify.

(Signed)

(Address) 62 Bayman Gates Date Sept 16 1951 M. D.6 St Michaels Cemetery (City or Town) Forrest HillsDATE OF BURIAL Sept. 19, 19517 NAME OF FUNERAL DIRECTOR William E. Pepi
ADDRESS 271 Saratoga St. E.B.Received and filed SEP 25 1951 19

A TRUE COPY ATT F

(Registrar)

The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD

CERTIFICATE OF DEATH

(City or town making return)

Registered No. 202

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 Francesco Addrissi
(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: 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 Pasquale Villani18 BIRTHPLACE OF FATHER (City) Italy
(State or country)19 MAIDEN NAME OF MOTHER Palmina20 BIRTHPLACE OF MOTHER (City) Italy
(State or country)Informant Francesco Addrissi
(Address) 1056 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 J. Baker
(Signature of Agent of Board of Health or other)(Official Designation) Health Officer (Date of Issue of Permit) 9/19/51

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith 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.)

R-302

25M (C)-6-50-902253

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.

82843

No. Mass. General Hospital

St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Harry Berliner

(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 Trident 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. 40 years. months. days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH Sept. 20/51

(Month)

(Day)

(Year)

4 I HEREBY CERTIFY, That I attended deceased from Sept. 19, 19 51 to Sept. 20, 19 51

I last saw him alive on Sept. 20, 19 51 death is said to

have occurred on the date stated above, at 8 AM m.

INTERVAL BETWEEN ONSET AND DEATH

5 Days

DISEASE OR CONDITION

DIRECTLY LEADING

TO DEATH (a) Nonspecific pneumonitis

ANTE DUE TO Chronic emphysema
CEDENT (b) pulmonary fibrosis

CAUSES Due To and bronchiectasis
(c)

10 Yrs

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?

If so, specify

(Signed)

(Address) C L Clay Date 9-20, 19 51

6 Workmen's Circle West Roxbury
Place of Burial or Cremation (City or Town)

DATE OF BURIAL Sept. 20/51 19

7 NAME OF FUNERAL DIRECTOR L Levine
Brookline Mass.

ADDRESS

Received and filed. OCT 8 1951 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 Sarah Hennock

(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:

Tailor

15 Social Security No.

None

16 BIRTHPLACE (City) (State or country)

Poland

17 NAME OF FATHER

Abraham Berliner

18 BIRTHPLACE OF FATHER (City) (State or country)

Poland

19 MAIDEN NAME OF MOTHER

20 BIRTHPLACE OF MOTHER (City) (State or country)

Poland

21

Informant (Address)

Sarah Berliner

A TRUE COPY

ATTEST:

Charles H. Mackie (Registrar of City or Town where death occurred)

DATE FILED

Sept. 24/51

19

PLACE OF DEATH

SUFFOLK

(County)

(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. 832401

No. THE INFANT'S HOSPITAL

St. { (If death occurred in a hospital or institution,
give its NAME instead of street and number)2 FULL NAME PATRICIA ELLEN MURRAY
(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. 53 CREST AVE
(Usual place of abode)St. X 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.

46 HRS 10 MINS

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH SEPTEMBER 20, 1951
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
SEPT 19, 1951, to SEPT 20, 1951I last saw her alive on SEPT 20, 1951, death is said to
have occurred on the date stated above, at 10:15 P.m.DISEASE OR CONDITION
DIRECTLY LEADING

TO DEATH (a) ATELECTASIS

INTERVAL BE-
TWEEN ONSET
AND DEATH

2 DAYS

ANTE CEDENT (b) PREMATUREITY
CAUSESDue To
(c)OTHER
SIGNIFICANT
CONDITIONSMajor findings:
Of operations.....

Date of operation..... Was autopsy performed? YES

What test confirmed diagnosis? AUTOPSY

5 Was disease or injury in any way related to occupation of deceased?.....

If so, specify

(Signed) E A MORTIMER JR M
(Address) 300 LONGWOOD AVE Date SEP 21 19516 WINTHROP CEM WINTHROP MASS
Place of Burial or Cremation (City or Town)

DATE OF BURIAL SEPT 24 1951

7 NAME OF FUNERAL DIRECTOR J F O'MALEY
ADDRESS WINTHROP MASS

Received and filed.....19

(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX FEMALE 9 COLOR OR RACE WHITE 10 SINGLE MARRIED (write the word)
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.....Years.....Months 2 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) WINTHROP MASS
(State or country)

17 NAME OF FATHER JAMES MURRAY

18 BIRTHPLACE OF FATHER (City) BOSTON MASS
(State or country)

19 MAIDEN NAME OF MOTHER CATHERINE MASTERSON

20 BIRTHPLACE OF MOTHER (City) WINTHROP MASS
(State or country)21 Informant FATHER
(Address)

A TRUE COPY

ATTEST: Charles H. Inackie
(Registrar of City or Town where death occurred)

DATE FILED SEPT 24 1951

PLACE OF DEATH

SUFFOLK
BOSTON
(County)

(City or Town)

No. MASS MEMORIAL HOSPITAL



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. 8406 205

2 FULL NAME SIMON MACDONALD
(If deceased is a married, widowed or divorced woman, give also maiden name.)(a) Residence. No.
(Usual place of abode)

46 WASHINGTON ST.

St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

WINTHROP MASS

(If nonresident, give city or town and State)

Length of stay: In place of death.....years.....months.....days. In place of residence.....years.....months.....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH SEPT 22, 1951
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
SEPT 20, 1951, to SEPT 22, 1951I last saw him alive on SEPT 22, 1951, death is said to
have occurred on the date stated above, at 5:50 P. M.DISEASE OR CONDITION
DIRECTLY LEADING TO DEATH (a) RUPTURE ABDOMINAL
AORTIC ANEURYSMINTERVAL BE-
TWEEN ONSET
AND DEATH

2 DAYS

ANTE DUE TO
CEDENT (b)
CAUSESDue To
(c)OTHER OLD CEREBRO VASCULAR ACCIDENTS 6 YRS
SIGNIFICANT HYPOSTATIC PNEUMONIA 10 YRS
CONDITIONS DIABETES ? YRSMajor findings:
Of operations.....

Date of operation..... Was autopsy performed? N.O.

What test confirmed diagnosis?.....

5 Was disease or injury in any way related to occupation of deceased?.....

If so, specify.

R. H. WRIGHT

(Signed) MASS MEM HOSP

(Address) Date SEPT 22, 1951

6 NEW CALVARY CEM. BOSTON MASS.
Place of Burial or Cremation (City or Town)

DATE OF BURIAL SEPT 26, 1951

7 NAME OF FUNERAL DIRECTOR C. J. MURPHY
ADDRESS EVERETT MASS

Received and filed OCT 8, 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 WIDOWED
or DIVORCED10a If married, widowed, or divorced
HUSBAND of BERTHA DORION
(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.....Minutes13 Usual Occupation: CARPENTER
(Kind of work done during most of working life)

14 Industry or Business: RETIRED

15 Social Security No. --

16 BIRTHPLACE (City) NOVA SCOTIA
(State or country)

17 NAME OF FATHER FELIX MACDONALD

18 BIRTHPLACE OF FATHER (City) NOVA SCOTIA
(State or country)

19 MAIDEN NAME OF MOTHER --

20 BIRTHPLACE OF MOTHER (City) NOVA SCOTIA
(State or country)21 Informant HARRY MACDONALD
(Address)

A TRUE COPY

ATTEST: (Registrar of City or Town where death occurred)

DATE FILED SEPT 26, 1951

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. 206

PLACE OF DEATH

Suffolk
(County)
Winthrop
(City or Town)

No. 25 Somerset Ave

St. { (If death occurred in a hospital or institution,
give its NAME instead of street and number)2 FULL NAME Mary Abrams (Mrs Kruchinski)
(If deceased was a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT

(Was deceased a
U. S. War Veteran,
if so specify WAR) no(a) Residence. No. 25 Somerset Ave
(Usual place of abode)

St. (If nonresident, give city or town and State)

Length of stay: In place of death 50 years — months — days. In place of residence 50 years — months — days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH Sept 23 1951
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
July 1949 to Sept 23 1951
I last saw her alive on Sept 23, 1951, death is said to
have occurred on the date stated above, at 8:15 P.M.DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a) Coronary ThrombosisINTERVAL BE-
TWEEN ONSET
AND DEATH

1 hr.

ANTE CEDENT
CAUSESDue To
(c)OTHER
SIGNIFICANT
CONDITIONSMajor 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) 26 Waverley Ave.

Date 9/24/1951 M. D.

6 Place of Birth or Cremation
Place of Birth or Cremation (City or Town)

DATE OF BURIAL Sept 25 1951

7 NAME OF
FUNERAL DIRECTOR

ADDRESS 151 Washington Ave Chelsea

Received and filed

SEP 27 1951

(Registrar)

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 Jacob Abrams
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 79 Years Months Days If under 24 hours
Hours Minutes13 Usual Occupation: Housewife
(Kind of work done during most of working life)

14 Industry or Business: own home

15 Social Security No. none

16 BIRTHPLACE (City) Russia
(State or country)

17 NAME OF FATHER Maris Kruchinski

18 BIRTHPLACE OF FATHER (City) Russia
(State or country)

19 MAIDEN NAME OF MOTHER (C. B. L.)

20 BIRTHPLACE OF MOTHER (City) Russia
(State or country)21 Informant Richard Abrams
(Address) 177 Aspenwall Ave BrooklineI HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued.Board of Walter J. Baker
(Signature of Agent of Board of Health or other)

(Official Designation) Health Officer (Date of Issue of Permit) 9/24/51

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or 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

R-301A

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 STATISTICSSTANDARD
CERTIFICATE OF DEATHTo be filed for burial permit
with Board of Health
or its Agent.

Registered No. 207

2 FULL NAME Michael J. Manning
(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. 213 Mountain Ave., Revere
(Usual place of abode)

St. (If nonresident, give city or town and State)

Length of stay: In place of death years months 7 days. In place of residence 40 years 40 months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH Sept 24 1951
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
Sept 1 1951 to Sept 24 1951

I last saw him alive on Sept 24 1951, death is said to

have occurred on the date stated above, at 1:35 p.m.

INTERVAL BE-
TWEEN ONSET
AND DEATH

DISEASE OR CONDITION

DIRECTLY LEADING

TO DEATH (a)

Metastatic
Carcinoma
Primary in liver
for 2 weeksANTE
CEDENT
CAUSES

Due To

(b)

Due To

(c)

OTHER
SIGNIFICANT
CONDITIONS

Major findings:

Of operations:

Date of operation:

What test confirmed diagnosis?

X Ray

5 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

Date

25 Sept 1951

6 Holy Cross

Place of Burial or Cremation

DATE OF BURIAL

Sept. 27

19 51

7 NAME OF

FUNERAL DIRECTOR

ADDRESS

Revere

Received and filed

SEP 27 1951

19

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX 9 COLOR OR RACE 10 SINGLE (write the word)
MARRIED
WIDOWED
or DIVORCED11a If married, widowed, or divorced
HUSBAND of Catherine T. Costello

(Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 58 Years Months Days If under 24 hours
Hours Minutes13 Usual Occupation: Operator
(Kind of work done during most of working life)

14 Industry or Business: M.T.A.

15 Social Security No. 029-05-0208

16 BIRTHPLACE (City) Ireland
(State or country)

17 NAME OF FATHER Lawrence Manning

18 BIRTHPLACE OF FATHER (City) Ireland
(State or country)

19 MAIDEN NAME OF MOTHER Catherine Massion

20 BIRTHPLACE OF MOTHER (City) Ireland
(State or country)21 Informant Catherine Manning
(Address) 213 Mt. Ave. RevereI HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:Walter J. Baker
(Signature of Agent of Board of Health or other)Health Officer
(Official Designation)9/26/51
(Date of Issue of Permit)CTIONS
OR
CERTIFICATEiving
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50m-(b)-11-40-070,560

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or 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

so that it may be properly classified under the international system of statistics and for the purpose of the laws relative to the return of certificates of death.

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a notation to that effect

50m-(f)-6-43-12056

342 Main St.

PLACE OF DEATH

Suffolk
Winthrop
(City or Town)

No. 143 Shirley St.

St. { (If death occurred in a hospital or institution, give its NAME instead of street and number)

Registered No. 208

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.

2 FULL NAME Lorenzo Scandone

(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN-IMPORTANT

(Was deceased a
U. S. War Veteran,
If so specify WAR)

(a) Residence, No. 143 Shirley St.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of stay: In hospital or institution

(Before death)

(Specify whether)

years

months

days

In this community 50 yrs.

mos.

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE (write the word)

MARRIED

WIDOWED

or DIVORCED Widowed

Male

White

5a If married, widowed, or divorced

HUSBAND of

Laura Racca

(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 62

Years

Months

Days

If less than 1 day

Hours

Minutes

Usual

9 Occupation:

Shoe-repair

Industry

10 or Business:

Shop

11 Social Security No.

none

12 BIRTHPLACE (City)

(State or country)

Italy

13 NAME OF

FATHER

Alfonzo Scandone

14 BIRTHPLACE OF

FATHER (City)

(State or country)

Italy

15 MAIDEN NAME

OF MOTHER

Madalina unknown

16 BIRTHPLACE OF

MOTHER (City)

(State or country)

Italy

17 Informant

Lawrence Scandone

(Sign, if any)

(Address)

342 Main St., Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with the BEFORE the burial or transit permit was issued:

Walter H. Baker

(Signature of Agent of Board of Health or other)

Health Officer

(Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF

DEATH

September 25 1951

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows: (If an injury was involved, state fully.)

Coronary occlusion

20 Accident, suicide, or homicide (specify)

Date of occurrence

19

Where did

injury occur?

(City or town and State)

Did injury occur in or about home, on farm, in industrial place, or in public place?

(Specify type of place)

Manner of

injury

Nature of

injury

While at work?

Was there an autopsy?

no

21 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

M. D.

(Address)

25 State St., Boston

Date

Sept 26 1951

22 Winthrop-- Winthrop

Place of Burial, Cremation or Removal.

(City or Town)

DATE OF BURIAL

Sept. 28, 1951

19

23 NAME OF

FUNERAL DIRECTOR

ADDRESS

876 Winthrop Ave., Revere

Received and filed

19

SEP 27 1951

(Registrar)

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

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A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the "China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen, G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which

it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . .—General Laws, Chap. 38, Sec. 6.

... He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—General Laws, Chap. 38, Sec. 7.

... The medical examiner certifies the cause and manner of death to the best of his knowledge and belief.

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

STATEMENT OF CAUSE OF DEATH

Medical Examiners in certifying to a death will state the cause and manner thereof, and will specify: (1) Under cause, the nature of an injury and of its consequences; and (2) under manner, the mode of its production together with the circumstances when these are known. For example: "Compound fracture of the femur with ensuing septicemia (gas bacillus) caused by a steam railway accident." "Pistol shot wound of the chest with associated hemorrhage, homicidal." "Asphyxiation by suspension, suicidal." "Syncope while under the influence of ether administered as a surgical anæsthetic." "Fracture of the skull with associated internal injury sustained under circumstances unknown."

If disease or injury was related to occupation, specify. If investigation shows the death to have been due to disease, specify: (1) Under cause its known or presumable nature; and (2) under manner, indicate the circumstances leading to medico-legal inquiry. For example: "Hemorrhage spontaneous of the brain (basal ganglia) (found dead in bed)." "Heart disease, presumably coronary sclerosis. (Sudden death.)"

DESCRIPTION (for unknown person)

NOTICE TO UNDERTAKERS: No embalming fluid, or any substitute therefor, shall be injected into the body of any person supposed to have met his death by violence, until a permit, signed by the Medical Examiner, has first been obtained.—General Laws, Chap. 38, Sec. 14.

THIS CERTIFICATE CONSTITUTES SUCH PERMIT

PLACE OF DEATH

Suffolk

(County)

Boston

(City or Town)

No.

Mass. General Hospital

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.

3495

(If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME

Philomena Alloia

(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 Locust Street

(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.

25 yrs

MEDICAL CERTIFICATE OF DEATH

3 DATE OF
DEATH

Sept. 26/51

(Month)

(Day)

(Year)

4 I HEREBY CERTIFY, That I attended deceased from

Sept. 17 19 51 to Sept. 26 19 51

I last saw her alive on Sept. 26 19 51, death is said to

have occurred on the date stated above, at 2:30 PM m.

DISEASE OR CONDITION

DIRECTLY LEADING
TO DEATH (a)Thrombosis right
middle cerebralANTE Due To
CEDENT (b)
CAUSES

artery

Arterio sclerosis generalized

Due To
(c)INTERVAL BE-
TWEEN ONSET
AND DEATH

4 Weeks

20 Yrs

Plus

20 Yrs

OTHER
SIGNIFICANT
CONDITIONSDiabetes mellitus
Diffuse broncho pneumoniaMajor 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)
(Address)E. Neumann
Mass. General Hospt 9-27 M. B.
Winthrop Cem-Winthrop Mass.

6 Place of Burial or Cremation

(City or Town)

DATE OF BURIAL

Sept. 29/51

7 NAME OF
FUNERAL DIRECTOR

A B Marsh

ADDRESS

Winthrop Mass.

Received and filed

OCT 8 1951

(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX

F

9 COLOR OR RACE

W

10 SINGLE (write the word)

MARRIED

WIDOWED

or DIVORCED

Widowed

10a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

Anthonye Alloia

(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12

AGE 76 Years 1 Months 4 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)

Italy

17 NAME OF
FATHER

Felice Genovese

18 BIRTHPLACE OF

FATHER (City)

Italy

(State or country)

19 MAIDEN NAME

Maria A Bacilis

OF MOTHER

20 BIRTHPLACE OF

MOTHER (City)

Italy

(State or country)

21

Informant
(Address)

Miss R Alloia Daughter

A TRUE COPY

ATTEST:

(Registrar of City or Town where death occurred)

DATE FILED

Oct. 1/51

19

R-301A

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disease or
sing death.

50M-2-19-25666

PLACE OF DEATH
1Winthrop
(County)
Suffolk
(City or Town)

The Commonwealth of Massachusetts

EDWARD J. CRONIN, SECRETARY
DIVISION OF VITAL STATISTICSSTANDARD
CERTIFICATE OF DEATH

Registered No. 210

To be filed for burial permit
with Board of Health
or its Agent.No. Winthrop Comm Hospital St. (If death occurred in a hospital or institution,
give its NAME instead of street and number)2 FULL NAME Baby Girl Viola
(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. 109 Trenton St. Earl 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.....years.....months.....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH Sept 26 1951
(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

INTERVAL BE-
TWEEN ONSET
AND DEATHANTE CEDENT CAUSES (b) Placenta praevia
CentralsDue To Centrals
(c)OTHER
SIGNIFICANT
CONDITIONS

Major findings: Placenta Praevia Central - Stillborn

Date of operation: Sept 26 1951 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)

D. T. Hoffer
21 West St.

Date Sept 27 1951

6 Place of Burial or Cremation Holy Cross Malden
(City or Town)

DATE OF BURIAL Sept. 28 1951

7 NAME OF FUNERAL DIRECTOR Vincent Capino

ADDRESS 9 Chelsea St E.B.

Received and filed.....19.....

OCT 2 1951

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX F 9 COLOR OR RACE White 10 SINGLE (write the word)
MARRIED WIDOWED or DIVORCED Single

10a If married, widowed, or divorced

HUSBAND of.....
(Give maiden name of wife in full)(or) WIFE of.....
(Husband's name in full)

11 IF STILLBORN, enter that fact here. 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) Winthrop
(State or country)

17 NAME OF FATHER Anthony M. Viola

18 BIRTHPLACE OF FATHER (City) New Bedford Mass
(State or country) S. E. Viola

19 MAIDEN NAME OF MOTHER Margaret L. De Paola

20 BIRTHPLACE OF MOTHER (City) Boston
(State or country)21 Informant Anthony Viola
(Address) 109 Trenton 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 S. Baker
(Signature of Agent of Board of Health or other)Health Officer 9-25-51
(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 exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or 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

R-301A

CTIONS
OR
CERTIFICATE

F DEATH

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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.

211

STANDARD
CERTIFICATE OF DEATH

Registered No.

1 (If death occurred in a hospital or institution, give its NAME instead of street and number)
No. Winthrop Hospital St. {

2 FULL NAME George MacDonnell { 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) I

(a) Residence. No. 297 Birch Road St. (If nonresident, give city or town and State)

Length of stay: In place of death 1 years 1 months 1 days. In place of residence 20 years 0 months 0 days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH Sept. 29, 1951
(Month) (Day) (Year)

4 I HEREBY CERTIFY, that I attended deceased from March 1946 to Sept. 29, 1951
I last saw him alive on Sept. 29, 1951, death is said to have occurred on the date stated above, at 12:30 noon in.

DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a) Coronary ThrombosisINTERVAL BE-
TWEEN ONSET
AND DEATH
4 hrs

ANTECEDENT CAUSES (b) Due To Coronary artery disease
(c) artery 5 yrs

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) Joseph Gregorie M. D.
(Address) 111 Washington St. Date 9/29, 19516 Winthrop Winthrop
Place of Burial or Cremation (City or Town)DATE OF BURIAL Oct 2 - 1951 197 NAME OF FUNERAL DIRECTOR Phu C Burns
ADDRESS CambridgeReceived and filed Oct 2 1951 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 Sullivan
(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 Months Days If under 24 hours
Hours Minutes

13 Usual Occupation Executive NE Tel Co
(Kind of work done during most of working life)

14 Industry or Business: Telephone

15 Social Security No.

16 BIRTHPLACE (City) Cambridge
(State or country) Mass

17 NAME OF FATHER Daniel MacDonnell

18 BIRTHPLACE OF FATHER (City) New Scotia
(State or country)

19 MAIDEN NAME OF MOTHER Mary Mc Isaac

20 BIRTHPLACE OF MOTHER (City) New Scotia
(State or country)

21 Informant Lillian MacDonnell
(Address) 297 Birch Rd

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Walter J. Danks
(Signature of Agent of Board of Health or other)

Health Officer
(Official Designation)

10/1/51
(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 exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or 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

May 11-1917
May 10-1921
Gleason 3C
U.S. Navy.
141-03-47

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.)

25M (E) 1-6-50-902253

The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS



COPY OF
CERTIFICATE OF DEATH

Lexington
(City or town making return)

Registered No. 212

PLACE OF DEATH

Middlesex

(County)

Lexington

(City or Town)

No. Metropolitan State Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Marie W. Roberts (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. 45 Beal St. Winthrop, Mass. (Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death 4 years 3 months 5 days. In place of residence years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH September 24, 1951
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from August 1, 1950, September 24, 1951
I last saw her alive on 9-24, 1951 death is said to

have occurred on the date stated above, at 7:15 P.m.

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Arteriosclerotic Heart Disease

INTERVAL BETWEEN ONSET AND DEATH

420

ANTE CEDENT (b) Due To CAUSES

Due To (c)

OTHER SIGNIFICANT CONDITIONS Generalized Arteriosclerosis 450

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) Hugo del Bosque M. D.
(Address) Met St. No. 23 Date Sept 24 1951

6 Winthrop Cemetery Winthrop (City or Town)

DATE OF BURIAL Sept. 27 1951

7 NAME OF FUNERAL DIRECTOR Maurice W. Kirk
ADDRESS 210 Winthrop St., Winthrop

Received and filed OCT 15 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 or DIVORCED Widowed

10a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full)

(or) WIFE of Augustus Roberts (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 90 Years 5 Month 25 Days If under 24 hours Hours Minutes

13 Usual Occupation: at home (Kind of work done during most of working life)

14 Industry or Business: ---

15 Social Security No. ---

16 BIRTHPLACE (City) Champlain (State or country) New York

17 NAME OF FATHER Charles Senecal

18 BIRTHPLACE OF FATHER (City) Cannot learn (State or country) Canada

19 MAIDEN NAME OF MOTHER Delphine Goodrow

20 BIRTHPLACE OF MOTHER (City) Champlain (State or country) New York

21 Informant (Address) Records, Met. St. Hosp.

A TRUE COPY

ATTEST: James J. Carroll (Registrar of City or Town where death occurred)

DATE FILED September 27, 1951



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.

PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)



STANDARD

CERTIFICATE OF DEATH

Registered No. 213

No. Winthrop Nursing Home St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Ella Wright Abbott
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT

(Was deceased a
U. S. War Veteran,
if so specify WAR)(a) Residence. No. 152 Pleasant Street St.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death 1 years 1 months days. In place of residence 56 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH October 1 1951
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
August 31 1951 to October 1 1951I last saw her alive on September 30 51. death is said to
have occurred on the date stated above, at 11 p.m.DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a) Generalized
Arterio SclerosisINTERVAL BE-
TWEEN ONSET
AND DEATHANTE Due To
CEDENT (b) Chronic myocarditis
CAUSESDue To
(c)OTHER
SIGNIFICANT
CONDITIONSMajor findings:
Of operations

Date of operation Was autopsy performed? no

What test confirmed diagnosis?

5 Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Jennie S. Roitman M. D.
(Address) 47 Washington Ave Date Oct. 2 19516 Winthrop Cemetery Winthrop, Mass.
Place of Burial or Cremation (City or Town)

DATE OF BURIAL October 4 1951 19

7 NAME OF FUNERAL DIRECTOR Alfred B. Marsh

ADDRESS 174 Winthrop St, Winthrop, Mass.

Received and filed 19

OCT 9 1951

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX 9 COLOR OR RACE 10 SINGLE (write the word)
MARRIED single
WIDOWED
or DIVORCED

10a If married, widowed, or divorced

HUSBAND of (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 79 Years 10 Months 15 Days
If under 24 hours
Hours Minutes13 Usual Occupation: retired
(Kind of work done during most of working life)

14 Industry or Business: Realter

15 Social Security No. none

16 BIRTHPLACE (City) Lawrence
(State or country) Massachusetts

17 NAME OF FATHER James Gardner Abbott

18 BIRTHPLACE OF FATHER (City) Andover
(State or country) Maine

19 MAIDEN NAME OF MOTHER Mary Elizabeth Pearl

20 BIRTHPLACE OF MOTHER (City) Dover, N.H.
(State or country) New Hampshire21 Informant James G. Abbott
(Address) 152 Pleasant StI HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:(Signature of Agent of Board of Health or other)
Health Officer (Official Designation) 10/3/51 (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 exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

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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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- (3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection 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.

214

PLACE OF DEATH

Suffolk
Winthrop
(County)
(City or Town)

STANDARD

CERTIFICATE OF DEATH

Registered No. Winthrop Community Hospital
(If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME

John E. Smiddy
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT

(Was deceased a
U. S. War Veteran, None
if so specify WAR)

(a) Residence. No. 35

(Usual place of abode)

Leavell Road

St. (If nonresident, give city or town and State)

Length of stay: In place of death..... years..... months 3 days. In place of residence 50 years..... months..... days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF
DEATHOct 1 1951
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from

Sept 19 51, to Oct 19 51

I last saw him alive on Oct 19 51, death is said to

have occurred on the date stated above, at 12.20 P.M.

DISEASE OR CONDITION

DIRECTLY LEADING

TO DEATH (a)

Cerebral Hemorrhage Day

INTERVAL BE-
TWEEN ONSET
AND DEATHANTE DUE TO
CEDENT (b)
CAUSESDue To
(c)OTHER
SIGNIFICANT
CONDITIONS

Isolated Melitum

6mo

Major findings:
Of operations

Date of operation..... Was autopsy performed?

What test confirmed diagnosis? 0 (Reim) urine

5 Was disease or injury in any way related to occupation of deceased? No

If so, specify.....

(Signed).....

(Address).....

Winthrop Cemetery Winthrop

Place of Burial or Cremation (City or Town)

DATE OF BURIAL

Oct 3

1951

7 NAME OF
FUNERAL DIRECTOR

ADDRESS

Frederick J. Magarik
East Boston

Received and filed..... 19

OCT 2 1951

(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.....

Katharine Wood
(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:

Gear Keeper
(Kind of work done during most of working life)

14 Industry

or Business:

Jaraka Corp

15 Social Security No.

028-03-7406

16 BIRTHPLACE (City)

(State or country)

Ludland

17 NAME OF

FATHER

John Smiddy

18 BIRTHPLACE OF

FATHER (City)

(State or country)

Ludland

19 MAIDEN NAME

OF MOTHER

Mary Carter

20 BIRTHPLACE OF

MOTHER (City)

(State or country)

Ludland

21

Informant

(Address)

Katharine Smiddy
35 Leavell Road WinI HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:Walter E. Bajer
(Signature of Agent or Board of Health or other)

H.O.

(Official Designation)

Oct 2 / 1951
(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 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.)

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. 868515

PLACE OF DEATH

Suffolk

(County)

Boston

(City or Town)



No. Eng. New Hospt for Women & Children St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Rose Canner (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. 17 Perkins St Winthrop Mass. (Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death 35 years months days. In place of residence 20 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH Oct. 2/51 (Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from Aug. 29 19 51 to Oct. 12 19 51

I last saw her alive on Oct. 2 19 51 death is said to have occurred on the date stated above, at 12:20P

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Carcinoma of ureter with metastases

INTERVAL BETWEEN ONSET AND DEATH

1 1/2 Yrs 77

ANTE CEDENT CAUSES Due To (b)

Due To (c)

OTHER SIGNIFICANT CONDITIONS Hypertension with H.H.D.

Major findings: Primary carcinoma left Of operations ureter

Date of operation 11-28-50 Was autopsy performed? No

What test confirmed diagnosis? Operation at previous admission

5 Was disease or injury in any way related to occupation of deceased? If so, specify No P MacNeill (Signed) New Eng. Hospt (Address) Winthrop Cem-Winthrop Mass. Date 10-2 M. 51

6 Place of Burial or Cremation (City or Town)

DATE OF BURIAL Oct. 3/51

7 NAME OF FUNERAL DIRECTOR A Golov ADDRESS Dorchester Mass.

Received and filed OCT 15 1951

(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) Israel Canner (or) WIFE of (Husband's name in full)

11 IF STILLBORN, enter that fact here. AGE 12 77 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 Stephen Goldman

18 BIRTHPLACE OF FATHER (City) (State or country) Russia

19 MAIDEN NAME OF MOTHER Rosalind Zus

20 BIRTHPLACE OF MOTHER (City) (State or country) Russia

21 Informant Frances Salerno (Address)

A TRUE COPY ATTEST: Charles H. MacKie (Registrar of City or Town where death occurred)

DATE FILED Oct. 5/51



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disease or
sing death.

PLACE OF DEATH

suffolk

(County)

Winthrop

(City or Town)

No.

15 Hale St

(If death occurred in a hospital or institution,
St. { give its NAME instead of street and number)

2 FULL NAME

Mary G. Galvin (Foye)

(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT

(Was deceased a
U. S. War Veteran,
if so specify WAR)

(a) Residence. No.

15 Hale 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 10 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF
DEATH

Oct 4 1951

(Month)

(Day)

(Year)

4 I HEREBY CERTIFY,

That I attended deceased from

6/1 1947 to Oct 4 1951

I last saw her alive on Oct 4 1951, death is said to

have occurred on the date stated above, at 1130 P m.

DISEASE OR CONDITION

DIRECTLY LEADING

TO DEATH (a) Acute coronary occlusion 1 hr.

ANTE
CEDENT
CAUSES

Due To

Coronary Artery Disease

Due To

Arterio-sclerosis

OTHER
SIGNIFICANT
CONDITIONSCholelithiasis with cholecystitis
lithiasisMajor findings:
Of operations

none

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?

If so, specify

(Signed)

(Address)

Walter G. King

Date

Oct 5 1951

6

Place of Burial or Cremation

(City or Town)

DATE OF BURIAL

Oct 8 1951

7 NAME OF

FUNERAL DIRECTOR

ADDRESS

John J. O'Malley
Winthrop

Received and filed

OCT 9 1951

(Registrar)

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.

PERSONAL AND STATISTICAL PARTICULARS

8 SEX

9 COLOR OR RACE

10 SINGLE

(write the word)

Female

White

Married

10a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

John J. Galvin

(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12

AGE 78

Years

Months

Days

If under 24 hours

Hours

Minutes

13 Usual

Occupation: Housewife

(Kind of work done during most of working life)

14 Industry
or Business:

Own Home

15 Social Security No.

16 BIRTHPLACE (City)

Wiscasset

(State or country)

Me

17 NAME OF
FATHER

Peter Foye

18 BIRTHPLACE OF

FATHER (City)

(State or country)

Maine

19 MAIDEN NAME

OF MOTHER

Cannot be learned

20 BIRTHPLACE OF

MOTHER (City)

(State or country)

Cannot be learned

21

Informant
(Address)Grace G. Galvin
15 Hale StI HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transfer permit was issued:Walter E. Bates
(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

H. O.

October 8, 1951

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or 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

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.Suffolk
(County)Winthrop
(City or Town)STANDARD
CERTIFICATE OF DEATH

Registered No. 217

No. 5 Somerset Terrace

(If death occurred in a hospital or institution,
St. { give its NAME instead of street and number)2 FULL NAME George Sinclair Ellis
(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. 117 Buchanan Street
(Usual place of abode)

St. (If nonresident, give city or town and State)

Length of stay: In place of death. years months 16 days. In place of residence 38 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH October 5 1951
(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 4 A. m.DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a) PulmonaryINTERVAL BE-
TWEEN ONSET
AND DEATH20
yearsANTE CEDENT
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 Arthur C. Murray
(Signed) Winthrop Board of Health Oct M. D. 1951
(Address)6 Winthrop Cemetery Winthrop
Place of Burial or Cremation (City or Town)

DATE OF BURIAL October 8, 1951

7 NAME OF FUNERAL DIRECTOR Alfred B. Marsh

ADDRESS 174 Winthrop St. Winthrop, Mass.

Received and filed

OCT 9 1951

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX male 9 COLOR OR RACE white 10 SINGLE (write the word)
MARRIED
WIDOWED single
or DIVORCED

10a If married, widowed, or divorced

HUSBAND of (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 38 Years 1 Months 2 Days If under 24 hours
Hours Minutes13 Usual Occupation: Carpenter
(Kind of work done during most of working life)

14 Industry or Business: Local Contractor

15 Social Security No. 028-05-0416

16 BIRTHPLACE (City) Somerville
(State or country) Mass.

17 NAME OF FATHER George Harvey Ellis

18 BIRTHPLACE OF FATHER (City) Baltimore
(State or country) Md.

19 MAIDEN NAME OF MOTHER Mary Anderson

20 BIRTHPLACE OF MOTHER (City) Glasgow
(State or country) Scotland21 Informant George H. Ellis
(Address) 117 Buchanan St. WinthropI HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:Walter L. Baker
(Signature of Agent of Board of Health or other)

(Official Designation) Health Officer (Date of Issue of Permit) 10/8/51

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "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 supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection 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 STATISTICSTo be filed for burial permit
with Board of Health
or its Agent.STANDARD
CERTIFICATE OF DEATH

Registered No. 218

No. Winthrop Community Hospital

(If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME Leslie Everett Griffin

(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. 187 Bartlett Rd.
(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..... 46 years..... months..... days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH Oct 5 1951
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
Jan 7 1940 to Oct. 5 1951I last saw him alive on Oct. 1 1951, death is said to
have occurred on the date stated above, at 8:26 A. M.DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a) Coronary ThrombosisINTERVAL BE-
TWEEN ONSET
AND DEATH

1 day

ANTE Due To (b) Hypertension
CEDENT (b) CAUSES 2 yrs

Due To (c)

OTHER SIGNIFICANT CONDITIONS Coronary Thrombosis 10 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 Oct 5 19516 Winthrop Winthrop
Place of Burial or Cremation (City or Town)

DATE OF BURIAL October 8 1951

7 NAME OF FUNERAL DIRECTOR

ADDRESS Winthrop Mass.

Received and filed OCT 9 1951

(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 Lucy F Riley
(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 12 Days If under 24 hours
Hours Minutes13 Usual Occupation: Commission Merchant
(Kind of work done during most of working life)

14 Industry or Business: Meats

15 Social Security No. 031-03-3194

16 BIRTHPLACE (City) Livermore
(State or country) Maine

17 NAME OF FATHER Frank Griffin

18 BIRTHPLACE OF FATHER (City) Brunswick
(State or country) Maine

19 MAIDEN NAME OF MOTHER Clara Morse

20 BIRTHPLACE OF MOTHER (City) Livermore
(State or country) Maine21 Informant (Address) Chester Griffin
112 Bartlett 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)
H.O. Baker
(Official Designation) (Date of Issue of Permit) Oct. 8 1951

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen 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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(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection 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
BOSTON

(County)

(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)

8743 219

Registered No.

St. { (If death occurred in a hospital or institution,
give its NAME instead of street and number)2 FULL NAME **Richard P Howard**
(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. **65 Beal**
(Usual place of abode)St. **Winthrop Mass.**

(If nonresident, give city or town and State)

Length of stay: In place of death.....years.....months.....days. In place of residence.....years.....months.....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH **Oct. 5/51**
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
Aug. 31 19 **51** to **Oct. 5** 19 **51**
I last saw him alive on **Oct. 5** 19 **51**, death is said to
have occurred on the date stated above, at **8:05P** m.DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a) **Uremia**INTERVAL BE-
TWEEN ONSET
AND DEATH
35 DaysANTE Due To **Malignant hypertension**
CEDENT (b) CAUSES**9 Mos.**Due To
(c)OTHER
SIGNIFICANT
CONDITIONSMajor findings:
Of operations..... **None**..... **No**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..... **P. Bonnet**(Signed)..... **Mass. Mem. Hospt.** Date **10-5** 19 **51**(Address)..... **Winthrop Cem-Winthrop Mass.**

6 Place of Burial or Cremation..... (City or Town)

DATE OF BURIAL..... **Oct. 8/51**..... 19.....7 NAME OF
FUNERAL DIRECTOR..... **R C Kirby**ADDRESS..... **Boston Mass.**

Received and filed..... 19.....

OCT 15 1951

(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 **Mildred M Brittain**
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 **50** Years **1** Months **2** Days
If under 24 hours
.....Hours.....Minutes13 Usual Occupation: **Draftsman**
(Kind of work done during most of working life)14 Industry or Business: **General Electric Co.**15 Social Security No. **027-07-5109**16 BIRTHPLACE (City) **Winthrop Mass.**
(State or country)17 NAME OF FATHER **Richard I Howard**18 BIRTHPLACE OF FATHER (City) **Boston Mass.**
(State or country)19 MAIDEN NAME OF MOTHER **Sarah Robicneau**20 BIRTHPLACE OF MOTHER (City) **St Johns N.B.**
(State or country)21 Informant **Wife**
(Address)

A TRUE COPY

ATTEST:
(Registrar of City or Town where death occurred)DATE FILED **Oct. 8/51**..... 19.....

R-301A

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See 7-8-16

50M-2-49-25666

The Commonwealth of Massachusetts

EDWARD J. CRONIN, SECRETARY
DIVISION OF VITAL STATISTICSTo be filed for burial permit
with Board of Health
or its Agent.STANDARD
CERTIFICATE OF DEATH

Registered No. 220

PLACE OF DEATH

Suffolk
(County)
Winthrop
(City or Town)

No. 450 Pleasant St

{(If death occurred in a hospital or institution,
St. { give its NAME instead of street and number)2 FULL NAME Florinda Jannini
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT

(a) Residence. No. 450 Pleasant
(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 Oct 5, 1951
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
Sept 1, 1951, to Oct 9th 1951I last saw h. alive on Oct 8th 1951, death is said to
have occurred on the date stated above, at 5-15 P.m.DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a) Pernicious AnemiaINTERVAL BE-
TWEEN ONSET
AND DEATH

67mo

ANTE Due To
CEDENT (b)
CAUSESDue To
(c)OTHER
SIGNIFICANT
CONDITIONSMajor findings: none
Of operations:

Date of operation: Was autopsy performed?

What test confirmed diagnosis? general

5 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

Jannini & Sementa
Cambridge Mass

Date 10-6 1951 M. D.

6 Holy Cross Cemetery Malden
Place of Burial or Cremation (City or Town)

DATE OF BURIAL Oct 9, 1951

7 NAME OF FUNERAL DIRECTOR Jannini & Sementa
ADDRESS 215 North St. Boston

Received and filed 19

OCT 9 1951

(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 Angels Jannini
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 73 Years Months Days If under 24 hours
Hours Minutes13 Usual Occupation: Housewife
(Kind of work done during most of working life)14 Industry
or Business:

15 Social Security No.

16 BIRTHPLACE (City) Italy
(State or country)

17 NAME OF FATHER Raffaele Marotta

18 BIRTHPLACE OF FATHER (City) Italy
(State or country)

19 MAIDEN NAME OF MOTHER Giovanna Mattarazzo

20 BIRTHPLACE OF MOTHER (City) Italy
(State or country)21 Informant (Address) Rose Jannini Daughter
450 Pleasant StI HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued.Walter E. Baker
(Signature of Agent of Board of Health or other)H.O. Oct 8, 1951
(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).

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SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH

DIVISION OF VITAL STATISTICS

COPY OF

CERTIFICATE OF DEATH

BOSTON

(City or town making return)

8833221

Registered No.

PLACE OF DEATH

SUFFOLK

(County)

(City or Town)

No. Mass. General HosptSt. { (If death occurred in a hospital or institution,
give its NAME instead of street and number)2 FULL NAME Baby Boy Driscoll
(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. 33 Loring Road
(Usual place of abode)St. Winthrop Mass.

(If nonresident, give city or town and State)

Length of stay: In place of death.....years.....months.....days. In place of residence.....years.....months.....days.

13 Hrs 25 Mins.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH Oct. 6/51
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
Oct. 6, 19 51, to Oct. 6, 19 51
I last saw h. alive on Oct. 6, 19 51, death is said to
have occurred on the date stated above, at 4:35 P m.INTERVAL BE-
TWEEN ONSET
AND DEATHDISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a) AtelectasisANTE Due To Prematurity
CEDENT (b) CAUSESDue To Intracranial hemorrhage
(c)OTHER
SIGNIFICANT
CONDITIONSMajor findings:
Of operations.....Date of operation..... Was autopsy performed? YesWhat test confirmed diagnosis? autopsy

5 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) D. Bennett M. 51
(Address) Mass. General Hospt. 10-66 Winthrop Cem-Winthrop Mass.

Place of Burial or Cremation (City or Town)

DATE OF BURIAL Oct. 7/51 19.....7 NAME OF FUNERAL DIRECTOR W E McGinnADDRESS Lynn Mass.

Received and filed.....19.....

OCT 22 1951

(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX M 9 COLOR OR RACE W 10 SINGLE (write the word)
MARRIED Single
WIDOWED
or DIVORCED

10a If married, widowed, or divorced

HUSBAND of.....
(Give maiden name of wife in full)(or) WIFE of.....
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE.....Years.....Months.....Days If under 24 hours
13 Hours 25 Minutes13 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 Edward Driscoll18 BIRTHPLACE OF FATHER (City)..... Lynn Mass.
(State or country)19 MAIDEN NAME OF MOTHER Ellen Brennan20 BIRTHPLACE OF MOTHER (City)..... Boston Mass.
(State or country)21 Informant..... Edward Driscoll
(Address)

A TRUE COPY

ATTEST:.....
(Registrar of City or Town where death occurred)DATE FILED Oct. 10/51 19.....



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.

222

PLACE OF DEATH

Suffolk
(County)Winthrop
(City or Town)STANDARD
CERTIFICATE OF DEATH

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

Lillian Letterman

(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. 176 Shore Drive
(Usual place of abode)St. Winthrop
(If nonresident, give city or town and State)

Length of stay: In place of death years months 1 days. In place of residence 20 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH October 6 1951
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
Summary, 1944, to October 6, 1951

I last saw her alive on October 6, 1951, death is said to

have occurred on the date stated above, at 12:10 A. M.

DISEASE OR CONDITION

DIRECTLY LEADING

TO DEATH (a) Coronary occlusion

INTERVAL BE-
TWEEN ONSET
AND DEATHANTE CEDENT
CAUSESDue To
(c)OTHER
SIGNIFICANT
CONDITIONSMajor findings:
Of operations:

Date of operation Was autopsy performed? No

What test confirmed diagnosis? ...

5 Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Louis P. Letterman M. D.

(Address) 238 Shore Dr Winthrop Date 10/6 1951

6 Place of Burial or Cremation Pride of Boston Woburn
(City or Town)

DATE OF BURIAL October 7 1951

7 NAME OF

FUNERAL DIRECTOR Louis Levine

ADDRESS 470 Harvard St., Brookline

Received and filed

OCT 9 1951

(Registrar)

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 Louis Letterman
(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: House-wife
(Kind of work done during most of working life)

14 Industry or Business: At home

15 Social Security No.

16 BIRTHPLACE (City) Boston, Mass.
(State or country)

17 NAME OF FATHER Louis Klarfaen

18 BIRTHPLACE OF FATHER (City) Russia
(State or country)

19 MAIDEN NAME OF MOTHER Bessie Blatt

20 BIRTHPLACE OF MOTHER (City) Russia
(State or country)21 Informant Louis Letterman
(Address) 176 Shore Drive, 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)
H. O. (Official Designation) Oct. 6 - 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 exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or 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

R-301A

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PLACE OF DEATH

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. *233*No. *52 Highland Ave* St. (If death occurred in a hospital or institution,
give its NAME instead of street and number)2 FULL NAME *Richard F. Tobin* (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. *52 Highland Ave* St. (If nonresident, give city or town and State)Length of stay: In place of death *32* years months days. In place of residence *32* years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH *Oct 6 1951*
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
Apr 19*51*, to *Oct 6* 19*51*I last saw him alive on *Oct 6* 19*51*, death is said tohave occurred on the date stated above, at *10:00* m.INTERVAL BE-
TWEEN ONSET
AND DEATHDISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a) *Cerebral macular**Apr 1951**clearance previous information*DUE TO ANTECEDENT CAUSES (b) *Hypertension**1949*Due To
(c)OTHER
SIGNIFICANT
CONDITIONSMajor findings:
Of operations.Date of operation. Was autopsy performed? *No*What test confirmed diagnosis? *Clearance*5 Was disease or injury in any way related to occupation of deceased? *No*

If so, specify

(Signed) *Paul J. McKinnon, M. D.*(Address) *509 1/2 ...* Date *Oct 6 1951*6 *Wentworth* (City or Town)DATE OF BURIAL *Oct 10 1951*7 NAME OF FUNERAL DIRECTOR *Maguire & Tracy*ADDRESS *Wentworth*Received and filed *19*

AUG 17 1951

OCT 17 1951

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX *Male* 9 COLOR OR RACE *W* 10 SINGLE (write the word)
MARRIED
WIDOWED
or DIVORCED *Married*10a If married, widowed, or divorced
HUSBAND of *Julian Green Tobin*
(Give maiden name of wife in full)(or) WIFE of *Green*
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE *70* Years Months Days If under 24 hours
Hours Minutes13 Usual Occupation: *Dentist*
(Kind of work done during most of working life)

14 Industry or Business:

15 Social Security No.

16 BIRTHPLACE (City) *Rockland*
(State or country) *Mass*17 NAME OF FATHER *William Tobin*18 BIRTHPLACE OF FATHER (City) *Ireland*
(State or country)19 MAIDEN NAME OF MOTHER *Ellen O'Neil*20 BIRTHPLACE OF MOTHER (City) *Ireland*
(State or country)21 Informant (Address) *Mr. Richard Tobin*
*52 Highland Ave*I HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:*Walter J. Baker*
(Signature of Agent of Board of Health or other)(Official Designation) *Health Officer* (Date of Issue of Permit) *10/9/51*

EXTRACTS
FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith 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)
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. 897224

No. Mass General Hospital

St. { (If death occurred in a hospital or institution,
give its NAME instead of street and number)2 FULL NAME Ralph Maw
(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 Paine
(Usual place of abode)St. Winthrop Mass
(If nonresident, give city or town and State)

Length of stay: In place of death... years... months... 18... days. In place of residence... 43... years... months... days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH October 11, 1951
(Month) (Day) (Year)4 I HEREBY CERTIFY, That we attended deceased from
Sept. 24, 1951, to Oct. 11, 1951.
we last saw him alive on Oct. 11, 1951, death is said to

have occurred on the date stated above, at 7:30 A.M.

DISEASE OR CONDITION
DIRECTLY LEADING

TO DEATH (a) Pyocyanus meningitis 8 days

INTERVAL BE-
TWEEN ONSET
AND DEATHANTE CEDENT CAUSES Due To (b) Brain tumor,
malignantseveral
monthsDue To
(c)OTHER
SIGNIFICANT
CONDITIONSMajor findings:
Of operations. Craniotomy

Date of operation. 10/2/51 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 Oct 11, 19516 Winthrop Cem Winthrop Mass
Place of Burial or Cremation (City or Town)

DATE OF BURIAL Oct 15 1951

7 NAME OF FUNERAL DIRECTOR A B Marsh
ADDRESS Winthrop Mass

Received and filed OCT 29 1951 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 Mary E. Mulloy
(Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 43 Years 6 Months 12 Days If under 24 hours
Hours Minutes13 Usual Occupation: Commercial Artist
(Kind of work done during most of working life)

14 Industry or Business: Newspapers, Boston

15 Social Security No. 021-05-8313

16 BIRTHPLACE (City) Winthrop Mass
(State or country)

17 NAME OF FATHER John Maw

18 BIRTHPLACE OF FATHER (City) Canada
(State or country)

19 MAIDEN NAME OF MOTHER Anna Hutchinson

20 BIRTHPLACE OF MOTHER (City) Boston Mass
(State or country)21 Informant Wife
(Address)

A TRUE COPY

ATTEST: (Registrar of City or Town where death occurred)

DATE FILED Oct 15 1951

225

R-301A

PLACE OF DEATH

Suffolk
(County)Winthrop
(City or Town)STANDARD
CERTIFICATE OF DEATH

Registered No.

No. 139 Washington Ave.

(If death occurred in a hospital or institution,
St. { give its NAME instead of street and number)

2 FULL NAME Minerva Josephine Luke

(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. 139 Washington Ave.
(Usual place of abode)St.
(If nonresident, give city or town and State)

Length of stay: In place of death 2 years months days. In place of residence 2 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH Oct. 15 1951
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
1950 to Oct. 15 1951

I last saw her alive on Oct. 15 1951, death is said to

have occurred on the date stated above, at 4:10 A.M.

DISEASE OR CONDITION

DIRECTLY LEADING TO DEATH (a) Cerebrovascular

accident

INTERVAL BE-
TWEEN ONSET
AND DEATH

24 hrs.

ANTECEDENT CAUSES (b) arteriosclerosis
generalizedDue To
(c)OTHER
SIGNIFICANT
CONDITIONSmyocardial
heart 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) J. S. Gregory M. D.
(Address) 139 Washington Ave. Date 10-15-19516 Place of Burial or Cremation Boston
(City or Town)

DATE OF BURIAL Oct. 17 1951

7 NAME OF
FUNERAL DIRECTOR

ADDRESS

Howard's Remains
Winthrop Mass.

Received and filed

OCT 17 1951

(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 82 Years 0 Months 20 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) Boston
(State or country) Mass

17 NAME OF FATHER John A Luke

18 BIRTHPLACE OF FATHER (City) Andover
(State or country) Mass

19 MAIDEN NAME OF MOTHER Sarah E Watts

20 BIRTHPLACE OF MOTHER (City) Ireland
(State or country)21 Informant George Luke
(Address) 139 Washington Ave. WinthropI HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:Walter L. Baker
(Signature of Agent of Board of Health or other)Health Officer 10/17/51
(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 exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or 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

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. 9161226

PLACE OF DEATH

SUFFOLK
(County)

BOSTON

(City or Town)

Boston City Hospital

No. _____ St. { (If death occurred in a hospital or institution, give its NAME instead of street and number)

James Ferrins

2 FULL NAME _____
(If deceased is a married, widowed or divorced woman, give also maiden name.){ (Was deceased a
U. S. War Veteran,
if so specify WAR)(a) Residence. No. 20 Seymore 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 5 _____ days. In place of residence 40 _____ years _____ months _____ days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH Oct. 16/51
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
Oct. 11, 1951, to Oct. 16, 1951I last saw h. _____ alive on _____, 19 _____, death is said to
have occurred on the date stated above, at 8:30P m.DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a) Ruptured cerebral
aneurysmINTERVAL BE-
TWEEN ONSET
AND DEATH

6 Days

ANTE CEDENT CAUSES Due To
(b) _____Due To
(c) _____OTHER
SIGNIFICANT
CONDITIONSMajor findings:
Of operations

Date of operation _____ Was autopsy performed? _____

What test confirmed diagnosis? Clinical

5 Was disease or injury in any way related to occupation of deceased? _____

If so, specify

(Signed)

(Address)

M W O'Connell

Boston City Hosp

Date 10-17

M 5P

6 Place of Burial or Cremation Winthrop Cem-Winthrop Mass.
(City or Town)

DATE OF BURIAL Oct. 19/51 19 _____

7 NAME OF FUNERAL DIRECTOR J F O'Maley
Winthrop Mass.

ADDRESS

Received and filed NOV - 5 1951 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 Evelyn Nolan
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 47 Years _____ Months _____ Days _____
If under 24 hours
Hours _____ Minutes _____13 Usual Occupation: Chauffeur
(Kind of work done during most of working life)

14 Industry or Business: Bus Transportation

15 Social Security No. 024-01-4913

16 BIRTHPLACE (City) Watertown Mass.
(State or country)

17 NAME OF FATHER John Ferrins

18 BIRTHPLACE OF FATHER (City) Ireland
(State or country)

19 MAIDEN NAME OF MOTHER Nora Kane

20 BIRTHPLACE OF MOTHER (City) Ireland
(State or country)21 Informant E Ferrins
(Address)

A TRUE COPY

ATTEST: _____
(Registrar of City or Town where death occurred)

DATE FILED Oct. 22/51 19 _____

25/10/2000
25/10/2000
25/10/2000

PLACE OF DEATH

Suffolk
(County)Winthrop
(City or Town)

No. Winthrop Convalescent Home

2 FULL NAME. Emilia Picciuolo (Fiata)
(If deceased is a married, widowed or divorced woman, give also maiden name.)(a) Residence. No. 146 Byron
(Usual place of abode)St. (If death occurred in a hospital or institution,
give its NAME instead of street and number)St. East Boston Mass.
(If nonresident, give city or town and State)

Length of stay: In place of death years months 7 days. In place of residence 38 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH Oct 17 51
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
Oct 15 1951 to Oct 17 1951

I last saw h alive on Oct 17 1951, death is said to

have occurred on the date stated above, at 6:45 p.m.

DISEASE OR CONDITION

DIRECTLY LEADING

TO DEATH (a) Cerebral Accident

INTERVAL BE-
TWEEN ONSET
AND DEATH

3 months

ANTE
CEDENT
CAUSESDue To (b) Generalized Arteriosclerosis
(c) HypertensionDue To
(c)OTHER
SIGNIFICANT
CONDITIONS

Major findings:

Of operations

Date of operation Was autopsy performed?

What test confirmed diagnosis? Physical Examination

5 Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Charles J. Cataldo M. D.
(Address) 48 Byron St. East Boston Date 19 Oct 19516 St. Michael Boston Mass.
Place of Burial or Cremation (City or Town)

DATE OF BURIAL Oct. 22 1951 19

7 NAME OF FUNERAL DIRECTOR Vincent Rapino

ADDRESS 9 Chelsea St. East Boston

Received and filed 19

OCT 23 1951

(Registrar)

The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD

CERTIFICATE OF DEATH

Registered No. 227

To be filed for burial permit
with Board of Health
or its Agent.

PHYSICIAN — IMPORTANT

(Was deceased a
U. S. War Veteran,
if so specify WAR)

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 Stefano Picciuolo
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 68 Years Months Days If under 24 hours
Hours Minutes13 Usual Occupation: Presser
(Kind of work done during most of working life)

14 Industry or Business: Retired

15 Social Security No. 014-22-3104

16 BIRTHPLACE (City). Italy
(State or country)

17 NAME OF FATHER Batista Fiata

18 BIRTHPLACE OF FATHER (City). Italy
(State or country)19 MAIDEN NAME OF MOTHER Isabel
Isabelle (unknown)20 BIRTHPLACE OF MOTHER (City). Italy
(State or country)21 Informant John Picciuolo
(Address) Jefferson Ave. CambridgeI 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 10/19/51
(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 exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or 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

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.

9 Floyd

2 FULL NAME

Rose M. Bixby nee Donnelly
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No.

(Usual place of abode)

9 Floyd

St.

(If nonresident, give city or town and State)

Length of stay: In place of death years months days. In place of residence 15 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH

Oct 20 1951
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from

Jan 7 1945 to Oct 20 1951

I last saw her alive on Oct 19 1951, death is said to

have occurred on the date stated above, at 430 P. M.

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a)

Coronary Thrombosis

INTERVAL BETWEEN ONSET AND DEATH

1 day

ANTECEDENT CAUSES

Due To (b) Angina Pectoris

2 yrs

Due To (c)

Myocardium

5 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) Louis F. Salerno M. D.
(Address) 175 Pleasant St. Date Oct 22 1951

6

Place of Burial or Cremation

Sepulchre (City or Town)

DATE OF BURIAL

Oct 23 1951

7 NAME OF FUNERAL DIRECTOR

Address 262 Beach St. Rensselaer

Received and filed.

OCT 23 1951

(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. 228

{(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

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

Edward M. Bixby
(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:

house wife

(Kind of work done during most of working life)

14 Industry

or Business:

at home

15 Social Security No.

none

16 BIRTHPLACE (City)

(State or country)

Charlottesville Mass

17 NAME OF FATHER

William Donnelly

18 BIRTHPLACE OF FATHER (City)

(State or country)

New York

19 MAIDEN NAME OF MOTHER

Emma LaBrie

20 BIRTHPLACE OF MOTHER (City)

(State or country)

New York

21

Informant (Address)

Edward F. Bixby
9 Floyd 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)

(Official Designation)

(Date of Issue of Permit)

10/23/51

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

R-301A

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disease or
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50m. (b)-11-40-000, 560

PLACE OF DEATH

1

No.

(If death occurred in a hospital or institution,
St. { give its NAME instead of street and number)

2 FULL NAME

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No.

(Usual place of abode)

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
DEATHOctober 20 1951
(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

INTERVAL BE-
TWEEN ONSET
AND DEATHANTE CEDENT
CAUSES

Due To

(b)

Placenta

1 day

Due To

(c)

OTHER
SIGNIFICANT
CONDITIONSMajor findings:
Of operations.

Date of operation Was autopsy performed?

What test confirmed diagnosis?

5 Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) John F. Collins

(Address) Wrentham Mass

Date Oct 20 1951

6 Place of Burial or Cremation

(City or Town)

DATE OF BURIAL

Oct 22 1951

7 NAME OF
FUNERAL DIRECTOR

ADDRESS

Received and filed

OCT 22 1951

(Registrar)

The Commonwealth of Massachusetts
EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATHTo be filed for burial permit
with Board of Health
or its Agent.

Registered No. 229

PHYSICIAN — IMPORTANT

(Was deceased a
U. S. War Veteran,
if so specify WAR)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX

M

9 COLOR OR RACE

W

10 SINGLE (write the word)

MARRIED
WIDOWED
or DIVORCED

S

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)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 J. Baker

(Official Designation)

(Signature of Agent of Board of Health or other)

(Date of Issue of Permit) 10/22/51

EXTRACTS
FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, 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 supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

R-301A

PLACE OF DEATH

Suffolk
(County)Winthrop
(City or Town)

Winthrop Community Hospital

2 FULL NAME Mary T. Shine
(If deceased is a married, widowed or divorced woman, give also maiden name.)(a) Residence. No. 42 Edgehill Rd
(Usual place of abode)

Length of stay: In place of death... years... months 6 days. In place of residence 40 years... months... days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH October 21 1951
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from June 26 1951 to October 21 1951

I last saw her alive on Oct 21 1951, death is said to

have occurred on the date stated above, at 11:25 A.M.

DISEASE OR CONDITION

DIRECTLY LEADING

TO DEATH (a)

Carcinomatosis
Primary in Transverse ColonANTE Due To
CEDENT (b)
CAUSES NoneDue To
(c)OTHER
SIGNIFICANT
CONDITIONS NoneMajor findings: Adenocarcinoma Bowel
Of operations.

Date of operation 3/26/51 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)

(Address)

John F. Collins M. D.
Winthrop Mass Date Oct 21 1951

6 Place of Burial or Cremation Winthrop (City or Town)

DATE OF BURIAL Oct. 24 1951

7 NAME OF
FUNERAL DIRECTOR John F. O'Malley

ADDRESS Winthrop

Received and filed

OCT 23 1951

(Registrar)

The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD

CERTIFICATE OF DEATH

Registered No. 230

(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)

40

years... months... days.

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 62 Years Months Days If under 24 hours
Hours Minutes

13 Usual Occupation: Telephone Supervisor (working life)

14 Industry or Business: Telephone

15 Social Security No.

16 BIRTHPLACE (City) East Boston
(State or country) Mass

17 NAME OF FATHER Daniel J. Shine

18 BIRTHPLACE OF East Boston
FATHER (City) Mass
(State or country)19 MAIDEN NAME
OF MOTHER Hattie J Hendrick20 BIRTHPLACE OF Boston
MOTHER (City) Mass
(State or country)21 Informant Harriet Shine
(Address) 42 Edgehill RdI HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transfer permit was issued:Walter L. Baker
(Signature of Agent of Board of Health or other)
Health Officer
(Official Designation)10/23/51
(Date of Issue of Permit)

50 v (B) 12-49-900722

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

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A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician. If any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

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Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, 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.

231

PLACE OF DEATH

Suffolk
(County)Winthrop
(City or Town)STANDARD
CERTIFICATE OF DEATH

Registered No.

No. Winthrop Community Hospital (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME. Damon Wright Freeman
(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 Fremont Street
(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 69 years ... 6 months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH October 22 1951
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
Oct 16 1951 to Oct 22 1951I last saw him alive on Oct 22 1951 death is said to
have occurred on the date stated above, at 9:30 P. m.DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a) Acute virus pneumoniaINTERVAL BE-
TWEEN ONSET
AND DEATH

4 days

ANTE CEMENT Due To Hypertension
CAUSES (b) 1 yrDue To Arterio-sclerotic Heart
(Address) Dis 1 yr.OTHER SIGNIFICANT CONDITIONS Marked Congestive Heart
failure + decompensation 2 mo.Major findings: none
Of operations: none
Date of operation: none Was autopsy performed? no
What test confirmed diagnosis? none - X5 Was disease or injury in any way related to occupation of deceased? no
If so, specify Myron D. King M.D.
(Signed) 25 Stungis St. Winthrop Date 10/24/51 M. D.6 Winthrop Cemetery Winthrop
Place of Burial or Cremation (City or Town)

DATE OF BURIAL October 25 1951 19

7 NAME OF FUNERAL DIRECTOR Alfred B. Marsh

ADDRESS 174 Winthrop St. Winthrop, Mass. Walter S. Baker

Received and filed OCT 31 1951 19

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX male 9 COLOR OR RACE white 10 SINGLE (write the word)
MARRIED married
WIDOWED or DIVORCED10a If married, widowed, or divorced
HUSBAND of Hattie Eliza Bemis
(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 10 Months 21 Days If under 24 hours
Hours Minutes13 Usual Occupation: retired
(Kind of work done during most of working life)

14 Industry or Business Town Of Winthrop Water Dept.

15 Social Security No. none

16 BIRTHPLACE (City) Wellfleet
(State or country) Mass.17 NAME OF FATHER Melville
Melvin Freeman18 BIRTHPLACE OF FATHER (City) Wellfleet
(State or country) Mass.

19 MAIDEN NAME OF MOTHER Emma Celia Higgins

20 BIRTHPLACE OF MOTHER (City) Wellfleet
(State or country) Mass.21 Informant Mrs. Robert Clark
(Address) 25 George St. WinthropI HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:Walter S. Baker
Healee Officer
(Official Designation) (Date of Issue of Permit) 10/25/51

50M (B)-1-51 903596

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

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SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

PLACE OF DEATH

Suffolk

(County)

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. 8429232

No. Anne Starr Nursing Home St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Sarah R Witten (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 Mass. (Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death 8 years months days. In place of residence 10 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH Sept. 24/51 (Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from Aug. 10, 1949, to Sept. 24, 1951

I last saw her alive on Sept. 21, 1951, death is said to have occurred on the date stated above, at 11:50A.M.

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Broncho pneumonia

INTERVAL BETWEEN ONSET AND DEATH 2 Weeks

ANTE CEDENT CAUSES Due To Cardiac decompensation (b)

Due To Arterio sclerotic heart disease (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) T H Park M.D. (Address) Brookline Mass. Date 9-24 1951

6 Place of Burial or Cremation Share Tefila West Roxbury Mass. (City or Town)

DATE OF BURIAL Sept. 25/51 19

7 NAME OF FUNERAL DIRECTOR E L Levine Brookline Mass.

ADDRESS

Received and filed OCT 15 1951 19

(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX F 9 COLOR OR RACE W 10 SINGLE (write the word) MARRIED WIDOWED OR DIVORCED Widowed

10a If married, widowed, or divorced HUSBAND of. (Give maiden name of wife in full)

(or) WIFE of Kasril Witten (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: At Home

15 Social Security No. ---

16 BIRTHPLACE (City) Russia (State or country)

17 NAME OF FATHER Joseph ---

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 J Witten (Address)

A TRUE COPY Charles H. Mackie ATTEST (Registrar of City or Town where death occurred)

DATE FILED September 27/51 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, Ser. 12, G. L.)

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INSTRUCTIONS
FOR
CERTIFICATEgiving
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50M (B) 1-1-51 903566

PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)

No. 125 Court Rd.

2 FULL NAME Joseph Henry Blanchard

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. ~~Mt. Vernon~~ Maine

(Usual place of abode)

St. Mt Vernon, Maine

(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 Oct 27 26, 1951

(Month)

(Day)

(Year)

4 I HEREBY CERTIFY, That I attended deceased from Sept 19 51, to Oct 26 19 51.I last saw him alive on Oct 26 19 51. death is said tohave occurred on the date stated above, at 10:15 P.M.INTERVAL BE-
TWEEN ONSET
AND DEATH

DISEASE OR CONDITION

DIRECTLY LEADING

TO DEATH (a) CarcinomatosisANTE CEDENT (b) Due To Carcinoma of Colon
CAUSESDue To
(c)OTHER
SIGNIFICANT
CONDITIONSMajor findings: Carcinoma

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) Edward S. Reynolds M. D.
(Address) Winthrop, Maine Date Oct 27 19 516 Moss Side Cumberland Me.
Place of Burial or Cremation (City or Town)DATE OF BURIAL October 29 19 517 NAME OF FUNERAL DIRECTOR Edward S. Reynolds
ADDRESS Winthrop, MaineReceived and filed OCT 31 1951 19

(Registrar)

The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICSSTANDARD
CERTIFICATE OF DEATH

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)St. Mt Vernon, Maine

(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 Widowed10a If married, widowed, or divorced
HUSBAND of Ethel C. Blanchard (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 3 Months 2 Days If under 24 hours
Hours Minutes13 Usual Occupation: Farmer
(Kind of work done during most of working life)14 Industry or Business: Own Farm15 Social Security No. None16 BIRTHPLACE (City) Cumberland Center
(State or country) Maine17 NAME OF FATHER James A Blanchard18 BIRTHPLACE OF FATHER (City) Cumberland Center
(State or country) Maine19 MAIDEN NAME OF MOTHER Mary E Farwell20 BIRTHPLACE OF MOTHER (City) Cumberland Center
(State or country) Maine21 Informant Elizabeth Swansburg
(Address) 125 Court Rd. Winthrop, MaineI HEREBY CERTIFY that a satisfactory standard certificate of death was
fired with me BEFORE the burial or transit permit was issued:Walter H. Baker
(Signature of Agent of Board of Health or other)(Official Designation) Health Officer (Date of Issue of Permit) 10/28/51

Nov. 9, 1951

Elizabeth B. Swansburg

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer, and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or 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

234

PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)

STANDARD
CERTIFICATE OF DEATH

Registered No.

No. 25 Winthrop Street

(If death occurred in a hospital or institution,
St. { give its NAME instead of street and number)2 FULL NAME Fannie Frothingham Prior
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT

(Was deceased a
U. S. War Veteran,
if so specify WAR) NO.(a) Residence. No. 25 Winthrop Street
(Usual place of abode)St.
(If nonresident, give city or town and State)

Length of stay: In place of death years months days. In place of residence 50 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH October 26, 1951
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
February 26 1950 to Oct. 26 1951
I last saw her alive on Oct. 26 1951, death is said to
have occurred on the date stated above, at 10:30 P.M.DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a)

Carcinoma of Sigmoid

ANTECEDENT
CAUSES (b)General
CarcinomatosisDue To
(c)OTHER
SIGNIFICANT
CONDITIONS

Major findings: Carcinoma of Sigmoid

Date of operation April 1/51 Was autopsy performed? No

What test confirmed diagnosis? X-rays & clinical

5 Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Jacob J. Ghanes M.D.

562 Shirley St. Winthrop 10/29/51

6 Woodlawn Crematory Everett, Mass.

Place of Burial or Cremation

(City or Town)

DATE OF BURIAL October 29, 1951

7 NAME OF FUNERAL DIRECTOR Alfred B. Marsh

ADDRESS 174 Winthrop St. Winthrop, Mass.

Received and filed OCT 31 1951

(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 George Herbert Prior
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 77 Years 8 Months 13 Days
If under 24 hours
Hours Minutes13 Usual Occupation: retired
(Kind of work done during most of working life)

14 Industry or Business: housework

15 Social Security No. none

16 BIRTHPLACE (City) Charlestown
(State or country) Mass.

17 NAME OF FATHER B. Varnum Robbins

18 BIRTHPLACE OF FATHER (City) Acton
(State or country) Mass.

19 MAIDEN NAME OF MOTHER Elizabeth Regan

20 BIRTHPLACE OF MOTHER (City) Charlestown
(State or country) Mass.21 Informant Miss Edith L. Emerson
(Address) 25 Winthrop St. WinthropI HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with the DEPT. OF the burial or transit permit was issued:Signature of Agent of Board of Health
(Official Designation) Health Officer (Date of Issue of Permit) 10/29/51

50M (B)-1-51 933586

EXTRACTS
FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

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A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteen, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or 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.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection 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
1Sullivan
(County)Winthrop
(City or Town)

No. 46 Enfield Road

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
MEDICAL EXAMINER'S
CERTIFICATE OF DEATHTo be filed for burial permit
with Board of Health
or its Agent.

Registered No. 235

St. (If death occurred in a hospital or institution,
give its NAME instead of street and number)

PHYSICIAN—IMPORTANT

(Was deceased a
U. S. War Veteran,
If so specify WAR)2 FULL NAME Thomas J. Waldron
(If deceased is a married, widowed or divorced woman, give also maiden name.)(a) Residence, No. 46 Enfield Road Winthrop St.
(Usual place of abode)

(If nonresident, give city or town and State)

Length of stay: In hospital or institution..... years months days. In this community 3 yrs. mos. days.
(Before death) (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX Male 4 COLOR OR RACE White 5 SINGLE (write the word)
MARRIED WIDOWED WIDOWED18 DATE OF DEATH Oct - 26 - 1951
(Month) (Day) (Year)5a If married, widowed, or divorced Eleanor Horton
HUSBAND of (Give maiden name of wife in full)
(or) WIFE of (Husband's name in full)19 I HEREBY CERTIFY that I have investigated the death
of the person above-named and that the CAUSE AND MANNER thereof
are as follows: (If an injury was involved, state fully.)
acute Cardiac Failure;
Sen. arterio Sclerosis;
Probably Coronary Sclerosis

6 Age of husband or wife if alive years

7 IF STILLBORN, enter that fact here.

8 AGE 83 Years Months Days If less than 1 day
Hours Minutes

20 Accident, suicide, or homicide (specify).....

9 Occupation: U S Customs Collector

Date of occurrence..... 19

10 or Business: U S Government

Where did Injury occur?.....
(City or town and State)

11 Social Security No. None

Did Injury occur in or about home, on farm, in industrial place, or in public

12 BIRTHPLACE (City) Gloucester
(State or country) Massplace?.....
(Specify type of place)

13 NAME OF FATHER Thomas Waldron

Manner of Injury Found dead on his own bed

14 BIRTHPLACE OF FATHER (City) Gloucester
(State or country) Mass

Nature of Injury.....

15 MAIDEN NAME OF MOTHER Ann McDevitt

While at work?..... Was there an autopsy? no

16 BIRTHPLACE OF MOTHER (City) Unable to obtain
(State or country)

21 Was disease or injury in any way related to occupation of deceased?.....

17 Informant Horton Marlor Relation, if any
(Address) 86 Broad St. Boston

If so, specify Mrs. Brickley M.D.; M. D.

(Signed) T. Burton Oct 26 1951
(Address)22 Winthrop Winthrop
Place of Burial, Cremation or Removal. (City or Town)

DATE OF BURIAL Oct. 30 1951

I HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:23 NAME OF FUNERAL DIRECTOR Edward S. Purnell
ADDRESS Winthrop Mass(Signature of Agent of Board of Health or other)
Health Officer 10/29/51
(Official Designation) (Date of Issue of Permit)

Received and filed OCT 31 1951 19

(Registrar)

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death... Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which

it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.... Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same;...—General Laws, Chap. 38, Sec. 6.

... He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—General Laws, Chap. 38, Sec. 7.

... The medical examiner certifies the cause and manner of death to the best of his knowledge and belief.

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

STATEMENT OF CAUSE OF DEATH

Medical Examiners in certifying to a death will state the cause and manner thereof, and will specify: (1) Under *cause*, the nature of an injury and of its consequences; and (2) under *manner*, the mode of its production together with the circumstances when these are known. For example: "Compound fracture of the femur with ensuing septicemia (gas bacillus) caused by a steam railway accident." "Pistol shot wound of the chest with associated hemorrhage, homicidal." "Asphyxiation by suspension, suicidal." "Syncope while under the influence of ether administered as a surgical 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 spontaneously of the brain (basal ganglia) (found dead in bed)." "Heart disease, presumably coronary sclerosis. (Sudden death.)"

DESCRIPTION (for unknown person)

.....
.....
.....
.....
.....

NOTICE TO UNDERTAKERS: No embalming fluid, or any substitute therefor, shall be injected into the body of any person supposed to have met his death by violence, until a permit, signed by the Medical Examiner, has first been obtained.—General Laws, Chap. 38, Sec. 14.

THIS CERTIFICATE CONSTITUTES SUCH PERMIT

R-301A

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PLACE OF DEATH

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Suffolk
(County)
Winthrop
(City or Town)

Winthrop Community Hospital

Isabella Melley

(a) Residence. No. 115 Washington Ave Winthrop

Length of stay: In place of death years months days. In place of residence years months days.

Chrs 6 min.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH October 28 1951
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from Aug 15, 1947 to Oct 28, 1951

I last saw her alive on Oct 28, 1951, death is said to

have occurred on the date stated above, at 11:16 P. m.

DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a) Cerebral HemorrhageINTERVAL
BETWEEN ONSET
AND DEATH

12 hrs

ANTECEDENT CAUSES (b) Hypertension

8 yrs

Due To
(c)OTHER
SIGNIFICANT
CONDITIONSMajor findings:
Of operations: none

Date of operation: none Was autopsy performed? no

What test confirmed diagnosis? Clinical Signs

5 Was disease or injury in any way related to occupation of deceased? no

If so, specify: Daniel J. O'Brien Tr. D. M. D.

(Signed) 10/29/51 Date Oct 29, 1951

(Address) 115 Washington Ave Winthrop

6 Place of Burial or Cremation (City or Town)

DATE OF BURIAL Oct 31 1951

7 NAME OF FUNERAL DIRECTOR J. J. Connolly

ADDRESS 1464 Washington St Boston

Received and filed OCT 31 1951

(Registrar)

The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICSSTANDARD
CERTIFICATE OF DEATH

Registered No. 236

(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 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 67 Years Months Days If under 24 hours
Hours Minutes13 Usual Occupation Dress Fitter
(Kind of work done during most of working life)

14 Industry or Business Chandler & Co

15 Social Security No. 025-09-6178

16 BIRTHPLACE (City) Boston
(State or country)

17 NAME OF FATHER Michael F. Melley

18 BIRTHPLACE OF FATHER (City) Ireland
(State or country)

19 MAIDEN NAME OF MOTHER Mary Breslin

20 BIRTHPLACE OF MOTHER Ireland
(City) (State or country)21 Informant Mary E. Breslin
(Address) 115 Washington AveI 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 10/29/51
(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

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or 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, Set. 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

Sal
Oct

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. 464 237

PLACE OF DEATH

Middlesex

(County)

Arlington

(City or Town)

Abbott's Convalescent Home

No.

15 Park Circle

{(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

George A. Myers

(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.

359 Shirley Street

St. Winthrop, Mass.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of stay: In place of death years months 21 days. In place of residence years months 40 days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH October 30 1951
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from Oct. 20 19 51 to Oct. 30 19 51

I last saw him alive on Oct. 30 19 51 death is said to

have occurred on the date stated above, at 4:30 P. m.

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a)

Carcinoma of

1 yr

the lung

ANTE CEDENT CAUSES (b)

Due To (c)

OTHER SIGNIFICANT CONDITIONS

Major findings: Carcinoma of lung

Of operations. Sept. 1951 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) William A. Dawd, Jr. M. 51
(Address) Arlington, Mass. Date 10-30-19 51

6 Roxbury Mutual Cem. - Montvale

Place of Burial or Cremation (City or Town)

DATE OF BURIAL November 1 19 51

7 NAME OF FUNERAL DIRECTOR Benjamin F. Solomon

ADDRESS 420 Harvard St., Brookline

Received and filed NOV 8 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 Married WIDOWED or DIVORCED

10a If married, widowed, or divorced HUSBAND of Sadie Moscow

(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: Cigar Maker (Kind of work done during most of working life)

14 Industry or Business: Cigar

15 Social Security No. 032-03-3906

16 BIRTHPLACE (City) England (State or country)

17 NAME OF FATHER Wolf Myers

18 BIRTHPLACE OF FATHER (City) -- (State or country) England

19 MAIDEN NAME OF MOTHER Esther Durand

20 BIRTHPLACE OF MOTHER (City) -- (State or country) England

21 Informant William Myers (Address) 36 Forrest St., Winthrop

A TRUE COPY

ATTEST: (Registrar of City or Town where death occurred)

DATE FILED October 31 19 51

Copies of returns of deaths which occurred in your city or town in which the deceased resided in another 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

Copies of returns of deaths which occurred in your city or town in which the deceased resided in another 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, Ser 12, G. L.)

25M (E-6-50-902253)

PLACE OF DEATH

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.

238

No. Danvers State Hospital, Hathorne St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Charles Rogers (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. 63 Fremont St. Winthrop (Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death years 1 months 5 days. In place of residence years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH October 20, 1951 (Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from Sept. 15, 1951, to Oct. 20, 1951

I last saw him alive on Oct. 20, 1951, death is said to

have occurred on the date stated above, at 9:30 a.m.

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Generalized Arterio-sclerosis (b) (c) INTERVAL BETWEEN ONSET AND DEATH years

ANTE CEDENT CAUSES Due To (b)

Due To (c)

OTHER SIGNIFICANT CONDITIONS

Major findings: Of operations

Date of operation Was autopsy performed? No

What test confirmed diagnosis? Lab. & Clinical

5 Was disease or injury in any way related to occupation of deceased?

If so, specify (Signed) Andrew Nichols 3rd. 10/30/51 (Address) Danvers, Mass. Date 1951

6 Winthrop Cemetery Winthrop (Place of Burial or Cremation) (City or Town)

DATE OF BURIAL October 23, 1951

7 NAME OF FUNERAL DIRECTOR Howard S. Reynolds Winthrop, Mass. ADDRESS

Received and filed NOV 15 1951 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 Unknown (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: Attorney (Retired) (Kind of work done during most of working life)

14 Industry or Business:

15 Social Security No. Unknown

16 BIRTHPLACE (City) Chelsea (State or country) Mass.

17 NAME OF FATHER Charles Richard Roger

18 BIRTHPLACE OF FATHER (City) Boston (State or country) Mass.

19 MAIDEN NAME OF MOTHER Grace Alice Wilkins

20 BIRTHPLACE OF MOTHER (City) Boston (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 October 30, 1951



The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

Revere

(City or town making return)

COPY OF
CERTIFICATE OF DEATH

Registered No. 239

PLACE OF DEATH

Suffolk

(County)

Revere

(City or Town)

No. Resthaven

(If death occurred in a hospital or institution,
St. give its NAME instead of street and number)

2 FULL NAME Ester A. Madison (Hull)

(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. 130 Grovers Avenue

(Usual place of abode)

St. Winthrop

(If nonresident, give city or town and State)

Length of stay: In place of death 3 years months days. In place of residence 36 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH October 21 1951
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
Jan. 10 1949 to October 21 1951I last saw her alive on October 21 1951, death is said to
have occurred on the date stated above, at 3:35 A.m.DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a) Coronary-occlusion
acuteINTERVAL BE-
TWEEN ONSET
AND DEATH1
dayANTE Due To Arteriosclerotic
CEDENT (b) Heart Dis.
CAUSE3
yearsDue To General arterio-
(c) sclerosis3
yearsOTHER
SIGNIFICANT
CONDITIONS NoneMajor findings:
Of operations None

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 Myron N. King
(Signed) 25 Winthrop St. Date 10/21 1951
(Address) Deep River Conn.6 Deep River Conn.
Place of Burial or Cremation (City or Town)

DATE OF BURIAL October 23 1951

7 NAME OF FUNERAL DIRECTOR Maurice Kirby

ADDRESS Winthrop

Received and filed NOV 14 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 Married
WIDOWED
or DIVORCED

10a If married, widowed, or divorced

HUSBAND of Miles Madison
(Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 80 Years Months Days If under 24 hours
Hours Minutes13 Usual Occupation: Housewife
(Kind of work done during most of working life)14 Industry
or Business:

15 Social Security No.

16 BIRTHPLACE (City) New York
(State or country)

17 NAME OF FATHER Therba Hull

18 BIRTHPLACE OF FATHER Deep River
(City) Conn.
(State or country)19 MAIDEN NAME
OF MOTHER Unknown20 BIRTHPLACE OF MOTHER Deep River
(City) Conn.
(State or country)21 Informant Rufus Madison
(Address) Winthrop Arms Hotel

A TRUE COPY.

ATTEST: (Registrar of City or Town where death occurred)

DATE FILED October 30, 1951



PLACE OF DEATH

SUFFOLK
BOSTON
(County)

(City or Town)

No. Mass. General Hospital

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. 9348

St. { (If death occurred in a hospital or institution,
give its NAME instead of street and number)2 FULL NAME Elizabeth Kinnear
(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. 107 Bowdoin 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 10.....days. In place of residence.....years.....months 25.....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH Oct. 22/51
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
Oct. 11 19 51 to Oct. 22 19 51
I last saw her alive on Oct. 22 19 51, death is said to
have occurred on the date stated above, at 12:47 P.M.DISEASE OR CONDITION
DIRECTLY LEADING TO DEATH (a) NephrosclerosisINTERVAL BE-
TWEEN ONSET
AND DEATH3 Yrs
PlusANTE Due To Diabetes mellitus
CEDENT (b)18 Yrs
PlusDue To Atrophy of the pancreas
(c)18 Yrs
PlusOTHER
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 Hospital 10-22-51

6 Place of Burial or Cremation Winthrop Cem-Winthrop Mass.
(City or Town)

DATE OF BURIAL Oct. 25/51 19

7 NAME OF FUNERAL DIRECTOR A B Marsh
ADDRESS Winthrop Mass.

Received and filed.....19

NOV 13 1951

(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 DIVORCED10a If married, widowed, or divorced
HUSBAND of.....(Give maiden name of wife in full)
(or) WIFE of Samuel L Kinnear
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 72 Years 0 Months 27 Days If under 24 hours
.....Hours.....Minutes13 Usual Occupation: At Home
(Kind of work done during most of working life)

14 Industry or Business: None

15 Social Security No. None

16 BIRTHPLACE (City) England
(State or country)

17 NAME OF FATHER Samuel Cook

18 BIRTHPLACE OF FATHER (City) England
(State or country)

19 MAIDEN NAME OF MOTHER Martha Rogers

20 BIRTHPLACE OF MOTHER (City) England
(State or country)21 Informant S Kinnear
(Address)

A TRUE COPY

ATTEST: (Registrar of City or Town where death occurred)

DATE FILED Oct. 25/51 19



Copies of returns of deaths which occurred in your city or town in which the deceased resided in another city or town at the time of death should be transmitted on Form R-302 to the clerk of the city or town in which the deceased resided as soon as possible after the close of the month in which the death occurred. (See Chap. 46, Sec. 12, G. L.)

R-302

25M (E) 1-6-50-902253

DECLINED JURISDICTION

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. 9386

No. Anne Starr Nursing Home St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Samuel Simons (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. 12 Nevada 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 10 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH October 24, 1951 (Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from Oct 24, 19 51, to Oct 24, 19 51

I last saw him alive on 19, death is said to

have occurred on the date stated above, at 12:45 p.m.

DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a)

Acute coronary
thrombosis

INTERVAL BE-
TWEEN ONSET
AND DEATH

abt
10 mins

ANTE Due To
CEDENT (b)
CAUSES

Arterio sclerotic
heart disease

Due To
(c)

Generalized arterio
sclerosis

OTHER
SIGNIFICANT
CONDITIONS

Major findings:
Of operations

Date of operation Was autopsy performed? NO

What test confirmed diagnosis?

5 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

I H Park

Brookline Mass

Date Oct 24, 19 51

6 Everett Beth Israel Cem Everett Mass
Place of Burial or Cremation (City or Town)

DATE OF BURIAL Oct 25, 1951

7 NAME OF FUNERAL DIRECTOR B Birnbach
ADDRESS Boston Mass

Received and filed NOV 13 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 Married

10a If married, widowed, or divorced HUSBAND of Mary Smokler (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: Fruit dealer (Kind of work done during most of working life)

14 Industry or Business: Retired

15 Social Security No. --

16 BIRTHPLACE (City) Russia (State or country)

17 NAME OF FATHER Aaron Simons

18 BIRTHPLACE OF FATHER (City) Russia (State or country)

19 MAIDEN NAME OF MOTHER Sylvia --

20 BIRTHPLACE OF MOTHER (City) Russia (State or country)

21 Informant Wife (Address)

A TRUE COPY

ATTEST: Charles J. Inoué (Registrar of City or Town where death occurred)

DATE FILED Oct 29, 19 51



Copies of returns of deaths which occurred in your city or town at another city or town at which the deceased resided as soon as possible after the close of the month in which the death occurred. (See Chap. 46, Sec. 12, G. L.)

R-302

25M (E)-6-50-902253

PLACE OF DEATH

Suffolk

(County)

Boston

(City or Town)

Mass. General 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.

9652

242

St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Roderick Murray

(If deceased is a married, widowed or divorced woman, give also maiden name.)

31 Revere

(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.....1.....days. In place of residence.....10.....years.....months.....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF
DEATH

Nov. 1/51

(Month)

(Day)

(Year)

4 I HEREBY CERTIFY, That I attended deceased from

Oct. 31, 19. 51, to Nov. 1, 19. 51

I last saw him alive on Nov. 1, 19. 51, death is said to

have occurred on the date stated above, at 8:04A m.

DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a)

Myocardial infarction

INTERVAL BE-
TWEEN ONSET
AND DEATH

15 Hrs

ANTE Due To
CEDENT (b)
CAUSES

Arterio sclerotic heart
disease

6 Mos.

Due To
(c)

OTHER
SIGNIFICANT
CONDITIONS

Obstructive vascular
disease - legs

3 1/2 Yrs

Major findings:
Of operations.

None

Was autopsy performed? No

Date of operation.

clinical

What test confirmed diagnosis?

5 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

L. Lazer

Mass. General Hospital

11-1

M. 51

Winthrop Cem-Winthrop Mass.

6

Place of Burial or Cremation

Nov. 5/51

(City or Town)

DATE OF BURIAL

19

7 NAME OF
FUNERAL DIRECTOR

E P Caggiano

ADDRESS

Winthrop Mass.

Received and filed

19

NOV 13 1951

(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX

M

9 COLOR OR RACE

W

10 SINGLE

MARRIED

WIDOWED

or DIVORCED

(write the word)

Married

10a If married, widowed, or divorced

HUSBAND of

Mary J Whiffen

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12

AGE

44

Years

3

Months

22

Days

If under 24 hours

Hours

Minutes

13 Usual

Occupation:

Fisherman

(Kind of work done during most of working life)

14 Industry
or Business

Fish

15 Social Security No.

022-18-4214

16 BIRTHPLACE (City)

Newfoundland

(State or country)

17 NAME OF
FATHER

John W Murray

18 BIRTHPLACE OF
FATHER (City)

Newfoundland N.S.

(State or country)

19 MAIDEN NAME
OF MOTHER

Annastasia Tucker

20 BIRTHPLACE OF
MOTHER (City)

Newfoundland N.S.

(State or country)

21

Informant
(Address)

Mrs Mary Murray

A TRUE COPY

ATTEST:

Charles H. Tucker (Registrar of City or Town where death occurred)

DATE FILED

Nov. 5/51

19

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. 243

PLACE OF DEATH

1

No.

2 FULL NAME

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No.

(Usual place of abode)

(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)

Length of stay: In place of death years / months days. In place of residence 40 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF
DEATHNovember 1, 1951
(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 9 A. m.

DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a)

Natural causes

ANTECEDENT
CAUSES (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) Arthur C. Murray

(Address) Winthrop Board of Health

(City or Town) Winthrop

(State) Massachusetts

6 Place of Burial or Cremation

November 2, 1951

7 NAME OF
FUNERAL DIRECTOR

ADDRESS

Received and filed

NOV 6 1951

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX

9 COLOR OR RACE

10 SINGLE (write the word)

Male

White

MARRIED

10a If married, widowed, or divorced

HUSBAND of Eva Erickson

WIDOWED or DIVORCED

(or) WIFE of

(Give maiden name of wife in full)

(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE

63 Years

If under 24 hours

13 Usual

Occupation: Junk Dealer

(Kind of work done during most of working life)

14 Industry

or Business: For Himself

15 Social Security No. none

16 BIRTHPLACE (City)

(State or country) Russia

17 NAME OF

FATHER Max Lauller

18 BIRTHPLACE OF

FATHER (City) Russia

19 MAIDEN NAME

OF MOTHER Toby - cannot be learned

20 BIRTHPLACE OF

MOTHER (City) Russia

21 Informant

(Address) Eva Lauller

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

(Official Designation)

Health Officer

(Date of Issue of Permit) 11/1/51

PARENTS

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EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of 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

Salem

(County)

Atlantic Ocean

(City or Town)

No.

J. Witherup Man

St. { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Charles L. Moore

(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT

(Was deceased a
U. S. War Veteran,
if so specify WAR)

(a) Residence. No.

(Usual place of abode)

12 Vineyard St. Danvers Mass

St.

(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

Nov - 2 - 1951

(Month)

(Day)

(Year)

4 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows: (If an injury was involved, state fully.)

Drowning

5 Accident, suicide, or homicide (specify)

accidental

Date and hour of injury

Nov - 2 -

1951

Where did injury occur?

? Atlantic Ocean off Witherup

(City or town and State)

Did injury occur in or about home, on farm, in industrial place, or in public place?

Ocean

(Specify type of place)

Manner of injury

Found dead in tidal beach at

Nature of injury

Point Shirley Witherup

While at work?

?

Was autopsy performed?

no

6 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

J. P. Frickley M.D.

M. D.

(Address)

Boston

Date - 3-3-1951

7

Place of Burial, or Cremation.

(City or Town)

DATE OF BURIAL

Nov 1

1951

8 NAME OF FUNERAL DIRECTOR

ADDRESS

Received and filed.

NOV 6 1951

19

(Registrar)

The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICSMEDICAL EXAMINER'S
CERTIFICATE OF DEATHTo be filed for burial permit
with Board of Health
or its Agent.

Registered No.

241

PERSONAL AND STATISTICAL PARTICULARS

9 SEX

Male

10 COLOR OR RACE

White

11 SINGLE

MARRIED

WIDOWED

or DIVORCED

(write the word)

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

53

Years

Months

Days

If under 24 hours

Hours

Minutes

14 Usual Occupation:

(Kind of work done during most of working life)

15 Industry or Business:

16 Social Security No.

233-16-5161

17 BIRTHPLACE (City).

(State or country)

18 NAME OF FATHER

19 BIRTHPLACE OF FATHER (City).

(State or country)

20 MAIDEN NAME OF MOTHER

21 BIRTHPLACE OF MOTHER (City).

(State or country)

22

Informant

(Address)

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

THOMAS F. GORDON

NOV 4 1951

(Official Designation)

(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 supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection 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 (C)-6-50-902253

PLACE OF DEATH

Middlesex

(County)

Lexington

(City or Town)



The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH

DIVISION OF VITAL STATISTICS

COPY OF

CERTIFICATE OF DEATH

Lexington

(City or town making return)

Registered No. 245

No. 23 Wilson Rd.

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME: Marion V. Rebello

(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. 439 Winthrop St.

(Usual place of abode)

St. Winthrop

(If non-resident, give city or town and State)

Length of stay: In place of death 5 years 5 months 30 days. In place of residence 30 years 3 months 30 days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH

Nov 2, 1951 (Day) 1951 (Year)

4 I HEREBY CERTIFY, That I attended deceased from

Sept. 1, 1951 to Nov 2, 1951

I last saw her alive on Nov 2, 1951 death is said to

have occurred on the date stated above, at 11:00 A

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION

DIRECTLY LEADING

TO DEATH (a) Cerebral Hemorrhage

day

ANTE Due To CEDENT (b)

Arterio-sclerosis

unknown

Due To (c)

OTHER SIGNIFICANT CONDITIONS

none

Major findings:

Of operations: none

Date of operation: none Was autopsy performed? no

What test confirmed diagnosis? phys. exam.

5 Was disease or injury in any way related to occupation of deceased? no

If so, specify:

(Signed)

(Address) Lexington, Mass. Date Nov 2, 1951

6 Place of death: Winthrop (City or Town)

DATE OF BURIAL

Nov 5

1951

7 NAME OF FUNERAL DIRECTOR John F. O'Malley

ADDRESS

Winthrop, Mass.

Received and filed.

NOV 13 1951

(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX

9 COLOR OR RACE

10 SINGLE (write the word)

MARRIED

WIDOWED

or DIVORCED

Female White

10a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of Joseph Rebello

(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)

(State or country)

Boston, Mass.

17 NAME OF FATHER

Antonio I. DaCosta

18 BIRTHPLACE OF

FATHER (City)

(State or country)

Azores

19 MAIDEN NAME

OF MOTHER

Maria A. Faunts

20 BIRTHPLACE OF

MOTHER (City)

(State or country)

Azores

21

Informant

(Address)

Joseph Rebello

439 Winthrop St. Winthrop

A TRUE COPY

ATTEST:

(Registrar of City or Town where death occurred)

DATE FILED

November 2, 1951



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
STANDARD
CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

Registered No. 246

No. Winthrop Community Hospital

St. { (If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME William Edward Roberts
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT

(Was deceased a
U. S. War Veteran,
if so specify WAR) NO.

(a) Residence. No. 29 Thornton Park
(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 79 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH 11 2 51
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from
Oct. 19 19 51 to Nov. 2 19 51

I last saw him alive on 11-2 19 51 death is said to

have occurred on the date stated above, at 1.50PM m.

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION
DIRECTLY LEADING

TO DEATH (a) Coronary disease with
myocardial infarction

ANTECEDENT (b) Pneumonia
CAUSES

Due To
(c)

OTHER
SIGNIFICANT
CONDITIONS

Major findings:
Of operations None

Date of operation None Was autopsy performed? None

What test confirmed diagnosis? Clinical & X-rays

5 Was disease or injury in any way related to occupation of deceased? NO

If so, specify

(Signed) Sybilie W. J. Harris M. D.
(Address) Winthrop, Mass. Date 11-2-51

6 Winthrop Cemetery, Winthrop, Mass.
Place of Burial or Cremation (City or Town)

DATE OF BURIAL November 5, 1951

7 NAME OF FUNERAL DIRECTOR Alfred B. Marsh

ADDRESS 174 Winthrop St. Winthrop, Mass.

Received and filed NOV 6 1951

(Registrar)

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 Mary (24.60)
(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 0 Days If under 24 hours
Hours Minutes

13 Usual Occupation Stained Glass Artist
(Kind of work done during most of working life)

14 Industry or Business Self employed

15 Social Security No. none

16 BIRTHPLACE (City) Liverpool
(State or country) England

17 NAME OF FATHER William Roberts

18 BIRTHPLACE OF FATHER (City) Liverpool
(State or country) England

19 MAIDEN NAME OF MOTHER unable to obtain

20 BIRTHPLACE OF MOTHER (City) " " "
(State or country)

21 Informant Mrs. Mary Harris
(Address) 29 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)
Health Officer (Official Designation) 11/5/51
(Date of Issue of Permit)

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OR
CERTIFICATE

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EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of 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)

(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. 9748

247

No. Mass General Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Anna Bonaccorso (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. 173 Hurley 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 November 3, 1951 (Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from Nov. 3, 1951, to Nov. 3, 1951.

I last saw him alive on Nov. 3, 1951, death is said to have occurred on the date stated above, at 11:55 A. M.

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Coronary occlusion 4 hrs

INTERVAL BETWEEN ONSET AND DEATH

ANTE DUE TO CEDENT (b) CAUSES

Due To (c)

OTHER SIGNIFICANT CONDITIONS Diabetes mellitus 15 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

(Signed) F. Maloof M. D.

(Address) M. G. H. Date Nov. 3, 1951

6 St. Michael's Cem Boston (Place of Burial or Cremation) (City or Town)

DATE OF BURIAL Nov. 6, 1951

7 NAME OF FUNERAL DIRECTOR W. E. Papi ADDRESS Boston Mass

Received and filed NOV 13 1951 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 Antonio Bonaccorso (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 Home (Kind of work done during most of working life)

14 Industry or Business --

15 Social Security No. --

16 BIRTHPLACE (City) (State or country) Italy

17 NAME OF FATHER Joseph Cambria

18 BIRTHPLACE OF FATHER (City) (State or country) Italy

19 MAIDEN NAME OF MOTHER Anna Cambria ok

20 BIRTHPLACE OF MOTHER (City) (State or country) Italy

21 Informant Husband (Address)

A TRUE COPY Charles H. Inactive ATTEST: (Registrar of City or Town where death occurred)

DATE FILED Nov 7 1951

RECEIVED



NOV 19 1951 AM

R-301A

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TIFICATE

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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. 248

PLACE OF DEATH

Suffolk
(County)
Wentworth
(City or Town)

No. 30 Groves Ave. St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Francis P. Flanagan (If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT

(Was deceased a U. S. War Veteran, if so specify WAR) None

(a) Residence. No. 30 Groves Ave. St. (If nonresident, give city or town and State)

Length of stay: In place of death years months days. In place of residence 1 years 7 months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH November 5, 1951 (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 9 P. m.

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Natural Causes

INTERVAL BETWEEN ONSET AND DEATH

ANTE CEDENT CAUSES Due To Presumably (b)

Due To Coronary Occlusion (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) (Address) (Date)

6 Place of Burial or Cremation (City or Town)

DATE OF BURIAL Nov. 8, 1951

7 NAME OF FUNERAL DIRECTOR

ADDRESS

Received and filed NOV 9 1951

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Male 9 COLOR OF RACE White 10 SINGLE MARRIED WIDOWED or DIVORCED (Write the word)

10a If married, widowed, or divorced HUSBAND of Mary Mc Dermott (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 69 Years Months Days If under 24 hours Hours Minutes

13 Usual Occupation Retired (Kind of work done during most of working life)

14 Industry or Business Lingerie - Salesman

15 Social Security No. 012-14-0046

16 BIRTHPLACE (City) Boston, Mass (State or country)

17 NAME OF FATHER Thomas Flanagan

18 BIRTHPLACE OF FATHER (City) Ireland (State or country)

19 MAIDEN NAME OF MOTHER Mary Mulvey

20 BIRTHPLACE OF MOTHER (City) Ireland (State or country)

21 Informant Miss Teresa Flanagan (Address) 31 Grove 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 E. Baker (Signature of Agent of Board of Health or other)

Health Officer (Official Designation) 11/7/51 (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 exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . General Laws, Chap. 38, Sec. 6.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

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EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD

CERTIFICATE OF DEATH

(City or town making return)

Registered No. 249

PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)

No. 11 Girdlestone Road

(If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME Martha Georg Olson

(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. 11 Girdlestone Road

(Usual place of abode)

(If nonresident, give city or town and State)

Length of stay: In place of death 10 years months days. In place of residence 12 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH Nov. 5 1951
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
19 46, to Nov. 5 19 51

I last saw her alive on Nov. 5 19 51, death is said to

have occurred on the date stated above, at 8:35 P.M.

INTERVAL BE-
TWEEN ONSET
AND DEATHDISEASE OR CONDITION
DIRECTLY LEADINGTO DEATH (a) acute, acquired
hemolytic hemolytic anemia19 51
Sept 30ANTECEDENT (b) Due To Arthritis deformans
CAUSES terminal.

10 year

Due To
(c)OTHER
SIGNIFICANT
CONDITIONSMajor findings:
Of operations.

Date of operation. Was autopsy performed?

What test confirmed diagnosis? blood picture, x-ray, clinical signs

5 Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) A. Ernest Mills M. D.

(Address) West Medford Mass Date Nov 5 19 51

6 Woodlawn EVERETT, MASS
Place of Burial or Cremation (City or Town)

DATE OF BURIAL Nov. 8 19 51

7 NAME OF FUNERAL DIRECTOR Howard S. Reynolds

ADDRESS 180 Winthrop St

Received and filed. NOV 13 1951 19

A TRUE COPY ATTEST

(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 51 Years 8 Months 13 Days If under 24 hours
Hours Minutes

13 Usual Occupation: CLERK (Kind of work done during most of working life)

14 Industry or Business: INSURANCE

15 Social Security No. 021-05-9115

16 BIRTHPLACE (City) Boston
(State or country) MASS.

17 NAME OF FATHER GUSTAF OLSON

18 BIRTHPLACE OF FATHER (City) Sweden
(State or country)

19 MAIDEN NAME OF MOTHER Anna C. PETERSON

20 BIRTHPLACE OF MOTHER (City) Sweden
(State or country)21 Informant ANNA B. OLSON
(Address) 11 GIRDLESTONE RD. WINTHROPI HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:Walter S. Baker
(Signature of Agent of Board of Health or other)

(Official Designation) Health Officer (Date of Issue of Permit) 11/7/51

PARENTS

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . General Laws, Chap. 38, Sec. 6.

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RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

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Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICSTo be filed for burial permit
with Board of Health
or its Agent.STANDARD
CERTIFICATE OF DEATH

Registered No. 250

PLACE OF DEATH

Suffolk
(County)Winthrop
(City or Town)

No. 22 Loring Road

(If death occurred in a hospital or institution,
St. { give its NAME instead of street and number)

2 FULL NAME

Agnes M. Gleason

(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT

(Was deceased a
U. S. War Veteran,
if so specify WAR)(a) Residence. No. 22 Loring Road
(Usual place of abode)

St. (If nonresident, give city or town and State)

Length of stay: In place of death. years. months. days. In place of residence. years. months. days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH November 6, 1951
(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 P. M.

INTERVAL BE-
TWEEN ONSET
AND DEATHDISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a) Natural CausesANTECEDENT
CAUSESDue To Presumably
arterio-sclerotic
heart disease yearsOTHER
SIGNIFICANT
CONDITIONSMajor findings:
Of operations

Date of operation. Was autopsy performed? no

What test confirmed diagnosis?

5 Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) Arthur C. Murray M. D.

(Address) Winthrop Board of Health 6 Nov 1951

6 St. Joseph Cemetery Boston
Place of Burial or Cremation (City or Town)

DATE OF BURIAL November 9, 1951

7 NAME OF FUNERAL DIRECTOR Thomas N. Burke

ADDRESS 565 Washington St. Brighton

Received and filed

NOV 13 1951

(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 John L. Gleason
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 67 Years Months Days If under 24 hours
Hours Minutes13 Usual Occupation: Housewife
(Kind of work done during most of working life)

14 Industry or Business: At Home

15 Social Security No.

16 BIRTHPLACE (City) Boston Mass.
(State or country)

17 NAME OF FATHER Joseph H. Davis

18 BIRTHPLACE OF FATHER (City) Galway
(State or country) Ireland

19 MAIDEN NAME OF MOTHER Mary Baker

20 BIRTHPLACE OF MOTHER (City) Galway
(State or country) Ireland21 Informant Mrs. Catherine Page
(Address) 458 Medford St. SomervilleI 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)11/8/51
(Date of Issue of Permit)

R-301A

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EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

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SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

Suffolk

(County)

Winthrop

(City or Town)

STANDARD
CERTIFICATE OF DEATH

Registered No. 251

No. 142 Washington Avenue St. (If death occurred in a hospital or institution,
give its NAME instead of street and number)2 FULL NAME Elva Auvine (Smith) Greig
(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. 142 Washington Avenue St.
(Usual place of abode) (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.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH November 6, 1951
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
Aug 19, 1951, to Nov 6, 1951
I last saw her alive on Nov 6, 1951, death is said to
have occurred on the date stated above, at 11:45 P.M.DISEASE OR CONDITION
DIRECTLY LEADING TO DEATH (a) Cerebral Hemorrhage
INTERVAL BETWEEN ONSET AND DEATH 2 mos.

ANTECEDENT CAUSES (b) Hypertension 5 years

Due To (c)

OTHER SIGNIFICANT CONDITIONS

Major findings: Of operations: none

Date of operation: none Was autopsy performed? no

What test confirmed diagnosis? Clinical Signs no

5 Was disease or injury in any way related to occupation of deceased? no

If so, specify (Signed) J. O'Brien, M.D. M. D.
(Address) 142 Wash Ave Winthrop, Mass. Nov 8, 19516 Winthrop Cemetery Winthrop
Place of Burial or Cremation (City or Town)

DATE OF BURIAL November 9, 1951 19

7 NAME OF FUNERAL DIRECTOR Alfred B. Marsh

ADDRESS 174 Winthrop St. Winthrop, Mass.

Received and filed NOV 13 1951 19

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX female 9 COLOR OR RACE white 10 SINGLE (write the word)
MARRIED married
WIDOWED or DIVORCED10a If married, widowed, or divorced
HUSBAND of (Give maiden name of wife in full)(or) WIFE of James Nicoll Greig
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 83 Years 2 Months 3 Days If under 24 hours
Hours Minutes13 Usual Occupation: Housekeeper
(Kind of work done during most of working life)

14 Industry or Business: own home

15 Social Security No. none

16 BIRTHPLACE (City) Lowell Mass.
(State or country)

17 NAME OF FATHER Almon Smith

18 BIRTHPLACE OF FATHER (City) Kennebunk
(State or country) Maine

19 MAIDEN NAME OF MOTHER Eliza Huse

20 BIRTHPLACE OF MOTHER (City) Derry
(State or country) New Hampshire21 Informant James N. Greig
(Address) 142 Washington 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)

(Official Designation) (Date of Issue of Permit) 11/9/51

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

R-301A

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PLACE OF DEATH

1

Suffolk
Winthrop
(County)
(City or Town)The Commonwealth of Massachusetts
EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICSSTANDARD
CERTIFICATE OF DEATH

Registered No. 252

To be filed for burial permit
with Board of Health
or its Agent.

No. Winthrop Community Hospital (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Bridget Theresa Meagher (Mayer) (If deceased was 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. 745 Saratoga St. East Boston (Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death years months 12 days. In place of residence 40 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH Nov 7 1951
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from May 19 49 to Nov 6 1951

I last saw him alive on Nov 6 1951, death is said to

have occurred on the date stated above, at 6:45 A. m.

DISEASE OR CONDITION

DIRECTLY LEADING

TO DEATH (a) Metastatic Fibro

Sarcoma Fibro

ANTECEDENT CAUSES

Due To

(b)

Sarcoma

Due To

(c)

OTHER SIGNIFICANT CONDITIONS

Major findings: Malignant Fibro Sarcoma

Of operations: April 29, 1949

Date of operation: April 29, 1949

What test confirmed diagnosis? Biopsy of Lymph Nodes

5 Was disease or injury in any way related to occupation of deceased? No

If so, specify: Singing in Church Choir

(Signed) Shirley E. Baker

(Address) 48 Byron St. E.B. Date Nov 7 1951

6 Holy Cross Malden

Place of Burial or Cremation (City or Town)

DATE OF BURIAL Nov 9 1951

7 NAME OF FUNERAL DIRECTOR Charles H. Treanor

ADDRESS East Boston

Received and filed NOV 13 1951

19

(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 Daniel J. Meagher

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: Dishwasher

(Kind of work done during most of working life)

14 Industry or Business: Restaurant

15 Social Security No.

16 BIRTHPLACE (City) East Boston Mass

(State or country)

17 NAME OF FATHER Michael Fitzgerald

18 BIRTHPLACE OF FATHER (City) Ireland

(State or country)

19 MAIDEN NAME OF MOTHER Margaret Shusky

20 BIRTHPLACE OF MOTHER Ireland

(State or country)

21 Informant Shirley Rydes

(Address) 745 Saratoga St E.B.

I HEREBY CERTIFY that a satisfactory standard certificate of death was

filed with me BEFORE the burial or transit permit was issued:

Walter J. Baker

(Signature of Agent of Board of Health or other)

Health Officer

(Official Designation)

(Date of Issue of Permit) 11/8/51

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or 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

R-301A

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PLACE OF DEATH

Suffolk
(County)

Winthrop

(City or Town)



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. 253

No. Winthrop Community Hospital

(If death occurred in a hospital or institution,
St. { give its NAME instead of street and number)2 FULL NAME. Susan Gertrude Russell
(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. 32 River Road
(Usual place of abode)

St. (If nonresident, give city or town and State)

Length of stay: In place of death years months 20 days. In place of residence 36 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH November 9 1951
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
August 9, 1951, to Nov. 9, 1951I last saw her alive on Nov 9 1951 death is said to
have occurred on the date stated above, at 3:45 P. m.DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a) Cerebral ThrombosisINTERVAL BE-
TWEEN ONSET
AND DEATHANTE Due To hypotension &
CEDENT (b) arteriosclerosis
CAUSESDue To
(c)OTHER
SIGNIFICANT
CONDITIONSMajor findings:
Of operations.Date of operation. Was autopsy performed? no
neurological
What test confirmed diagnosis? neurological examination5 Was disease or injury in any way related to occupation of deceased? no
If so, specify H. B. Greenfield
(Signed) 447 Shirley St. M. D.
(Address) Winthrop Date Nov 11 19516 Winthrop Cemetery Winthrop, Mass.
Place of Burial or Cremation (City or Town)

DATE OF BURIAL November 13, 1951 19

7 NAME OF FUNERAL DIRECTOR Alfred B. Marsh

ADDRESS 174 Winthrop St, Winthrop, Mass.

Received and filed. NOV 13 1951 19

(Registrar)

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 George H. Russell
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 73 Years 10 Months 6 Days If under 24 hours
Hours Minutes13 Usual Occupation: housework
(Kind of work done during most of working life)

14 Industry or Business: own home

15 Social Security No. 025-09- 8682

16 BIRTHPLACE (City) Charlestown Mass.
(State or country)

17 NAME OF FATHER Eugene McCarthy

18 BIRTHPLACE OF FATHER (City) Boston
(State or country) Mass.

19 MAIDEN NAME OF MOTHER Mary Ellen Devine

20 BIRTHPLACE OF MOTHER (City) Charlestown
(State or country) Mass.21 Informant George H. Russell
(Address) 32 River Road, 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
(Official Designation)

(Date of Issue of Permit) 11/13/51

504 (B)-1-51 903586

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the cause of which he died, defined as required by section one, where same was contracted, the duration of 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).

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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. 63 Loring Rd.

2 FULL NAME Adelbert N. DRURY
(If deceased is a married, widowed or divorced woman, give also maiden name.)(a) Residence. No. 63 Loring Rd. Winthrop
(Usual place of abode)

Length of stay: In place of death.....years.....months.....days. In place of residence 45 years.....months.....days.

The Commonwealth of Massachusetts
EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICSMEDICAL EXAMINER'S
CERTIFICATE OF DEATHTo be filed for burial permit
with Board of Health
or its Agent.

Registered No.

254

St. (If death occurred in a hospital or institution,
give its NAME instead of street and number)

PHYSICIAN — IMPORTANT

(Was deceased a
U. S. War Veteran,
if so specify WAR)

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH November 13-1951
(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 Dislocation of Cervical
Vertebra
Cervical
Vertebra

5 Accident, suicide, or homicide (specify) accident

Date and hour of injury Nov-13- 1951

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 from a ladder at his
(Specify type of place)
Nature of Injury home on Nov-13-1951
(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 Mr. J. Brickley

(Signed) M. D.

(Address) Boston Nov-13-1951

7 Winthrop Cemetery, Winthrop
Place of Burial, or Cremation (City or Town)

DATE OF BURIAL Nov 16 1951

8 NAME OF FUNERAL DIRECTOR Howard S. Reynolds

ADDRESS 180 Winthrop St. Winthrop

Received and filed 19

NOV 15 1951

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

9 SEX 10 COLOR OR RACE 11 SINGLE (write the word)
MALE WHITE MARRIED
WIDOWED MARRIED
OR DIVORCED11a If married, widowed, or divorced
HUSBAND of Julia S. Harwood
(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 8 Months 28 Days If under 24 hours
Hours Minutes14 Usual Occupation: Dentist
(Kind of work done during most of working life)

15 Industry or Business: Retired Dentist

16 Social Security No.

17 BIRTHPLACE (City) Fitchburg
(State or country) MASS.

18 NAME OF FATHER CHARLES J. DRURY

19 BIRTHPLACE OF FATHER (City) Westminister
(State or country) MASS.

20 MAIDEN NAME OF MOTHER Nellie B. Edson

21 BIRTHPLACE OF MOTHER (City) Lynn
(State or country) MASS.22 Informant Julia S. DRURY (WIFE)
(Address) 63 Loring RoadI 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) 11/12/51
(Date of Issue of Permit)

per. tel. com. Mrs. R. J. Baker

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the 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 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.....

R-301A

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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. 255

PLACE OF DEATH

Suffolk
(County)Winthrop
(City or Town)

No. 41 Washington Ave

(If death occurred in a hospital or institution,
St. { give its NAME instead of street and number)

2 FULL NAME Minnie Rachel Greenglass ne (Charney)

(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. 41 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 — years 5 months — days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH Nov. 15 1951
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from June 1951 to Nov. 15, 1951

I last saw her alive on Nov. 15, 1951, death is said to

have occurred on the date stated above, at 6:00 P.M.

DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a) SenilityINTERVAL BE-
TWEEN ONSET
AND DEATH

2 yrs.

ANTE CEDENT CAUSES Due To (b) Arterio-sclerosis
generalized

10 yrs.

Due To
(c)OTHER
SIGNIFICANT
CONDITIONSMajor findings: none
Of operations: none

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) 76 Waverley Ave. Winthrop Date 11/15/1951

6 Baldwin Pl. Cem. W. R. Burial Mass
Place of Burial or Cremation (City or Town)

DATE OF BURIAL Nov 16 1951

7 NAME OF FUNERAL DIRECTOR Hyman J. Dorf

ADDRESS 151 Washington Ave Chelsea

Received and filed NOV 19 1951

19

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Female 9 COLOR OR RACE White 10 SINGLE MARRIED WIDOWED or DIVORCED (write the word)

10a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

Simon J. Greenglass
(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: 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 (C. B. L.) Charney

18 BIRTHPLACE OF FATHER (City) Russia
(State or country)

19 MAIDEN NAME OF MOTHER (C. B. L.)

20 BIRTHPLACE OF MOTHER (City) Russia
(State or country)21 Informant Daniel Rubin
(Address) 99 Irving St Everett MassI 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) 11/16/51

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given, and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or 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

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. 256

PLACE OF DEATH

Suffolk
Winthrop
(County)
(City or Town)

No. 77 Otis St

(If death occurred in a hospital or institution,
St. { give its NAME instead of street and number)

2 FULL NAME Coleman G. Martin

(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. 77 Otis 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 15 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF
DEATHNovember 15 1951
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from

July 1, 1951 to Nov. 15, 1951

I last saw him alive on Nov. 14, 1951, death is said to

have occurred on the date stated above, at 6 A. M.

DISEASE OR CONDITION

DIRECTLY LEADING TO DEATH (a) Coronary Arteriosclerosis

INTERVAL BE-
TWEEN ONSET
AND DEATH

2 days

ANTE
CEDENT
CAUSES

Due To

(b) Chronic Myocarditis

Due To

(c) Coroner's Report

OTHER
SIGNIFICANT
CONDITIONS

General Arteriosclerosis

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 H. Schwartz

(Address) 17 Franklin St E 13

Date 11/15/51 M. D.

6 Place of Burial or Cremation

Boston
(City or Town)

DATE OF BURIAL

Nov 17 1951

7 NAME OF
FUNERAL DIRECTOR

Walter F. Baker

ADDRESS

210 Winthrop St Winthrop

Received and filed

NOV

(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 Michael M. Hoyle
(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:

Prison Guard

(Kind of work done during most of working life)

14 Industry

or Business:

City of Boston

15 Social Security No.

16 BIRTHPLACE (City)

Boston

(State or country)

Mass

17 NAME OF
FATHER

James Martin

18 BIRTHPLACE OF

Boston

FATHER (City)

(State or country)

Mass

19 MAIDEN NAME

OF MOTHER

Ellen Hoyle

20 BIRTHPLACE OF

Boston

MOTHER (City)

(State or country)

Mass

21

Informant

(Address)

Mrs Coleman Martin
77 Otis St WinthropI HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:

Walter F. Baker

(Signature of Agent of Board of Health or other)

(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.

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(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

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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

(City or town making return)

Registered No.

257

No. Winthrop Community Hospital

(If death occurred in a hospital or institution,
St. { give its NAME instead of street and number)

2 FULL NAME Florastelle (Johnson) Emmons

(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. 17 Sunnyside Ave.

(Usual place of abode)

St.

(If nonresident, give city or town and State)

Length of stay: In place of death. years. months. 3 days. In place of residence. 32 years. months. days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH Nov. 18 1951
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
1950, 19 to Nov. 18, 1951

I last saw him alive on Nov. 17, 1951, death is said to

have occurred on the date stated above, at 2:30 A.M.

INTERVAL BE-
TWEEN ONSET
AND DEATH

DISEASE OR CONDITION

DIRECTLY LEADING

TO DEATH (a) Acute pneumonia

(b) (cerebral)

1 day

ANTE
CEDENT
CAUSES

Due To

(b)

Cerebro-vascular

accident

4 days

Due To

(c)

Arteriosclerosis

generalized

OTHER
SIGNIFICANT
CONDITIONS

Hypertensive essential

Hypertensive 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 J. Gregorie

(Address) 200 Washington St., M. D.

Date 11-19-1951

6 Winthrop

Winthrop

Place of Burial or Cremation

(City or Town)

DATE OF BURIAL

NOV 20

19 51

7 NAME OF FUNERAL DIRECTOR

Howard S. Reynolds

ADDRESS

Winthrop, Mass.

Received and filed

NOV 26 1951

19

(Registrar)

A TRUE COPY ATTEST

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 Milton L. Emmons

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12

AGE

30

Years

7

Months

17

Days

If under 24 hours

Hours

Minutes

13 Usual

Occupation:

Housewife

(Kind of work done during most of working life)

14 Industry

or Business:

At home

15 Social Security No.

None

16 BIRTHPLACE (City)

Saco

(State or country)

Maine

17 NAME OF

FATHER

Daniel Johnson

18 BIRTHPLACE OF

FATHER (City)

SHAPLEIGH

(State or country)

Maine

19 MAIDEN NAME

OF MOTHER

Ann Ross

20 BIRTHPLACE OF

MOTHER (City)

SHAPLEIGH

(State or country)

Maine

21

Informant

(Address)

Martha Care

17 Sunnyside Ave, Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:

Walter L. Baker

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

11/20/51

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

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RULES OF PRACTICE

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SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

IONS

TIFICATE

ng
DEATHnter
n one
each
and (c)not mean
ving, such
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he disease,
ns whichconditions,
ise to the
) stating
g causecontrib- →
th but not
disease or
ng 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. 258

PLACE OF DEATH

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 ALBERT P. HARTT
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT

(Was deceased a
U. S. War Veteran,
if so specify WAR)

(a) Residence. No. 67 Thornton Park St. (If nonresident, give city or town and State)

Length of stay: In place of death 3 hrs 55 min. In place of residence 37 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH Nov. 18 1951
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
Aug. 1950 to Nov. 18 1951
I last saw him alive on Nov. 18 1951, death is said to

have occurred on the date stated above, at 2:10 P. m.

DISEASE OR CONDITION

DIRECTLY LEADING

TO DEATH (a) Coronary Thrombosis

INTERVAL BE-
TWEEN ONSET
AND DEATH

2 day

ANTE
CEDENT
CAUSES

Due To

(b)

Disease

Due To

(c)

OTHER
SIGNIFICANT
CONDITIONS

Left leg amputated Syo.

Major findings:

Of operations. none

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 State Way, W. W. 11/18/1951

6 Holy Cross Maiden
(Place of Burial or Cremation) (City or Town)

DATE OF BURIAL

Nov 21 1951

7 NAME OF
FUNERAL DIRECTOR

John F. O'Malley

ADDRESS

Winthrop

Received and filed

NOV 19 1951

(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 Belanger
(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 2 Months 0 Days If under 24 hours
Hours Minutes13 Usual Occupation: Auditor (written)
(Kind of work done during most of working life)

14 Industry or Business: N.E. Tel & Tel Co

15 Social Security No.

16 BIRTHPLACE (City) Boston Mass
(State or country)

17 NAME OF FATHER John W Hartt

18 BIRTHPLACE OF

FATHER (City)

(State or country) P.E.I.

19 MAIDEN NAME

OF MOTHER Margaret Calvin

20 BIRTHPLACE OF

MOTHER (City)

(State or country) Ireland

21

Informant

(Address)

Walter Hartt 67 Thornton Pk Winn

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) 11/19/51

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or 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

CTIONS
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DEATH

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PLACE OF DEATH

Suffolk
(County)
Wenham
(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. **259**

1 No. *Wenham Comm. Hosp.* (If death occurred in a hospital or institution, St. { give its NAME instead of street and number)
2 FULL NAME *Estelle M. Feely* (If deceased is a married, widowed or divorced woman, give also maiden name.)
(a) Residence. No. *9* *Winn* *A* *Shore Drive* St. (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.

PHYSICIAN — IMPORTANT
(Was deceased a
U. S. War Veteran,
if so specify WAR)

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH *Nov. 20 1951*
(Month) (Day) (Year)
4 I HEREBY CERTIFY, That I attended deceased from
May 1949 to *Nov. 20 1951*
I last saw *her* alive on *Nov. 20 1951*, death is said to
have occurred on the date stated above, at *9:45 P.m.*

DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a) *Cerebral Hemorrhage*

INTERVAL BETWEEN ONSET AND DEATH

5 days

ANTECEDENT CAUSES
Due To (b) *Hypertension*

5 yrs.

Due To (c) *Chronic nephritis*

5 yrs.

OTHER SIGNIFICANT CONDITIONS

*None*Major findings: *None*
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

(Signed)

(Address) *Myron D. King M.D.*
*25-100000 Wenham Dr. Box 20 1951*6 Place of Burial or Cremation *Buckham*
(City or Town)DATE OF BURIAL *Nov 23 1951*7 NAME OF FUNERAL DIRECTOR *Walter H. Feely*

ADDRESS

Received and filed *NOV 26 1951* 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 *55* Years Months Days If under 24 hours
Hours Minutes

13 Usual Occupation: *Tel. Supervisor*
(Kind of work done during most of working life)

14 Industry or Business: *N E Tel & Tel*

15 Social Security No.

16 BIRTHPLACE (City) *East Boston*
(State or country) *Mass.*

17 NAME OF FATHER *Thomas G. Feely*

18 BIRTHPLACE OF FATHER (City) *Boston*

(State or country) *Mass.*

19 MAIDEN NAME OF MOTHER *Mary J. Sheehan*

20 BIRTHPLACE OF MOTHER (City) *Boston*
(State or country) *Mass.*

21 Informant (Address) *My Agnes Pelley*
Charles Ave. Wenham

I HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:

Walter H. Feely
(Signature of Agent of Board of Health or other)

H.O.
(Official Designation)

Nov 22, 51
(Date of Issue of Permit)

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

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A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

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death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

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SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICSTo be filed for burial permit
with Board of Health
or its Agent.

260

STANDARD
CERTIFICATE OF DEATH

Registered No.

PLACE OF DEATH

Suffolk

(County)

Wentworth

(City or Town)



No. 56 Bartlett Parkway St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME. Mary R. Griffin (Rynne)
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT

(Was deceased a
U. S. War Veteran,
if so specify WAR)(a) Residence. No. 56 Bartlett Parkway St.
(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 7 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH November 21 1951
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
16 Nov 1951 to 21 Nov 1951

I last saw her alive on 20 Nov 1951, death is said to

have occurred on the date stated above, at 11:30 A.M.

DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a) Myocardial
degenerationINTERVAL
BETWEEN
ONSET
AND
DEATH1
week
over
5
years

ANTECEDENT CAUSES Due To Diabetes Mellitus

Due To mellitus (c)

OTHER
SIGNIFICANT
CONDITIONSMajor findings: Leg amputated in 1947
Of operations.

Date of operation 1947 Was autopsy performed?

What test confirmed diagnosis? Blood & Urine Tests

5 Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) John F. Collins M. D.

(Address) 100 Main St. Date 21 Nov 1951

6 Wentworth Cemetery (City or Town)

DATE OF BURIAL Nov 24 1951

7 NAME OF FUNERAL DIRECTOR Edmund J. Kelleher

ADDRESS 67 Broadway Somerville

Received and filed NOV 26 1951

(Registrar)

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 Peter F. Griffin (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 7.7 Years Months Days If under 24 hours
Hours Minutes13 Usual Occupation: Housewife
(Kind of work done during most of working life)

14 Industry or Business: At Home

15 Social Security No.

16 BIRTHPLACE (City) Ireland
(State or country)

17 NAME OF FATHER Thomas Rynne

18 BIRTHPLACE OF FATHER (City) Ireland
(State or country)

19 MAIDEN NAME OF MOTHER Conroy

20 BIRTHPLACE OF MOTHER (City) Ireland
(State or country)21 Informant (Address) Theresa Griffin
56 Bartlett Parkway, WentworthI HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued.

Walter S. Baker (Signature of Agent of Board of Health or other)

Walter S. Baker Health Officer (Official Designation)

(Date of Issue of Permit)

100M-(D)-10-48-24685

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of 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 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:

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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. Winthrop Comm Hospital

2 FULL NAME Barnet Kaplovitz
(If deceased is a married, widowed or divorced woman, give also maiden name.)(a) Residence. No. 200 Shirley
(Usual place of abode)Length of stay: In place of death..... years..... months..... days. In place of residence 36 years..... months..... days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH Nov. 21, 1951
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
June 49, 1949 to Nov. 21, 1951
I last saw him alive on Nov. 21, 1951, death is said tohave occurred on the date stated above, at 12:30 P. m.DISEASE OR CONDITION Subarachnoid
DIRECTLY LEADING TO DEATH (a) HemorrhageANTECEDENT CAUSES (b) Hypertension

Due To (c)

OTHER SIGNIFICANT CONDITIONS Post-Carcinoma of sigmoidMajor findings: Carcinoma of Sigmoid
Of operations.Date of operation. 1946 Was autopsy performed? noWhat test confirmed diagnosis? Clinical5 Was disease or injury in any way related to occupation of deceased? noIf so, specify (Signed) Charles Liberman M. D.
(Address) 26 Waverly Ave. Winthrop Date 11/21/19516 Adair Jewish Burial Cem (City or Town)
Place of Burial or CremationDATE OF BURIAL Nov 22, 19517 NAME OF FUNERAL DIRECTOR H. J. Toif
ADDRESS 151 Washington St. ChelseaReceived and filed NOV 26 1951

(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. 281

{(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)

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 Rebecca Cohen
(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..... Minutes13 Usual Occupation: Real Estate Dealer (Retired)
(Kind of work done during most of working life)14 Industry or Business: Real estate15 Social Security No. none16 BIRTHPLACE (City) Russia
(State or country)17 NAME OF FATHER Gershon Kaplovitz18 BIRTHPLACE OF FATHER (City) Russia
(State or country)19 MAIDEN NAME OF MOTHER Sarah (CBL)20 BIRTHPLACE OF MOTHER (City) Russia
(State or country)21 Informant Rebecca Kaplovitz
(Address) 200 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. Baker
(Signature of Agent of Board of Health or other)Health Officer 11/26/51
(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 exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given, and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or 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-303 to the clerk of the city or town in which the deceased resided as soon as possible after the close of the month in which the death occurred. (See Chap. 46, Sec. 12, G. L.)

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

COPY OF MEDICAL EXAMINER'S CERTIFICATE OF DEATH

BOSTON

(City or town making return)

Registered No. **10292**

262

SUFFOLK

(County)

BOSTON

(City or Town)



No. **Mass. General Hospital**

St. { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME **James McDonough**
(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. **Off Bowdoin St**
(Usual place of abode)

St. **Winthrop Mass.**
(If nonresident, give city or town and State)

Length of stay: In place of death.....years.....months **1**.....days. In place of residence **43**.....years.....months.....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH **Nov. 22/51**
(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.)
Flame burns of body and of extremities

5 Accident, suicide, or homicide (specify) **Presumably accidental**

Date and hour of injury.....**19**.....

Where did injury occur? **Winthrop Nov. 21, 1951**
(City or town and State)

Did injury occur in or about home, on farm, in industrial place, or in public place? **Removed from a burning**

Manner of injury **shack at Winthrop Nov. 21/51**
(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) **W J Brickley**
(Address) **Boston Mass.** Date **11-23** 19 **51**

7 **Winthrop Cem-Winthrop Mass.**
Place of Burial, or Cremation. (City or Town)

DATE OF BURIAL **Nov. 24/51** 19.....

8 NAME OF FUNERAL DIRECTOR **E. P. Caggiano**
ADDRESS **Winthrop Mass.**

Received and filed **NOV 30 1951** 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 **Single**
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 **43**
AGE 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:.....

16 Social Security No. **Winthrop Mass.**

17 BIRTHPLACE (City). (State or country)

18 NAME OF FATHER **Dudley McDonough**

19 BIRTHPLACE OF FATHER (City). (State or country) **Ireland**

20 MAIDEN NAME OF MOTHER **Margaret Walsh**

21 BIRTHPLACE OF MOTHER (City). (State or country) **Ireland**

22 Informant **B Hill**
(Address)

A TRUE COPY.

ATTEST: **Nov. 26/51**
(Registrar of City or Town where death occurred)

DATE FILED **Nov. 26/51** 19.....

25m-(h)-10-48-24658

RECEIVED



NOV 30 1951 AM

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

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SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

PLACE OF DEATH

SUFFOLK
(County)
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. 10316

251

No. 6 Parley Vale Glenside Hospital

St. { (If death occurred in a hospital or institution,
give its NAME instead of street and number)2 FULL NAME Frederick L Hoffses
(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. 100 Quincy 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 Nov. 24/51
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
April 18 19 51 to Nov. 24 19 51

I last saw him alive on Nov. 24, 19 51, death is said to

have occurred on the date stated above, at 3:30P.m.

DISEASE OR CONDITION

DIRECTLY LEADING TO DEATH (a) Cerebral hemorrhage

INTERVAL BETWEEN ONSET AND DEATH 13 hrs

ANTE CEDENT CAUSES Due To Generalized arterio
(b) sclerosis

4 Yrs

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) Ruth M Crossfield M. D.

(Address) Sweetland Cem-South Waldoboro Me. Date 19 51

6 Place of Burial or Cremation (City or Town)

DATE OF BURIAL Nov. 27/51 19

7 NAME OF FUNERAL DIRECTOR C H Stone
ADDRESS Quincy Mass.

Received and filed NOV 30 1951 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 DIVORCED10a If married, widowed, or divorced
HUSBAND of Edwin C 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 62 Years 4 Months 23 Days
If under 24 hours
.....Hours.....Minutes13 Usual Occupation: Ships Captain
(Kind of work done during most of working life)

14 Industry or Business:

15 Social Security No. 217-14-3473

16 BIRTHPLACE (City) Waldoboro Maine
(State or country)

17 NAME OF FATHER David W Hoffses

18 BIRTHPLACE OF FATHER (City) Waldoboro Maine
(State or country)

19 MAIDEN NAME OF MOTHER Elva Kaler

20 BIRTHPLACE OF MOTHER (City) Waldoboro Maine
(State or country)21 Informant Mrs F Hoffses
(Address)A TRUE COPY Charles H. Inackie
ATTEST: (Registrar of City or Town where death occurred)

DATE FILED Nov. 26/51 19

RECEIVED



NOV 30 1951 AM

Entered Service 3-12-18

Discharged 9-30-21 Lt. Jg.
Transport Duty C-3-116044

PLACE OF DEATH

1

Winthrop
(County)
Suffolk
(City or Town)The Commonwealth of Massachusetts
EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICSSTANDARD
CERTIFICATE OF DEATH

(City or town making return)

Registered No.

265

No. Winthrop Community Hall St. { (If death occurred in a hospital or institution,
give its NAME instead of street and number)2 FULL NAME Lionel Alphonse Paine
(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. 23 Cliff Ave.
(Usual place of abode)

(If nonresident, give city or town and State)

Length of stay: In place of death. 29 years. 29 months. 29 days. In place of residence 61 years. 61 months. 61 days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH November 25, 1951
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
October 28, 1951 to November 25, 1951I last saw him alive on November 25, 1951, death is said tohave occurred on the date stated above, at 11 P.M.

DISEASE OR CONDITION

DIRECTLY LEADING

TO DEATH (a) Intracranial hemorrhageRight Temporo-parietal lobe 29 daysANTE Due To Subarachnoid andCEDENT (b) Intracranial hemorrhage

CAUSES

Due To Congenital(c) aneurysm aneurysmOTHER SIGNIFICANT CONDITIONS Terminal Broncho-pneumonia 2 daysMajor findings: none

Of operations

Date of operation Nov 28 Was autopsy performed YesWhat test confirmed diagnosis clinical & pathological5 Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Jacob J. Abraham M.D. M. D.(Address) 1000 Shirley St. Date 11/27/516 Winthrop Winthrop, Mass

Place of Burial or Cremation (City or Town)

DATE OF BURIAL Nov. 28 19 517 NAME OF FUNERAL DIRECTOR Howard S. ReynoldsADDRESS Winthrop, Mass.Received and filed DEC 3 19 51

(Registrar)

A TRUE COPY ATTEST

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Male 9 COLOR OR RACE White 10 SINGLE (write the word)
MARRIED
WIDOWED
or DIVORCED Widowed10a If married, widowed, or divorced
HUSBAND of Mary Bell Sampson
(Give maiden name of wife in full)(or) WIFE of _____
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 61 Years 4 Months 13 Days If under 24 hours
Hours Minutes13 Usual Occupation: Hardware Executive
(Kind of work done during most of working life)14 Industry or Business: Hardware15 Social Security No. 012-05-974816 BIRTHPLACE (City) Winthrop
(State or country) Mass17 NAME OF FATHER George F Paine18 BIRTHPLACE OF FATHER (City) Winthrop
(State or country) Mass19 MAIDEN NAME OF MOTHER Henrietta
Eneretta Fuller20 BIRTHPLACE OF MOTHER (City) Chelsea
(State or country) Mass21 Informant Doris Cochrane
(Address) Elliott Rd. Lynnfield, Mass.I HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:Walter S. Baker
(Signature of Agent of Board of Health or other)(Official Designation) Health Officer (Date of Issue of Permit) 11/28/51

per tel. comm. Mrs. Reynolds 12/4/51

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith 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

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.

266

No. Danvers State Hospital, Hathorne St. { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME. Hannah Elizabeth Conway (Kiordan)
(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. 18 Wadsworth St. Winthrop
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death.....years.....8.....months.....19.....days. In place of residence.....years.....months.....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH November 8, 1951
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
Feb. 20 51 to Nov. 8, 51I last saw him alive on November 8, 1951 death is said to
have occurred on the date stated above, at 2:30 a.m.DISEASE OR CONDITION
DIRECTLY LEADING TO DEATH (a) Coronary heart
diseaseINTERVAL BE-
TWEEN ONSET
AND DEATHANTE DUE TO Generalized
CEDENT (b) Arteriosclerosis
CAUSESDUE TO
(c)OTHER
SIGNIFICANT
CONDITIONSMajor findings:
Of operations.....

Date of operation.....Was autopsy performed? Yes

What test confirmed diagnosis? Autopsy

5 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Andrew Nichols 3rd, 11/8/51 M. D.
(Address) Danvers, Mass.6 Calvary Cemetery Brockton
Place of Burial or Cremation (City or Town)

DATE OF BURIAL Nov. 10 1951

7 NAME OF FUNERAL DIRECTOR John J. Hickey
ADDRESS Brockton, Mass.

Received and filed DEC 13 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 or DIVORCED

10a If married, widowed, or divorced

HUSBAND of (Give maiden name of wife in full)

(or) WIFE of Arthur Conway
(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: Housewife
(Kind of work done during most of working life)14 Industry
or Business:

15 Social Security No. None

16 BIRTHPLACE (City) Ireland
(State or country)

17 NAME OF FATHER Jeremiah Riordan

18 BIRTHPLACE OF FATHER (City) Unk own
(State or country) Ireland

19 MAIDEN NAME OF MOTHER Catherine McCarthy

20 BIRTHPLACE OF MOTHER (City) Unknown
(State or country) Ireland21 Informant Mary Sheehan
(Address) Hathorne, Mass.

A TRUE COPY

ATTEST: (Registrar of City or Town where death occurred)

DATE FILED November 13, 51



DEC 13 1951 AM

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICSCOPY OF
CERTIFICATE OF DEATH

(City or town making return)

Registered No.

267

PLACE OF DEATH

(County)

(City or Town)

No. Danvers State Hospital, Hathorne

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Eugene Donovan

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(Was deceased a
U. S. War Veteran,
if so specify WAR)(a) Residence. No. 171 Shore Drive

(Usual place of abode)

St. Winthrop (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
DEATHNovember 8, 1951

(Month)

(Day)

(Year)

4 I HEREBY CERTIFY, That I attended deceased from

November 1, 1951 to November 8, 1951I last saw him alive on Nov. 8, 1951 death is said tohave occurred on the date stated above, at 1:00 p.m.INTERVAL BE-
TWEEN ONSET
AND DEATHDISEASE OR CONDITION
DIRECTLY LEADINGTO DEATH (a) Bronchopneumonia3 daysANTE Due To
CEDENT (b)
CAUSESDue To
(c)OTHER
SIGNIFICANT
CONDITIONSHypertensive Heart
DiseaseMajor findings:
Of operationsDate of operation..... Was autopsy performed? NoWhat test confirmed diagnosis? Clinical & Lab.

5 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Andrew Nichols 3rd M. D.
(Address) Danvers, Mass. Date 11/9/516 Winthrop Cemetery Winthrop

Place of Burial or Cremation

DATE OF BURIAL November 1019 517 NAME OF
FUNERAL DIRECTOR E. P. CaggianoADDRESS Winthrop, Mass.

Received and filed.....19.....

DEC 13 1951

(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX

9 COLOR OR RACE

10 SINGLE (write the word)

MaleWhiteMARRIED
WIDOWED
or DIVORCEDMarried

10a If married, widowed, or divorced

HUSBAND of Louise Stettin

(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: Swearer
(Kind of work done during most of working life)14 Industry
or Business:15 Social Security No. Unknown16 BIRTHPLACE (City)
(State or country) Lawrence
Mass.17 NAME OF
FATHER18 BIRTHPLACE OF Jeremiah DonovanFATHER (City)
(State or country)19 MAIDEN NAME
OF MOTHER Ireland20 BIRTHPLACE OF Mary McCarthyMOTHER (City)
(State or country) Lowell
Mass.

21

Informant
(Address) Mary E. Shahan
Hathorne, Mass.

A TRUE COPY

ATTEST: Arthur W. Gay
(Registrar of City or Town where death occurred)

DATE FILED

November 13, 1951

11



DEC 13 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-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

R-305

PLACE OF DEATH

Suffolk

(County)

Chelsea

(City or Town)



The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
COPY OF
MEDICAL EXAMINER'S
CERTIFICATE OF DEATH

Chelsea

(City or town making return)

Registered No. 633-268

en route to Chelsea Memorial Hospital (If death occurred in a hospital or institution, St. { give its NAME instead of street and number)

2 FULL NAME George A. Livingstone
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(a) Residence. No. 419a Revere 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 Nov. 14, 1951
(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:
Hypertensive heart disease:
Probably coronary sclerosis.

5 Accident, suicide, or homicide (specify).....

Date and hour of injury.....19.....

Where did Injury occur?.....
(City or town and State)

Did injury occur in or about home, on farm, in industrial place, or in public place?.....

Manner of Injury collapsed suddenly & died
(Specify type of place)

Nature of Injury quickly
(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 Wm. J. Brickley

(Signed)

(Address) Boston, Mass. Nov. 15 M. 51

7 Woodlawn, Everett, Mass.

Place of Burial, or Cremation (City or Town)

DATE OF BURIAL Nov. 17, 1951

8 NAME OF FUNERAL DIRECTOR Carafa Funeral Home

ADDRESS 389 Wash. Ave. Chelsea

Received and filed DEC 11 1951

(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

9 SEX Male 10 COLOR OR RACE White 11 SINGLE (write the word) MARRIED 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 54 9 15 Days If under 24 hours Hours Minutes

14 Usual Occupation: Restaurateur
(Kind of work done during most of working life)

15 Industry or Business: Restaurant

16 Social Security No. Ireland

17 BIRTHPLACE (City) (State or country)

18 NAME OF George A. FATHER

19 BIRTHPLACE OF Ireland FATHER (City) (State or country)

20 MAIDEN NAME OF MOTHER Sara Marshall

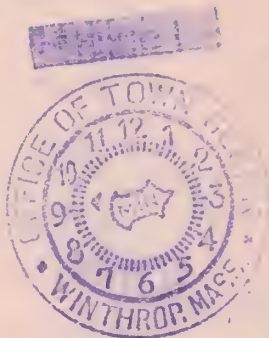
21 BIRTHPLACE OF Ireland MOTHER (City) (State or country)

22 Informant (Address) Elsie Livingstone (wife) 419a Revere St. Winthrop

A TRUE COPY. Joseph A. Tyrrell

ATTEST: (Registrar of City or Town where death occurred)

DATE FILED Nov. 16, 1951



DEC 11 1951 AM

PLACE OF DEATH

Suffolk

(County)

Revere

(City or Town)



The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

REVERE

(City or town making return)

COPY OF
CERTIFICATE OF DEATH

Registered No. 269

No. Revere Memorial Hospital

(If death occurred in a hospital or institution,
St. { give its NAME instead of street and number)2 FULL NAME Joseph Wallace
(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. 146 Bowdoin
(Usual place of abode)St. Winthrop
(If nonresident, give city or town and State)Length of stay: In place of death 31 hours 45 minutes
years months days. In place of residence 3 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH November 25 1951
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
November 21 1951 to November 25 1951I last saw him alive on November 25 1951, death is said to
have occurred on the date stated above, at 8:40 A.m.DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a)

Coronary Thrombosis

INTERVAL BE-
TWEEN ONSET
AND DEATH

4 days

ANTE DUE TO Arteriosclerotic
CEDENT (b)

Heart Disease

Due To
(c)OTHER SIGNIFICANT
CONDITIONS Duodenal Ulcer

5 Yrs

Major findings:
Of operations.

Date of operation. Was autopsy performed?

What test confirmed diagnosis? Phys. Exam.

5 Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) William W. Dorfman M.D.
(Address) Revere, Mass. Date 11/25/ 19516 Winthrop Winthrop
Place of Burial or Cremation (City or Town)

DATE OF BURIAL November 28, 1951

7 NAME OF FUNERAL DIRECTOR Michael J. Porcella

ADDRESS 876 Winthrop Ave., Revere, Mass.

Received and filed DEC 2, 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 Married
or DIVORCED10a If married, widowed, or divorced
HUSBAND of Mary Monahan
(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 9 Months Days If under 24 hours
Hours Minutes13 Usual Occupation Retired - Fireman
(Kind of work done during most of working life)

14 Industry or Business Boston Fire Dept.

15 Social Security No. 015-20-2686

16 BIRTHPLACE (City) New York
(State or country) N.Y.

17 NAME OF FATHER James Wallace

18 BIRTHPLACE OF FATHER (City) Ireland
(State or country)

19 MAIDEN NAME OF MOTHER Sarah Feenan

20 BIRTHPLACE OF MOTHER (City) Ireland
(State or country)21 Informant 146 Bowdoin Ave., Winthrop, Mass.
(Address)

A TRUE COPY.

TEST: (Registrar of City or Town where death occurred)

DATE FILED November 27, 1951



of death should be transmitted on Form K-302 to the clerk of the city or town in which the deceased resided as soon as possible after the close of the month in which the death occurred. (See Chap. 46, Sec. 12, G. L.)

50m-(c)-10-48-24658

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS



Suffolk
(County)

Revere
(City or Town)

REVERE

(City or town making return)

COPY OF CERTIFICATE OF DEATH

Registered No. 270

No. Revere Memorial Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Aurore Legere (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. 104 Highland Avenue 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. 35 years. months. days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH November 27 1951 (Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from February 1951 to November 27, 1951. I last saw her alive on November 27, 1951 death is said to have occurred on the date stated above, at 4:10 P. m.

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Pulmonary Edema

INTERVAL BETWEEN ONSET AND DEATH

1 Day

ANTE CEDENT CAUSES (b) Intestinal Obstruction

1 Mo.

Due To (c) Due to Carcinoma of Bowel

OTHER SIGNIFICANT CONDITIONS

Major findings: Of operations.

Date of operation. Was autopsy performed? No

What test confirmed diagnosis? X-ray & Clinical

5 Was disease or injury in any way related to occupation of deceased? No

If so, specify (Signed) William A. Saccone M. D. (Address) 732 Broadway Revere Date 11/27/1951

6 Holy Cross Place of Burial or Cremation (City or Town) Malden

DATE OF BURIAL November 30, 1951

7 NAME OF FUNERAL DIRECTOR J. Vincent Murray

ADDRESS Revere

Received and filed DEC 20 1951 19

(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Female 9 COLOR OR RACE White 10 SINGLE (write the word) MARRIED Widowed WIDOWED or DIVORCED

10a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full) Alderic Legere (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: At home

15 Social Security No.

16 BIRTHPLACE (City) (State or country) Canada

17 NAME OF FATHER Charles Legere

18 BIRTHPLACE OF FATHER (City) (State or country) Canada

19 MAIDEN NAME OF MOTHER C.B.L.

20 BIRTHPLACE OF MOTHER (City) (State or country) C.B.L.

21 Informant Charles Legere (Address) 112 Walnut St., Saugus

A TRUE COPY.

ATTEST: (Registrar of City or Town where death occurred)

DATE FILED December 10, 1951



The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICSCOPY OF
CERTIFICATE OF DEATHWorcester
(County)RUTLAND
(City or Town)RUTLAND
(City or town making return)

Registered No. 271

No. Rutland State Sanatorium St. { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME. John Robert 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 Herman St. St. Winthrop, Mass.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death. 3 years 23 months 23 days. In place of residence. years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH November 30, 1951
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from Aug. 7, 1951, to Nov. 30, 1951

I last saw him alive on Nov. 30, 1951, death is said to have occurred on the date stated above, at 10.30 p.m.

DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a) Pulmonary tuberculosis

INTERVAL BETWEEN ONSET AND DEATH

3yrs

ANTE CEDENT CAUSES
Due To (b)

Due To (c)

OTHER SIGNIFICANT CONDITIONS Tuberculous empyema

Major findings:
Of operations.

Date of operation. Was autopsy performed?

What test confirmed diagnosis? x-ray, Laboratory

5 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) George Altenhaus M. D.
(Address) Rutland, Mass. Date Nov. 30, 19516 Winthrop Cem. Winthrop, Mass.
Place of Burial or Cremation (City or Town)

DATE OF BURIAL December 4, 1951

7 NAME OF FUNERAL DIRECTOR Charles H. Tresnor
ADDRESS 726 Saratoga St., E. Boston, Mass.

Received and filed DEC 17 1951

(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 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 22 Years 4 Months 13 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:

15 Social Security No. 023-20-4740

16 BIRTHPLACE (City) Chelsea, Mass.
(State or country)

17 NAME OF FATHER James J. Magee

18 BIRTHPLACE OF FATHER (City) Boston, Mass.
(State or country)

19 MAIDEN NAME OF MOTHER Elizabeth Henton

20 BIRTHPLACE OF MOTHER (City) Boston, Mass.
(State or country)21 Informant (Address) James J. Magee
150 Herman St. Winthrop

A TRUE COPY

TEST: (Registrar of City or Town where death occurred)

DATE FILED December 1, 1951

TABLE 1



DEC 17 1951 AM

PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)

No. 29 James Ave.



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. 272

(If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME Anna Agnes (Conley) Robbs

(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. 29 James 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 20 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH December 5, 1951
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
October 12, 1948, to Dec 1, 1951.I last saw her alive on Dec 1, 1951, death is said to
have occurred on the date stated above, at 12:30 P.M.DISEASE OR CONDITION
DIRECTLY LEADING

TO DEATH (a) coronary occlusion

INTERVAL BE-
TWEEN ONSET
AND DEATHImmediate
death.ANTECEDENT CAUSES Due To
(b) arterial hypertension
Congestive heart failureDue To
(c)OTHER
SIGNIFICANT
CONDITIONSMajor findings:
Of operations.

Date of operation. Was autopsy performed? no

What test confirmed diagnosis?

5 Was disease or injury in any way related to occupation of deceased? no
If so, specify.(Signed) H. B. Greenfield, M. D.
(Address) 447 Shirley St. Winthrop Date 12-6-19516 Place of Burial or Cremation Winthrop Cemetery, Winthrop, Mass.
(City or Town)

DATE OF BURIAL December 7, 1951

7 NAME OF FUNERAL DIRECTOR Victoria A. Reynolds

ADDRESS 120 Winthrop St. Winthrop

Received and filed DEC 10 1951 19

(Registrar)

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 Paul Temple Robbs
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 61 Years 9 Months 18 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. Boston
16 BIRTHPLACE (City) Massachusetts
(State or country)

17 NAME OF FATHER Denis Conley

18 BIRTHPLACE OF FATHER (City) Ireland
(State or country)

19 MAIDEN NAME OF MOTHER Mary Donley

20 BIRTHPLACE OF MOTHER (City) Ireland
(State or country)21 Informant Mrs. Evelyn Johnson
(Address) 29 James 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 12/7/51
(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 exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or 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)

Boston

(City or Town)

No. Mass. Memorial Hospital



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. 10828

273

St. { (If death occurred in a hospital or institution,
give its NAME instead of street and number)2 FULL NAME George Chandler
(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 Washington Ave.
(Usual place of abode)

Winthrop Mass.

(If nonresident, give city or town and State)

Length of stay: In place of death.....years.....months.....23.....days. In place of residence. 40 years.....months.....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH Dec. 6/51
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
Nov. 13, 19 51 to Dec. 6, 19 51
I last saw him alive on Dec. 6, 19 51, death is said to
have occurred on the date stated above, at 8:55A.m.INTERVAL BE-
TWEEN ONSET
AND DEATHDISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a) Gastro intestinal
hemorrhage

1 Day

ANTE DUE TO Uremia
CEDENT (b)

6 Mos.

Due To Chronic nephrosclerosis
(c)OTHER SIGNIFICANT
CONDITIONS Hypertension

4-5 Yrs

Major findings:
Of operations..... Yes
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 G. Entwistle
(Signed) Mass. Mem. Hospt Date 12-6 M. 51
(Address)6 Place of Burial or Cremation Winthrop Cem-Winthrop Mass.
(City or Town)

DATE OF BURIAL Dec. 10/51 19

7 NAME OF FUNERAL DIRECTOR Maurice W. Kirby
Winthrop Mass.
ADDRESS

Received and filed DEC 24 1951 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 Rose A Curley
(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 Minutes13 Usual Occupation Salesman
(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 George Chandler

18 BIRTHPLACE OF FATHER (City) Boston Mass.
(State or country)

19 MAIDEN NAME OF MOTHER Anna Lally

20 BIRTHPLACE OF MOTHER (City) Ireland
(State or country)21 Informant Mrs Rose Chandler
(Address)A TRUE COPY
ATTEST Charles H. Tracker
(Registrar of City or Town where death occurred)

DATE FILED Dec. 11/51 19

11-10-51



DEC 24 1951 AM

INSTRUCTIONS
FOR
CERTIFICATEgiving
OF DEATHnot enter
than one
for each
(b) and (c)does not mean
of dying, such
illness, as
the disease,
conditions which
th.id conditions,
ing rise to the
se (a) stating
lying causeitions contrib-
e death but not
the disease or
causing death.

PLACE OF DEATH

Suffolk
(County)Winthrop
(City or Town)

No. Mount's Conv. Home - 104 Highland Avenue St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Bertha Lubin

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 140 Shirley
(Usual place of abode)

St.

(If nonresident, give city or town and State)

Length of stay: In place of death years 2 months 25 days. In place of residence years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH Dec 8 1951
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from June 1949, to Dec 8 1951

I last saw her alive on Dec 7, 1951, death is said to

have occurred on the date stated above, at 3:30 A.M.

DISEASE OR CONDITION

DIRECTLY LEADING
TO DEATH (a) CarcinomatosisANTECEDENT
CAUSES (b) Carcinoma Left BreastDue To
(c)OTHER
SIGNIFICANT
CONDITIONS noneMajor findings: none
Of operations.

Date of operation. Was autopsy performed? no

What test confirmed diagnosis? Lab. & Clinical.

5 Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) Charles Lieberman

(Address) 26 Waverley Ave. Winthrop Date 12/8/51 M. D.

6 Workmens Circle Melrose
(City or Town)

DATE OF BURIAL December 9, 1951

7 NAME OF FUNERAL DIRECTOR Benj. F. Solomon

ADDRESS 420 Harvard St-Brookline.

Received and filed DEC 10 1951 19

(Registrar)

The Commonwealth of Massachusetts

EDWARD J. CRONIN, SECRETARY
DIVISION OF VITAL STATISTICSSTANDARD
CERTIFICATE OF DEATH

Registered No. 274

To be filed for burial permit
with Board of Health
or its Agent.PHYSICIAN — IMPORTANT
(Was deceased a no.
U. S. War Veteran,
if so specify WAR)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX female 9 COLOR OR RACE white 10 SINGLE (write the word)
MARRIED
WIDOWED
or DIVORCED

10a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of Harry Lubin

(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 63 Years Months Days If under 24 hours
Hours Minutes13 Usual Occupation: Housewife
(Kind of work done during most of working life)

14 Industry or Business: Own Home

15 Social Security No. none.

16 BIRTHPLACE (City) Poland
(State or country)

17 NAME OF FATHER Samuel White

18 BIRTHPLACE OF FATHER (City) Poland
(State or country)

19 MAIDEN NAME OF MOTHER Sarah Bahm

20 BIRTHPLACE OF MOTHER (City) Poland
(State or country)21 Informant Albert B. Miller
(Address) 22 Woodside Ave-WinthropI HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:Walter S. Baker
(Signature of Agent of Board of Health or other)
Health Officer
(Official Designation)

(Date of Issue of Permit) 12/8/51

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or 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. 583 Shirley



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.

275

Registered No.

2 FULL NAME Mary Belle (MacGillviray) Young
(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. 583 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 30 years..... months..... days.

INSTRUCTIONS
FOR
CERTIFICATEgiving
OF DEATHnot enter
than one
for each
(b) and (c)does not mean
of dying, such
dure, asthenia,
ns the disease,
ations which
h.d conditions,
ng rise to the
e (a) stating
lying causeions contrib-
death but not
he disease or
causing death.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH December 9 1951
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
Mar 9 1951 to Dec 9 1951

I last saw her alive on Dec 9 1951, death is said to

have occurred on the date stated above, at 11 A. m.

DISEASE OR CONDITION

DIRECTLY LEADING

TO DEATH (a) General carcinoma of ovary 6 mo.

ANTECEDENT CAUSES Due To (b) Carcinoma of ovary papillary type 3 yrs.

Due To (c)

INTERVAL BETWEEN ONSET AND DEATH

OTHER SIGNIFICANT CONDITIONS

Major findings: Ca. of ovary & metastatic Ca. of uterus
Of operations.

Date of operation May 12, 1949 as autopsy performed? No.

What test confirmed diagnosis? Pathological tissue study

5 Was disease or injury in any way related to occupation of deceased?

If so, specify.

(Signed) Myron N. King M. D.

(Address) Dec 10 1951 25 Bluff St. Winthrop

6 Place of Burial or Cremation Winthrop Cemetery Winthrop

(City or Town)

DATE OF BURIAL December 11 1951

7 NAME OF FUNERAL DIRECTOR Edward S. Pinnolds

ADDRESS 180 Winthrop St. Winthrop

Received and filed DEC 11 1951

(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 William R. Young

(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 75 Years 0 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: None Own Home

15 Social Security No. None Springfield

16 BIRTHPLACE (City) Nova Scotia (State or country)

17 NAME OF FATHER William MacGillviray

18 BIRTHPLACE OF FATHER (City) Unknown (State or country) Scotland

19 MAIDEN NAME OF MOTHER Jessie Duff

20 BIRTHPLACE OF MOTHER (City) Unknown (State or country) Scotland

21 Informant William F. Busby (Address) 31 E. 1st Ave. Pawtucket R.I.

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Walter E. Baker (Signature of Agent of Board of Health or other)

Health Officer (Official Designation) 12/11/51 (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.

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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

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.

25M (9)-8-50-902 592

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

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Registered No. **276**

No. *Winthrop Community Hospital* St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME *Harry J. Cronin* (If deceased is a married, widowed or divorced woman, give also maiden name) **PHYSICIAN — IMPORTANT**
(Was deceased a U. S. War Veteran, if so specify WAR)

(a) Residence. No. *76 Grover Ave* *Winthrop* 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 *30* years.....months.....days.
Dead on arrival

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH *December 10, 1951*
(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—
accidentally incurred
Struck by motor bus*

5 Accident, suicide, or homicide (specify) *Accident*

Date and hour of injury *Dec 10, 1951*

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? *Public highway*
(Specify type of place)

Manner of Injury *Struck by motor bus*
(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, state

(Signed) *Michael Cronin* M. D.

(Address) *25 Shattuck St* Date *12/11/51*

7 *Winthrop* *Winthrop*
Place of Burial, or Cremation. (City or Town)

DATE OF BURIAL *Dec 13* 19*51*

8 NAME OF FUNERAL DIRECTOR *Alfred A. Marsh*

ADDRESS *174 Winthrop St Winthrop*

Received and filed *DEC 12 1951* 19

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

9 SEX *Male* 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 *81* Years *5* Months *25* Days If under 24 hours
Hours.....Minutes

14 Usual Occupation: *Retired Civil Engineer*
(Kind of work done during most of working life)

15 Industry or Business:

16 Social Security No. *011-18-6024*

17 BIRTHPLACE (City) *Philadelphia*
(State or country) *Penn.*

18 NAME OF FATHER *Unknown*

19 BIRTHPLACE OF FATHER (City) *Unknown*
(State or country)

20 MAIDEN NAME OF MOTHER *Ellen Morris*

21 BIRTHPLACE OF MOTHER (City) *Unknown*
(State or country)

22 Informant *Ramon C. Jimenez*
(Address) *76 Grover 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 Spink H.O.
(Signature of Agent of Board of Health or other)

Dec 13, 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 exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the 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
CERTIFICATEgiving
OF DEATHnot enter
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the disease or
causing death.

PLACE OF DEATH

Suffolk
(County)Winthrop
(City or Town)

No. 56 Shirley Street

2 FULL NAME. Sarah (Beals) Kelly
(If deceased is a married, widowed or divorced woman, give also maiden name.)(a) Residence. No. 56 Shirley Street
(Usual place of abode)

Length of stay: In place of death years months days. In place of residence 42 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH December 11 1951
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
August 30 1951 to December 11, 1951
I last saw her alive on December 7 1951, death is said tohave occurred on the date stated above, at 4:40 p.m.
DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a) Carcinoma of stomach?ANTECEDENT CAUSES Due To (b) Generalized
arterial sclerosisDue 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) Jennie S. Roitman 12-13 M. D.
(Address) 477 Washington Ave Winthrop 19516 Winthrop Cemetery, Winthrop, Mass.
(Place of Burial or Cremation) (City or Town)

DATE OF BURIAL Dec. 14, 1951

7 NAME OF FUNERAL DIRECTOR Alfred B. Marsh

ADDRESS 174 Winthrop St., Winthrop, Mass.

Received and filed

DEC 17 1951

(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. 277

(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 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 Michael Edward Kelly
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 86 Years 6 Months 17 Days If under 24 hours
Hours Minutes13 Usual Occupation: housework
(Kind of work done during most of working life)

14 Industry or Business: own home

15 Social Security No. none

16 BIRTHPLACE (City) Halifax
(State or country) Nova Scotia

17 NAME OF FATHER John Beals

18 BIRTHPLACE OF FATHER (City) Halifax
(State or country) Nova Scotia

19 MAIDEN NAME OF MOTHER Rose Anna Leith

20 BIRTHPLACE OF MOTHER (City) Halifax
(State or country) Nova Scotia21 Informant Miss Alice Kelly
(Address) 56 Shirley St., Winthrop, Mass.I HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

H. O.
(Official Designation)Dec 14, 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.

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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 supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection 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

15

M R-301A

INSTRUCTIONS
FOR
CERTIFICATE

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OF DEATH

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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. 278

No. Winthrop Community Hospital (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Charles E Mackay (If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 32 Locust street (Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death... years... months 10 days. In place of residence 43 years... months... days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH Dec 11 1951 (Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from Dec 2 19 51 to Dec 11 19 51

I last saw him alive on Dec 11 19 51 death is said to have occurred on the date stated above, at 11:30 a.m.

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Cerebral Thrombosis 10 days

ANTECEDENT CAUSES (b) Cerebral Arterio-sclerosis 1 year

Due To (c)

OTHER SIGNIFICANT CONDITIONS

Major findings: Of operations. None

Date of operation. Was autopsy performed?

What test confirmed diagnosis? clinical

5 Was disease or injury in any way related to occupation of deceased? No. If so, specify (Signed) A. L. Benjamin M. D. (Address) Chelsea Date 12/12/19 51

6 Winthrop Winthrop (City or Town)

DATE OF BURIAL Dec. 13 19 51

7 NAME OF FUNERAL DIRECTOR Howard S. Reynolds ADDRESS 100 Winthrop St. Winthrop

Received and filed DEC 13 1951 (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 Mabel E. Stone (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 2 Months 7 Days If under 24 hours Hours Minutes

13 Usual Occupation: Receiver (Kind of work done during most of working life)

14 Industry or Business: Woods Milk Co. 023-01-3679

15 Social Security No. Cape Breton

16 BIRTHPLACE (City) Nova Scotia (State or country)

17 NAME OF FATHER James Alexander Mackay

18 BIRTHPLACE OF FATHER (City) Cape Breton (State or country) Nova Scotia

19 MAIDEN NAME OF MOTHER Mary Belhaves

20 BIRTHPLACE OF MOTHER (City) Cape Breton (State or country) Nova Scotia

21 Informant (Address) Mabel E Mackay 32 Locust St. Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued: Walter S. Mackay (Signature of Agent of Board of Health or other) H. O. Dec 13. 51 (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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(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection 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 Hosp.

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. 279

2 FULL NAME. Giovanna Barravecchio
(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. 213 Lexington St.
(Usual place of abode)St. East Boston
(If nonresident, give city or town and State)

Length of stay: In place of death. 8 hrs. 5 min. years. months. days. In place of residence. years. months. days.

INSTRUCTIONS
FOR
CERTIFICATEgiving
OF DEATHnot enter
than one
for each
(b) and (c)does not mean
of dying, such
failure, asthenia,
trans the disease,
indications which
ath.bid conditions,
ving 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 12, 1951
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
Dec 11, 1951, to Dec 12, 1951.I last saw her alive on Dec 12, 1951, death is said to
have occurred on the date stated above, at 8:45 m.DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a) Pulmonary Edema 12/11/51ANTECEDENT CAUSES Due To Chronic Myocarditis 10 yrs
(b)Due To Arteriosclerosis +
(c) Hypertension 15 yrsOTHER
SIGNIFICANT
CONDITIONSMajor findings:
Of operations.

Date of operation. Was autopsy performed? no

What test confirmed diagnosis? Clinical exam

5 Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) Dr. Edgar A. M. D.
(Address) 1403 State St. Dec 12, 19516 St. Michael Cemetery Boston
Place of Burial or Cremation (City or Town)

DATE OF BURIAL Dec. 15 - 51 19

7 NAME OF FUNERAL DIRECTOR Vincent Rapino
ADDRESS 9 Chelsea St. East Boston

Received and filed DEC 17 1951 19

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Female 9 COLOR OR RACE white 10 SINGLE (write the word)
MARRIED
WIDOWED
or DIVORCE Widowed10a If married, widowed, or divorced
HUSBAND of. (Give maiden name of wife in full)
(or) WIFE of. Joseph Barravecchio
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 85 Years Months Days If under 24 hours
Hours Minutes13 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) Italy
(State or country)

17 NAME OF FATHER Frank Gentile

18 BIRTHPLACE OF FATHER (City) Italy
(State or country)

19 MAIDEN NAME OF MOTHER Anna (unknown)

20 BIRTHPLACE OF MOTHER (City) Italy
(State or country)21 Informant Angelo Barravecchio (son)
(Address) 213 Lexington 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 F. Baker
(Signature of Agent of Board of Health or other)
H.O. (Official Designation) 12/14/51
(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 exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or 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

R-301A

INSTRUCTIONS
FOR
CERTIFICATEgiving
OF DEATHnot enter
than one
for each
(b) and (c)does not mean
of dying, such
as, apoplexy,
asthenia,
paralysis, etc.,
which
are the disease,
conditions which
lead to death.and conditions,
leading rise to the
disease (a) stating
the underlying causeconditions contrib-
ing to death but not
the disease or
causing death.

50m-(b)-11-40-000-560

PLACE OF DEATH

Suffolk
(County)Winthrop
(City or Town)

No. 19 Centre Street

2 FULL NAME Texas Galveston Worcester

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 19 Centre Street
(Usual place of abode)

Length of stay: In place of death... years... months... days. In place of residence 10 years... months... days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH Dec. 12 1951
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
Nov 26, 19 1951 to Dec 11, 1951

I last saw her alive on Dec 11, 19 51 death is said to

have occurred on the date stated above, at 3:00 A. M.

DISEASE OR CONDITION

DIRECTLY LEADING
TO DEATH (a) congestive heart
failureANTE Due To
CEDENT (b)
CAUSESDue To
(c)OTHER
SIGNIFICANT
CONDITIONSMajor findings:
Of operations.

Date of operation. Was autopsy performed? no

What test confirmed diagnosis? —

5 Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) H. O. G. M. D.
(Address) 447 Shirley St. W. Dec 13, 19516 Oak Grove Cemetery Medford, Mass.
(City or Town)

DATE OF BURIAL Dec. 14, 1951 19

7 NAME OF FUNERAL DIRECTOR Alfred B. Marsh

ADDRESS 174 Winthrop St, Winthrop, Mass.

Received and filed DEC 17 1951 19

(Registrar)

The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD

CERTIFICATE OF DEATH

Registered No. 280

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) NO.

(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX female 9 COLOR OR RACE white 10 SINGLE (write the word)
MARRIED
WIDOWED widowed
or DIVORCED

10a If married, widowed, or divorced

HUSBAND of (Give maiden name of wife in full)

(or) WIFE of William Melvin Worcester
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 82 Years 3 Months 1 Days If under 24 hours
Hours Minutes13 Usual Occupation: housework
(Kind of work done during most of working life)

14 Industry or Business: own home

15 Social Security No. none

16 BIRTHPLACE (City) Post Mills
(State or country) Vermont

17 NAME OF FATHER William George Marston

18 BIRTHPLACE OF FATHER (City) Fairlee
(State or country) Vermont

19 MAIDEN NAME OF MOTHER Caroline Beverly

20 BIRTHPLACE OF MOTHER (City) Mount Desert
(State or country) Maine21 Informant Miss Mary E. Hoisington
(Address) 10 Lancaster St, CambridgeI 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. G. (Official Designation)

Dec 14, 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 exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained 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

Suffolk

(County)

Winthrop

(City or Town)

No. 335 Winthrop

STANDARD
CERTIFICATE OF DEATH

Registered No. 281

(If death occurred in a hospital or institution,
St. { give its NAME instead of street and number)2 FULL NAME Gertrude Agnes (Lent) Freeman
(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. 335 Winthrop
(Usual place of abode)

St. 53 (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 December 14 1951
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
July 11/51 to Dec. 14 1951
I last saw her alive on Dec 8 1951, 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
HemorrhageANTE DUE TO (b) Arteriosclerosis
CAUSES

Due To (c) Coronary Thrombosis

OTHER
SIGNIFICANT
CONDITIONSMajor 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) Jacob J. Ahlman M.D.
(Address) 62 Shirley St., Winthrop 12/15/516 Winthrop Cemetery Winthrop, Mass.
(City or Town)

DATE OF BURIAL December 17 1951

7 NAME OF FUNERAL DIRECTOR Howard S. Reynolds
ADDRESS 180 Winthrop St. Winthrop

Received and filed 19

DEC 17 1951

(Registrar)

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 Chester S. Freeman
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 69 Years 2 Months 29 Days If under 24 hours
Hours Minutes13 Usual Occupation: Housewife
(Kind of work done during most of working life)

14 Industry or Business: Home

15 Social Security No. None
Freeport16 BIRTHPLACE (City) Nova Scotia
(State or country)

17 NAME OF FATHER Manning Lent

18 BIRTHPLACE OF FATHER (City) Freeport
(State or country) Nova Scotia

19 MAIDEN NAME OF MOTHER Mary E. Israel

20 BIRTHPLACE OF MOTHER (City) Freeport
(State or country) Nova Scotia21 Informant Chester S. Freeman (Husband)
(Address) 335 Winthrop St. Winthrop,I HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:Walter L. Baker
(Signature of Agent of Board of Health or other)Health Officer 12/17/51
(Official Designation) (Date of Issue of Permit)

PLACE OF DEATH

R-301A

INSTRUCTIONS
FOR
CERTIFICATEgiving
OF DEATHnot enter
than one
for each
(b) and (c)does not mean
of dying, such
failure, asthenia,
and the disease,
indications which
ath.ing conditions.
ing rise to the
se (a) stating
rly causeitions contrib-
e death but not
the disease or
causing death.

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. . . — General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.

. . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

INSTRUCTIONS
FOR
CERTIFICATEgiving
OF DEATHnot enter
than one
for each
(b) and (c)does not mean
of dying, such
failure, asthenia,
means the disease,
indications which
ath.bid conditions,
ving rise to the
use (a) stating
erlying causeditions contrib-
the death but not
the disease or
causing death.

50-M (B)-12-49-900722

PLACE OF DEATH

1

Suffolk
(County)

Winthrop

(City or Town)

No. Winthrop Community Hosp.

2 FULL NAME.

Jennie Spinazola

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 148 Webster 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 years months days.

12 hrs. 5 min.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF
DEATHDec.
(Month)14
(Day)51
(Year)

4 I HEREBY CERTIFY, That I attended deceased from

Sept 1951 to Dec. 14 1951

I last saw her alive on Dec. 14 1951, death is said to

have occurred on the date stated above, at 0.30 P. m.

DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a) Toxic HepatitisANTE
CEDENT
CAUSESDue To
(b)Due To
(c)OTHER
SIGNIFICANT
CONDITIONSMajor findings:
Of operations

Date of operation

Was autopsy performed?

What test confirmed diagnosis?

5 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

6

Holy Cross Cemetery

Malden
(City or Town)

DATE OF BURIAL Dec. 18 - 51

19

7 NAME OF
FUNERAL DIRECTOR

Vincent Rapino

ADDRESS

9 Chelsea St. East Boston

Received and filed

DEC 19 1951

19

(Registrar)

The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD

CERTIFICATE OF DEATH

Registered No.

282

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

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 Joseph Spinazola

(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12

AGE 55 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)
(State or country)

Italy

17 NAME OF
FATHER

Joseph Acito

18 BIRTHPLACE OF

FATHER (City)

Italy

(State or country)

19 MAIDEN NAME

OF MOTHER

Angelina (unknown)

20 BIRTHPLACE OF

MOTHER (City)

Italy

(State or country)

21

Informant
(Address)

Joseph Spinazola

148 Webster St. East Boston

I HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued.Walter S. Baker
(Signature of Agent of Board of Health or other)Health Officer
(Official Designation)12/17/51
(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 exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid, or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or 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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SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICSTo be filed for burial permit
with Board of Health
or its Agent.

M R-301A

PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)

STANDARD
CERTIFICATE OF DEATH

Registered No.

283

No. 1 Winthrop Community Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME James B. Mulligan

(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT

(Was deceased a
U. S. War Veteran,
if so specify WAR)

(a) Residence. No. 15 Glenallen Rd. Boston St.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of stay: In place of death..... years..... months 10 days. In place of residence 5 years..... months..... days.

INSTRUCTIONS
FOR
FILLING OUT
CERTIFICATEIn giving
PLACE OF DEATHDo not enter
more than one
cause for each
(b) and (c)Conditions does not mean
of dying, such
as failure, asthenia,
means the disease,
indications which
lead to death.Under conditions,
contributing rise to the
cause (a) stating
underlying causeConditions contrib-
ute to the death but not
to the disease or
causing death.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH September 15 1951
(Month) (Day) (Year)I HEREBY CERTIFY, That I attended deceased from
Nov 10, 1951 to Dec 15, 1951

I last saw him alive on Dec 14, 1951, death is said to

have occurred on the date stated above, at 3 A.M.

DISEASE OR CONDITION
DIRECTLY LEADING

TO DEATH (a)

Acute Pulmonary Embolism

ANTECEDENT CAUSES
Due To (b) Chronic Hypertension

Due To (c) Chronic Hypertension

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. H. O'Malley

(Address) 110 Broadway St.

Date 12/15/51

M. D.

1951

6 New Calvary Boston
Place of Burial or Cremation (City or Town)

DATE OF BURIAL Dec 18 1951

7 NAME OF
FUNERAL DIRECTOR

John H. O'Malley

ADDRESS

Received and filed

DEC 17 1951

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX 9 COLOR OR RACE 10 SINGLE (write the word)

Male White MARRIED

10a If married, widowed, or divorced
HUSBAND of Anna Malone
(Give maiden name of wife in full)(or) WIFE of.....
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 64 Years Months Days If under 24 hours
Hours Minutes13 Usual Occupation Clerk
(Kind of work done during most of working life)

14 Industry or Business U. S. Postoffice

15 Social Security No.

16 BIRTHPLACE (City) Boston
(State or country) Mass

17 NAME OF FATHER Joseph Mulligan

18 BIRTHPLACE OF FATHER (City) Ireland
(State or country)

19 MAIDEN NAME OF MOTHER Mary Bowen

20 BIRTHPLACE OF MOTHER (City) Ireland
(State or country)21 Informant Mary Brannan
(Address) 63 Terrace AveI 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. (Official Designation)
Dec. 17/51 (Date of Issue of Permit)

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

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SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

PLACE OF DEATH

Essex

(County)

Danvers

(City or Town)

Danvers State Hospital, Hathorne

No.

Albert Berry

2 FULL NAME (If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No.

(Usual place of abode)

St.

Winthrop

(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

December 17, 1951

(Month)

(Day)

(Year)

4 I HEREBY CERTIFY, That I attended deceased from

Dec. 13, 1951

to

Dec. 17, 1951

in

I last saw him alive on Dec. 13, 1951, death is said to

have occurred on the date stated above, at 10:15 p.m.

DISEASE OR CONDITION

DIRECTLY LEADING TO DEATH (a) Arteriosclerotic heart disease

ANTECEDENT CAUSES

Due To (b)

Generalized Arteriosclerosis

Due To (c)

OTHER SIGNIFICANT CONDITIONS

Major findings: Of operations.....

Date of operation.....

Was autopsy performed? No

What test confirmed diagnosis? Lab. & Clinical

5 Was disease or injury in any way related to occupation of deceased?.....

If so, specify.....

(Signed) Andrew Nichols 3rd

(Address) Danvers, Mass.

Date

12/19/51

M.

1951

6 Place of Burial or Cremation

(City or Town)

DATE OF BURIAL

December 20, 1951

7 NAME OF FUNERAL DIRECTOR

Howard S. Reynolds

ADDRESS

Winthrop, Mass.

Received and filed

JAN 4 1952

(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

Danvers

(City or town making return)

Registered No.

284

(If death occurred in a hospital or institution, give its NAME instead of street and number)

(Was deceased a U. S. War Veteran, if so specify WAR)

St.

(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX

Male

9 COLOR OR RACE

White

10 SINGLE

MARRIED

WIDOWED

or DIVORCED

(write the word)

Widowed

10a If married, widowed, or divorced

HUSBAND of

Elizabeth Woodland

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12

AGE

88

Years

2

Months

23

Days

If under 24 hours

Hours Minutes

13 Usual Occupation:

Retired Caretaker

(Kind of work done during most of working life)

14 Industry or Business:

Unknown

15 Social Security No.

16 BIRTHPLACE (City) (State or country)

Annapolis Valley, N.S. Canada

17 NAME OF FATHER

Cannot be learned

18 BIRTHPLACE OF FATHER (City) (State or country)

Cannot be learned

19 MAIDEN NAME OF MOTHER

Cannot be learned

20 BIRTHPLACE OF MOTHER (City) (State or country)

Cannot be learned

21

Informant (Address)

Mary E. Sheehan

Hathorne, Mass.

A TRUE COPY

ATTEST:

(Registrar of City or Town where death occurred)

DATE FILED

Decemb

1951

19

4/12/1961

RECEIVED



JAN-9

AM

N.B.—WRITE PLAINLY WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. See reverse side for affidavit.

20m-(a)-6-40-3181

Winthrop copy - rec'd APR. 10, 1952

PLACE OF DEATH

1

(County)
Boston
(City or Town)



The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
**AFFIDAVIT AND CORRECTION
OF A RECORD OF DEATH**

BOSTON (City or town making return)
287-A

Registered No. **11111**

#47

No. **Boston City Hosp**

St.,

Ward

{ (If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME

Lorenzo Marotta

(If deceased is a married, widowed or divorced woman, give also maiden name.)

{ (If U. S.
War Veteran, no
specify WAR)

(a) Residence. No. **98 Ocean View St**

St.,

Ward,

Winthrop Mass

(If nonresident give city or town and state)

Length of stay: In hospital or institution _____
(Specify whether)

years months days. In this community yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX **Male** 4 COLOR OR RACE **White** 5 SINGLE (write the word)
MARRIED
WIDOWED **Widowed**
or **DIVORCED**

5a If married, widowed, or divorced
HUSBAND of **Maria Vitiello**
(Give maiden name of wife in full)

(or) WIFE of _____
(Husband's name in full)

6 Age of husband or wife if alive. _____ years

7 IF STILLBORN, enter that fact here.

8 AGE **66** Years Months Days If less than 1 day
Hours Minutes

Usual
9 Occupation: _____
Industry **Laborer**
10 or Business: _____

11 Social Security No. _____

12 BIRTHPLACE (City) **Italy**
(State or country)

13 NAME OF FATHER **Lorenzo Marotta**

14 BIRTHPLACE OF FATHER (City) **Italy**
(State or country)

15 MAIDEN NAME OF MOTHER **Angela Matarozza**

16 BIRTHPLACE OF MOTHER (City) **Italy**
(State or country)

17 Informant _____ Relation, if any
(Address) _____

I HEREBY CERTIFY that a satisfactory standard certificate of death
was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH **December 17, 1951**
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____

I last saw h _____ alive on _____, 19____, death is said
to have occurred on the date stated above, at _____ m. Duration

Immediate cause of death **Cardio renal
disease; acute cholecystitis
with rupture and bile**

Due to **peritonitis.**
Oper.

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Date of _____

Of autopsy _____

What test confirmed diagnosis? _____

20 Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) **M W O'Connell**, M. D.

(Address) _____ Date _____ 19____

21 **Holy Cross Cem Malden Mass**
Place of Burial, Cremation or Removal. (City or Town)
DATE OF BURIAL **Dec 20** 19____

22 NAME OF FUNERAL DIRECTOR
ADDRESS _____

Received and filed **Dec 20** 19**51**

A TRUE COPY ATTEST:

(Registrar)

DEPOSITION

WRITE LEGIBLY WITH DURABLE BLACK INK

The Commonwealth of Massachusetts }
County of Suffolk } ss.:

The undersigned, being duly sworn, depose and say that the record relating to the death of Lorenzo Marotta in the City of BOSTON,
(Give name of decedent exactly as recorded on the original record) (City or town) (Name of city or town)
does not fully and correctly state all the facts relating to said death, and that the true statement of facts omitted or incorrectly stated in said record has been supplied by her on the
(Him or her)
form of certificate on the other side of this blank.

SIGNATURE	RESIDENCE (City or town, street and number, if any)	Relation to decedent, if any
<u>Frances L. Marotta</u>	<u>98 Ocean View St.</u> <u>Winthrop</u>	<u>Daughter</u>

FURTHER, The written evidence submitted to substantiate the affidavit was:
Incorrect address at time: father became ill while visiting
relative. Correct address Winthrop town clerk certificates filed
Date, Mar 24, 1952

Then personally appeared before me the person whose signature appear above and made oath that the statements subscribed to by her are true.

Name Mary Manning

Official designation NP
(City or town clerk or assistant clerk)

MARGIN RESERVED FOR BINDING

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. 11076

285

No. Glenside Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Ella R Torrey (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. 783 Shirley St. St. Winthrop Mass. (Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death. 4 years 1 months 13 days. In place of residence. years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH Dec. 17/51 (Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from Nov. 4 19 47, to Dec. 17 19 51

I last saw her alive on Dec. 17/51 19 death is said to

have occurred on the date stated above, at 9:15 A. M.

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Arterio sclerotic heart disease 4 Yrs

ANTECEDENT CAUSES (b) Due To General arterio sclerosis Over 4 Yrs

(c) Due To

OTHER SIGNIFICANT CONDITIONS

Major findings: Of operations.

Date of operation. Was autopsy performed?

What test confirmed diagnosis? History and clinical exam.

5 Was disease or injury in any way related to occupation of deceased? No

If so, specify Ruth M Crossfield

(Signed) 6 Parley Vale Date 12-17-51 M. D. 51

(Address) First Parish Cem-Norwell Mass.

6 Place of Burial or Cremation (City or Town)

DATE OF BURIAL Dec. 19/51 19

7 NAME OF FUNERAL DIRECTOR J L Wadsworth

ADDRESS Norwell Mass.

Received and filed. JAN 7 1952 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 Howard C Torrey (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 86 Years 11 Months 25 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) Newton Mass. (State or country)

17 NAME OF FATHER William H Park

18 BIRTHPLACE OF FATHER (City) Lowell Mass. (State or country)

19 MAIDEN NAME OF MOTHER Eliza Hand

20 BIRTHPLACE OF MOTHER (City) Boston Mass. (State or country)

21 Informant P Grogan Atty. (Address)

A TRUE COPY ATTEST Charles H. Inackie (Registrar of City or Town where death occurred)

DATE FILED Dec. 19/51 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.)



PLACE OF DEATH

Suffolk

(County)

Boston

(City or Town)

No. Mass. General Hospital



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. 11143

286

(If death occurred in a hospital or institution,
St. give its NAME instead of street and number)2 FULL NAME Esther Sedoff
(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. 212 Shore Drive
(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...30...years.....months.....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH Dec. 18/51
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
Dec. 17, 19 51, to Dec. 18, 19 51I last saw her alive on Dec. 18, 19 51, death is said to
have occurred on the date stated above, at 2:55A m.DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a)Arterio sclerotic
heart diseaseINTERVAL BE-
TWEEN ONSET
AND DEATH

6 Mos.

ANTE CEDENT
CAUSES (b)Due To
(c)OTHER
SIGNIFICANT
CONDITIONSMajor 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 L Lezer

(Signed)

(Address)

Mass. Gen. Hospt. Date 12-18 M. 51

Lebanon Cem-Peabody Mass.

6 Place of Burial or Cremation (City or Town)

DATE OF BURIAL Dec. 19/51 19

7 NAME OF FUNERAL DIRECTOR H Torf
ADDRESS Chelsea Mass.

Received and filed JAN 7 1952 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 Samuel Sedoff
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 64 Years Months Days If under 24 hours
Hours Minutes13 Usual Occupation: Housewife
(Kind of work done during most of working life)

14 Industry or Business: At Home

15 Social Security No. None

16 BIRTHPLACE (City) Russia
(State or country)

17 NAME OF FATHER Bernard Itzkowitz

18 BIRTHPLACE OF FATHER (City) Russia
(State or country)

19 MAIDEN NAME OF MOTHER Baile ---

20 BIRTHPLACE OF MOTHER (City) Russia
(State or country)21 Informant Isaac Malkin
(Address)

A TRUE COPY

ATTEST: Charles H. Mackie
(Registrar of City or Town where death occurred)

DATE FILED Dec. 20/51 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 (E).6-50-902253

PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)

No. 52 Grand View Avenue

2 FULL NAME Bertha Cohen

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 52 Grand View Avenue

(Usual place of abode)

St.

(If nonresident, give city or town and State)

Length of stay: In place of death years months days. In place of residence years months days.

INSTRUCTIONS
FOR
CERTIFICATEgiving
OF DEATHnot enter
than one
for each
(b) and (c)does not mean
of dying, such
lure, asthenia,
the disease,
ations which
th.d conditions,
ing rise to the
e (a) stating
lying causeions contrib-
death but not
he disease or
causing death.

The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD

CERTIFICATE OF DEATH

Registered No. 287

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.INSTRUCTIONS
FOR
CERTIFICATEgiving
OF DEATHnot enter
than one
for each
(b) and (c)does not mean
of dying, such
lure, asthenia,
the disease,
ations which
th.d conditions,
ing rise to the
e (a) stating
lying causeions contrib-
death but not
he disease or
causing death.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH December 31, 1951

(Month)

(Day)

(Year)

4 I HEREBY CERTIFY, That I attended deceased from
Sept 1947 to Dec 21, 1951

I last saw her alive on Dec 19, 1951, death is said to

have occurred on the date stated above, at 4:45 P. M.

DISEASE OR CONDITION

DIRECTLY LEADING

TO DEATH (a) Coronary

Occlusion

ANTE Due To
CEDENT (b) Coronary Artery
CAUSES disease

Due To

(c) Arteriosclerosis

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) Joseph P. Szegani

(Address) 200 Washington St.

Date 12-20-51

M. D.

1951

6 Winthrop Cemetery

Winthrop

DATE OF BURIAL

December 21, 1951

7 NAME OF

FUNERAL DIRECTOR

ADDRESS

174 Winthrop St., Winthrop, Mass.

Received and filed

DEC 21 1951

(Registrar)

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

Samuel L. Cohen

(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12

AGE 65

Years

5

Months

15

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)

Boston

Massachusetts

17

NAME OF

FATHER

Aaron Slutzki

18

BIRTHPLACE OF

FATHER (City)

(State or country)

Russia

19

MAIDEN NAME

OF MOTHER

Rose Minski

20

BIRTHPLACE OF

MOTHER (City)

(State or country)

Poland

21

Informant

(Address)

Samuel L. Cohen

52 Grand View Ave, Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was

filed with me BEFORE the burial or transfer permit was issued:

Walter L. Walker

(Signature of Agent of Board of Health or other)

Health Officer

(Official Designation)

12/21/51

(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 exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or 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

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICSTo be filed for burial permit
with Board of Health
or its Agent.Suffolk
(County)Winthrop
(City or Town)STANDARD
CERTIFICATE OF DEATH

Registered No. 288

No. Mount's Nursing Home

(If death occurred in a hospital or institution,
St. { give its NAME instead of street and number)2 FULL NAME Marie L. Cutter
(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. 328 Revere Street
(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 45 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH December 19, 1951
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
Dec. 5, 1951, to Dec 19, 1951
I last saw her alive on Dec 19, 1951, death is said to
have occurred on the date stated above, at 7:30 P.m.DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a) Carcinomatosis 1 yr.ANTECEDENT CAUSES (b) Cancer of sigmoid 1 1/2 yrs.
(c)

OTHER SIGNIFICANT CONDITIONS none

Major findings: Carcinoma of sigmoid
Of operations
Date of operation Sept. 1951 Was autopsy performed? no
What test confirmed diagnosis? Clinical Pathological5 Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) Charles Liberman M. D.
(Address) 26 Wave Way Ave. Winthrop 12/20/516 Cremation Woodlawn Cemetery, Everett
(Place of Burial or Cremation) (City or town)

DATE OF DEATH December 24, 1951

7 NAME OF FUNERAL DIRECTOR Alfred B. Marsh

ADDRESS 174 Winthrop, St. Winthrop, Mass.

Received and filed

DEC 21 1951

(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 George Robert Cutter
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 76 years 9 Months 7 Days If under 24 hours
Hours Minutes13 Usual Occupation: housewife
(Kind of work done during most of working life)

14 Industry or Business: own home

15 Social Security No. none

16 BIRTHPLACE (City) Dorthmund (State or country) Germany

17 NAME OF FATHER cannot be determined unknown

18 BIRTHPLACE OF FATHER (City) cannot be determined (State or country)

19 MAIDEN NAME OF MOTHER Marie Schneider

20 BIRTHPLACE OF MOTHER (City) Germany (State or country)

21 Informant Mrs James W. Bolger (Address) 439 Revere St. Winthrop,

I HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued.Walter A. Baker
(Signature of Agent of Board of Health or other Health Officer)(Official Designation) 12/20/51
(Date of Issue of Permit)

R-301A

INSTRUCTIONS
FOR
CERTIFICATEgiving
OF DEATHnot enter
than one
for each
(b) and (c)does not mean
of dying, such
as uremia, as
the disease,
indications which
th.id conditions,
ing rise to the
se (a) stating
rlyling causeitions contrib-
e death but not
the disease or
causing death.

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of 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

MEDICAL EXAMINER'S
CERTIFICATE OF DEATH

Registered No. 289

PLACE OF DEATH

Suffolk
(County)
Winthrop
(City or Town)No. 375 Shirley St. St. (If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME. Maurice Rosenberg (If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT

(Was deceased a
U. S. War Veteran, WW I
if so specify WAR)

(a) Residence. No. 375 Shirley St. Winthrop (Usual place of abode) (If nonresident give city or town and State)

Length of stay: In place of death 31 years.....months.....days. In place of residence 31 years.....months.....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH December 19, 1951
(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
120.1

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 Hignett, M. D.

(Address) 25 Shattuck St. Date 12/20/51

Tifereth Israel of Winthrop—Everett
Place of Burial, or Cremation. (City or Town) Mass.

DATE OF BURIAL December 21, 1951

8 NAME OF FUNERAL DIRECTOR Benjamin Birnbach

ADDRESS 10 Washington St., Dorchester

Received and filed..... DEC 28 1951

PERSONAL AND STATISTICAL PARTICULARS

9 SEX Male 10 COLOR OR RACE White 11 SINGLE (write the word)
MARRIED
WIDOWED Widowed
or DIVORCED11a If married, widowed, or divorced
HUSBAND of Annie Cohen
(Give maiden name of wife in full)(or) WIFE of.....
(Husband's name in full)

12 IF STILLBORN, enter that fact here.

13 AGE 75 Years.....Months.....Days If under 24 hours
Hours.....Minutes14 Usual Occupation Disabled War Veteran
(Kind of work done during most of working life)

15 Industry or Business: None

16 Social Security No. None

17 BIRTHPLACE (City) England
(State or country)

18 NAME OF FATHER Bernard Rosenberg

19 BIRTHPLACE OF FATHER (City) Russia
(State or country)

20 MAIDEN NAME OF MOTHER Rebecca (Cannot be learned)

21 BIRTHPLACE OF MOTHER (City) Russia
(State or country)Informant Ada Housman
(Address) 370 Shirley St., WinthropI HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation)

BOSTON HEALTH DEPT. (Date of Issue of Permit)

R-303 A

If deceased was a U. S. War Veteran, G.L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

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.

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China Relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. . Gen. Laws, Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb there than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter sixty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the 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

April 5, 1917

DATE OF DISCHARGE

June 11, 1918

RANK, RATING

P and F

ORGANIZATION AND OUTFIT

U. S. Navy

SERVICE NUMBER

184-28-84

PLACE OF DEATH

Suffolk
(County)Winthrop
(City or Town)

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. 290

No. Winthrop Community Hospital

(If death occurred in a hospital or institution,
St. { give its NAME instead of street and number)

2 FULL NAME Mary E. Kingston (Duffy)
(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. 17 Paine
(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 20 years months days.

INSTRUCTIONS
FOR
CERTIFICATE

in giving
OF DEATH

not enter
than one
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.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH December 20, 1951
(Month) (Day) (Year)

4 I HEREBY CERTIFY That I attended deceased from
December 3/51 to December 20, 1951

I last saw her alive on Dec. 19, 1951 death is said to

have occurred on the date stated above, at 6:01 A.M.

DISEASE OR CONDITION

DIRECTLY LEADING

TO DEATH (a)

Acute Coronary Thrombosis

INTERVAL BE-
TWEEN ONSET
AND DEATH

17 Days

ANTECEDENT CAUSES
Due To (b)

Angina Pectoris

Due To (c)

Arteriosclerosis

OTHER SIGNIFICANT CONDITIONS

none

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. Date 12/20/51 M. D.

(Address) 562 Shirley St. St. Winthrop, Barre Vt.

6 Place of Burial or Cremation (City or Town)

DATE OF BURIAL Dec 22 1951

7 NAME OF FUNERAL DIRECTOR

John F. O'Malley
Winthrop

Received and filed

DEC 21 1951

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Female 9 COLOR OR RACE White 10 SINGLE MARRIED (write the word)
WIDOWED or DIVORCED Widowed

10a If married, widowed, or divorced
HUSBAND William J. Kingston

(or) (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) Ireland
(State or country)

17 NAME OF FATHER Thomas J. Duffy

18 BIRTHPLACE OF FATHER (City) Ireland
(State or country)

19 MAIDEN NAME OF MOTHER Margaret Mooney

20 BIRTHPLACE OF MOTHER (City) Ireland
(State or country)

21 Informant Florence Kingston
(Address) 17 Paine 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
Health Officer
(Official Designation) 12/20/51
(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 neglect of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. . . . General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4. Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

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(3) **Medical Examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

M R-301A

INSTRUCTIONS
FOR
CERTIFICATEgiving
OF DEATHnot enter
than one
for each
(b) and (c)does not mean
of dying, such
illure, asthenia,
ans the disease,
ications which
ath.ing conditions,
ing rise to the
se (a) stating
rying causeitions contrib-
e death but not
the disease or
causing death.

PLACE OF DEATH

1

Suffolk
(County)
Winthrop
(City or Town)The Commonwealth of Massachusetts
EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICSSTANDARD
CERTIFICATE OF DEATH

Registered No. 291

To be filed for burial permit
with Board of Health
or its Agent.

No. 67 Atlantic St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Ella E. (Morrell) Barber
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 67 Atlantic St. (If nonresident, give city or town and State)
(Usual place of abode)

Length of stay: In place of death 10 years months 10 days. In place of residence 10 years months days.

PHYSICIAN — IMPORTANT
(Was deceased a
U. S. War Veteran,
if so specify WAR)

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH Dec 22 1951
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from
Sept 2 1951 to Dec 22 1951

I last saw her alive on Dec 20 1951, death is said to
have occurred on the date stated above, at 9:10 A.M.

DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a) Hypertensive
Pneumonia

ANTECEDENT CAUSES
Due To Congestive
Cardiac Failure

Due To
(c)

OTHER SIGNIFICANT
CONDITIONS Carcinoma of
Pancreas

Major findings:
Of operations none

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) John F. Collins M. D.

(Address) 12/22/1951

6 Highland Cemetery, Newburyport

Place of Burial or Cremation (City or Town) Mass

DATE OF BURIAL Dec 24 1951

7 NAME OF FUNERAL DIRECTOR Swends & Reynolds

ADDRESS 100 Winthrop St.

Received and filed 19

DEC 25 1951

(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

(or) WIFE of Thomas H. Barber
(Give maiden name of wife in full)
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 85 Years 8 Months 11 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. none

16 BIRTHPLACE (City) Westport
(State or country) Nova Scotia

17 NAME OF FATHER John Morrell

18 BIRTHPLACE OF FATHER (City) Westport

(State or country) Nova Scotia

19 MAIDEN NAME OF MOTHER Ann Cann

20 BIRTHPLACE OF MOTHER (City) unknown

(State or country) Nova Scotia

21 Informant (Address) Elaine Tibbells
67 Atlantic St.

I HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:

Walter S. Baker

(Signature of Agent or Board of Health or other)

Health Officer 12/24/51
(Official Designation) (Date of Issue of Permit)

50M (9-1-51) 903586

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

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SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

should be carefully supplied. MEDICAL EXAMINERS should state cause of death and classification of Causes of Death. See reverse side for 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

30m. (f) 6-43-12056

PLACE OF DEATH		The Commonwealth of Massachusetts		To be filled for burial permit with Board of Health or its Agent.	
1		OFFICE OF THE SECRETARY DIVISION OF VITAL STATISTICS		Registered No. 292	
2		MEDICAL EXAMINER'S CERTIFICATE OF DEATH			
Suffolk County Winthrop (City or Town) No. 817 Shirley St.				St. (If death occurred in a hospital or institution, give its NAME instead of street and number)	
2 FULL NAME Elva Thompson McCallum (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. 817 Shirley St. Winthrop Mass (Usual place of abode)				(If not resident, give city or town and State)	
Length of stay: In hospital or institution..... years months days. (Before death) (Specify whether)				In this community 42 yrs. mos. days.	
PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH		
3 SEX Male	4 COLOR OR RACE White	5 SINGLE (write the word) MARRIED WIDOWED or DIVORCED Married	18 DATE OF DEATH December 22, 1951 (Month) (Day) (Year)		
5a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full) (or) WIFE of (Husband's name in full)			19 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows: (If an injury was involved, state fully.) Pulmonary embolism secondary to phlebotrombosis both legs.		
6 Age of husband or wife if alive years			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)		
7 IF STILLBORN, enter that fact here.			Manner of Injury Nature of Injury While at work? Was there an autopsy? yes		
8 AGE 53 Years Months Days If less than 1 day Hours Minutes			21 Was disease or injury in any way related to occupation of deceased? If so, specify Michael Thompson, M. D. (Address) 25 Shattuck St. Date 12/23/1951		
9 Occupation: Columnarist			22 Place of Burial, Cremation or Removal (City or Town) DATE OF BURIAL Dec 26 1951		
10 or Business: Newspaper			23 NAME OF FUNERAL DIRECTOR ADDRESS		
11 Social Security No.			Received and filed DEC 28 1951 19 (Registrar)		
12 BIRTHPLACE (City) (State or country)					
13 NAME OF FATHER Joseph F. Thompson					
14 BIRTHPLACE OF FATHER (City) (State or country) New York					
15 MAIDEN NAME OF MOTHER Mrs. C. Chamberlain					
16 BIRTHPLACE OF MOTHER (City) (State or country) Connecticut					
17 Informant: Walter F. Baker (Relation, if any) (Address) (Signature of Agent of Board of Health or other) (Official Designation) (Date of Issue of Permit) 12/26/51					
I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transfer permit was issued:					

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death... Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which

it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.... Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same;... —General Laws, Chap. 38, Sec. 6.

... He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—General Laws, Chap. 38, Sec. 7.

... The medical examiner certifies the cause and manner of death to the best of his knowledge and belief.

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

STATEMENT OF CAUSE OF DEATH

Medical Examiners in certifying to a death will state the cause and manner thereof, and will specify: (1) Under cause, the nature of an injury and of its consequences; and (2) under manner, the mode of its production together with the circumstances when these are known. For example: "Compound fracture of the femur with ensuing septicemia (gaa bacillus) caused by a steam railway accident." "Pistol shot wound of the chest with associated hemorrhage, homicidal." "Asphyxiation by suspension, suicidal." "Syncope while under the influence of ether administered as a surgical anæsthetic." "Fracture of the skull with associated internal injury sustained under circumstances unknown."

If disease or injury was related to occupation, specify. If investigation shows the death to have been due to disease, specify: (1) Under cause its known or presumable nature; and (2) under manner, indicate the circumstances leading to medico-legal inquiry. For example: "Hemorrhage spontaneous of the brain (basal ganglia) (found dead in bed)." "Heart disease, presumably coronary sclerosis. (Sudden death)."

DESCRIPTION (for unknown person)

NOTICE TO UNDERTAKERS: No embalming fluid, or any substitute therefor, shall be injected into the body of any person supposed to have met his death by violence, until a permit, signed by the Medical Examiner, has first been obtained.—General Laws, Chap. 38, Sec. 14.

THIS CERTIFICATE CONSTITUTES SUCH PERMIT

INSTRUCTIONS
FOR
FILLING OUT
THIS
CERTIFICATE

IN GIVING
THE
CAUSE OF DEATH

DO NOT ENTER
MORE THAN ONE
CAUSE FOR EACH
(a), (b) AND (c)

THIS DOES NOT MEAN
FAILURE OF DYING, SUCH
AS FAILURE, ASTHENIA,
OR COMA, MEANS THE DISEASE,
OR COMPLICATIONS WHICH
LEAD TO DEATH.

IN BRIBID CONDITIONS,
GIVING RISE TO THE
CAUSE (a) STATING
UNDERLYING CAUSE

CONDITIONS CONTRIB-
UTE TO THE DEATH BUT NOT
TO THE DISEASE OR
COMA CAUSING DEATH.

50m-(b)-11-40-90,560

PLACE OF DEATH

Suffolk
(County)

Winthrop
(City or Town)

No. Winthrop Community Hospital

2 FULL NAME. Rose E. Dolan
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 52 Center St.
(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 Dec 25 1951
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from Aug 13 1951 to Dec 25 1951
I last saw him alive on Dec 25 1951, death is said to have occurred on the date stated above, at 10:05 AM.

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) General carcinomatosis

ANTECEDENT CAUSES Due To (b) Bronchopneumonia

Due To (c) Papillary Ca of left kidney with metastases

OTHER SIGNIFICANT CONDITIONS General arteriosclerosis

Major findings: Ca of Kidney & ureter ureter

Date of operation: Was autopsy performed? No

What test confirmed diagnosis? Pathological study

5 Was disease or injury in any way related to occupation of deceased? No
If so, specify Mycin & K...
(Signed) 25 Sturges & W... Date 12/25/51 M. D.

6 Place of Burial or Cremation Mt. Benedict Boston
(City or Town)

DATE OF BURIAL Dec 27 1951

7 NAME OF FUNERAL DIRECTOR John F. O'Malley
ADDRESS Winthrop

Received and filed DEC 26 1951

(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. 293

St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

PHYSICIAN — IMPORTANT

(Was deceased a
U. S. War Veteran,
if so specify WAR)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Female 9 COLOR OR RACE White 10 SINGLE MARRIED WIDOWED or Divorced (write the word)

10a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full)

(or) WIFE of (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 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) England

17 NAME OF FATHER John Dolan

18 BIRTHPLACE OF FATHER (City) (State or country) England

19 MAIDEN NAME OF MOTHER Ann Casey

20 BIRTHPLACE OF MOTHER (City) (State or country) England

21 Informant Margaret Dolan
(Address) 52 Center St

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) 12/26/51

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. . . . General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

PLACE OF DEATH

1

Suffolk
(County)
Winthrop
(City or Town)The Commonwealth of Massachusetts
EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICSMEDICAL EXAMINER'S
CERTIFICATE OF DEATH

Registered No. 294

No. 142 Pleasant St.

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

George Phillips
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT

(Was deceased a
U. S. War Veteran,
if so specify WAR)

(a) Residence. No.

(Usual place of abode)

78 Washburn Ave

St.

Revere
(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.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF
DEATHDecember 28, 1951
(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.)Malnutrition and
Bronchopneumonia following
fracture of femur incurred
in accidental fall

5 Accident, suicide, or homicide (specify)

Resident

Date and hour of injury

Oct 18 1951

Where did
injury occur?Boston Mass
(City or town and State)Did injury occur in or about home, on farm, in industrial place, or in public
place? M.T.A. Station
(Specify type of place)Manner of
injuryAccidental fall
(How did injury occur?)Nature of
injury

Fracture of femur

While at work?

Was autopsy performed? no

6 Was death or injury in any way related to occupation of deceased?

If so, specify

Michael Phuong
(Signature) M. D.
(Address) 25 Chatham St Date 12/28/51

7

Brookdale

Dedham

Place of Burial, or Cremation.

(City or Town)

DATE OF BURIAL

December 31, 1951

8

NAME OF
FUNERAL DIRECTOR

John F. O'Malley

ADDRESS

Winthrop Mass

Received and filed

JAN 2 1952

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

9 SEX

Male

10 COLOR OR RACE

White

11 SINGLE (write the word)

MARRIED
WIDOWED
or DIVORCED Widowed11a If married, widowed, or divorced
HUSBAND of Helen A. Power
(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

12 IF STILLBORN, enter that fact here.

13 AGE 63

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:

Buildings

16 Social Security No.

17 BIRTHPLACE (City)

Manchester
England
(State or country)18 NAME OF
FATHER

Cannot be learned

19 BIRTHPLACE OF
FATHER (City)

(State or country) England

20 MAIDEN NAME
OF MOTHER

----- Beauregard

21 BIRTHPLACE OF
MOTHER (City)

Paris

(State or country) France

22

Informant

Ruth Salemmi

(Address)

78 Washburn Ave Revere

I HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:

Wallace L. Walker

(Signature of Agent of Board of Health or other)

Seal of Office

(Official Designation)

(Date of Issue of Permit)

12 28 51

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

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A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. . . for the purposes of this section and of sections forty-five, forty-six and forty-seven said chapter one hundred and fourteen, the word "war" shall include the China expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border violence of nineteen hundred and sixteen and nineteen hundred and seventeen. . . L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and move it from a town, from one cemetery to another, or from one grave or tomb to another, or from the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the 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.

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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

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.)"

PLACE FOR ADDITIONAL INFORMATION.....

DATE OF ENTERING MILITARY SERVICE.....

DATE OF DISCHARGE.....

RANK, RATING.....

ORGANIZATION AND OUTFIT.....

SERVICE NUMBER.....

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 DEATHRegistered No. **295**

PLACE OF DEATH

Suffolk
(County)
Boston
(City or Town)No. *11* *Community Hospital* (If death occurred in a hospital or institution, give its NAME instead of street and number)2 FULL NAME *Baby Valenti*
(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. *64* *Brookline 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 years months days.

INSTRUCTIONS
FOR
CERTIFICATEgiving
OF DEATHnot enter
than one
for each
(b) and (c)does not mean
of dying, such
as failure, asthenia,
or the disease,
indications which
with.under conditions,
giving rise to the
cause (a) stating
the underlying causeconditions contrib-
ing to death but not
the disease or
causing death.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH *Dec 29 1951*
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
Dec 29 1951 to *Dec 29 1951*I last saw him *alive* on *Dec 29 1951*, death is said tohave occurred on the date stated above, at *11:25 PM* 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
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) *D. Thomas Coffey*(Address) *21 Broad St.*Date *Dec 10 1951* M. D.6 *St Michael* *Boston*
Place of Burial or Cremation (City or Town)DATE OF BURIAL *Jan 2 1952*7 NAME OF FUNERAL DIRECTOR *Joseph J. Langue Jr*
ADDRESS *41 Hawthorne St Boston*Received and filed. *JAN 2 1952* 19*JAN 2 1952*
(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX *Female* 9 COLOR OR RACE *White* 10 SINGLE (write the word)
Married MARRIED
WIDOWED
or DIVORCED10a If married, widowed, or divorced
HUSBAND of
(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 *53* Minutes13 Usual Occupation:
(Kind of work done during most of working life)

14 Industry or Business:

15 Social Security No.

16 BIRTHPLACE (City), *Waltham*
(State or country) *Mass*17 NAME OF FATHER *Alfred Valente*18 BIRTHPLACE OF FATHER (City) *Boston*
(State or country) *Mass*19 MAIDEN NAME OF MOTHER *Mary Guerra*20 BIRTHPLACE OF MOTHER (City) *Boston*
(State or country) *Mass*21 Informant *Alfred Valente Father*
(Address) *64 Brookline 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 E. Baker*
(Signature of Agent of Board of Health or other)*Hto* (Official Designation) *Dec. 31/51* (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 cause of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and all also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. . . for the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China Relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. . . L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and move it from a town, from one cemetery to another, or from one grave or tomb to another, or from the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there all have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be turned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or 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.

PLACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

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
MEDICAL EXAMINER'S
CERTIFICATE OF DEATH

BOSTON

(City or town making return)

Registered No. 11168

296

No. 2 Medford Ct.

St. { (If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME Irene M Whalen
(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)

69 Cottage Park Road

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 Dec. 17/51
(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.)

Bilateral broncho pneumonia

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? autopsy

6 Was disease or injury in any way related to occupation of deceased?.....

If so, specify.....

(Signed) Richard Ford M. D.

(Address)..... Date 12-18 1951

7 Winthrop Cem-Winthrop Mass.

Place of Burial, or Cremation. (City or Town)

DATE OF BURIAL Dec. 20/51 19.....

8 NAME OF FUNERAL DIRECTOR R C Kirby
Boston Mass.

ADDRESS

Received and filed JAN 14 1952 19.....

(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 MARRIED Divorced
WIDOWED or DIVORCED

11a If married, widowed, or divorced
HUSBAND of.....

(Give maiden name of wife in full)

(or) WIFE of Joseph F Whalen
(Husband's name in full)

12 IF STILLBORN, enter that fact here.

13 AGE 55 Years 9 Months 5 Days If under 24 hours
Hours.....Minutes

14 Usual Occupation: Counter Girl
(Kind of work done during most of working life)

15 Industry or Business: Greyhound Bus Terminal

16 Social Security No. 031-14-3757

17 BIRTHPLACE (City) Wedgeport N.S.
(State or country)

18 NAME OF FATHER Robert Porter

19 BIRTHPLACE OF FATHER (City) Wedgeport N.S.
(State or country)

20 MAIDEN NAME OF MOTHER Nathalie Surette

21 BIRTHPLACE OF MOTHER (City) Wedgeport N.S.
(State or country)

22 Informant Dr Edward J Whalen Son
(Address)

A TRUE COPY. Charles H. Inacki

ATTEST: (Registrar of City or Town where death occurred)

DATE FILED 19.....

RECEIVED



JAN 14

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 (E) 16-50-902253

PLACE OF DEATH

SUFFOLK

(County)

BOSTON

(City or Town)

No. CHILDREN'S HOSP

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. 11558

297

2 FULL NAME BABY GIRL KING
(If deceased is a married, widowed or divorced woman, give also maiden name.)
25 STURGIS
(a) Residence. No. WINTHROP St. (If nonresident, give city or town and State)
(Usual place of abode)
Length of stay: In place of death years HOSP months 1 days. In place of residence years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH DEC 30 1951
(Month) (Day) (Year)
4 I HEREBY CERTIFY, That I attended deceased from DEC 29 19 51 to DEC 30 19 51
I last saw h ER alive on DEC 30 19 51, death is said to have occurred on the date stated above, at 1 P. m.

DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a) ENCEPHALOPATHY

INTERVAL BETWEEN ONSET
AND DEATH
29YRS

ANTE CEDENT CAUSES Due To ANOXIA AT BIRTH
(b) (SEPARATED PLACENTA)

Due To
(c)

OTHER SIGNIFICANT CONDITIONS PREMATUREITY

Major findings:
Of operations

Date of operation Was autopsy performed? NO

What test confirmed diagnosis? CLINICAL FINDINGS

5 Was disease or injury in any way related to occupation of deceased? NO

If so, specify

(Signed) E A MORTIMER JR M. D.
(Address) CH Date 12/30 19 51

6 PRIDE OF BOSTON CEM WOBURN MASS
Place of Burial or Cremation (City or Town)

DATE OF BURIAL DEC 31 1951 19

7 NAME OF FUNERAL DIRECTOR A GOLOV

ADDRESS DORCHESTER

Received and filed 19

JAN 21 1952

(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 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
(State or country) MASS

17 NAME OF FATHER MYRON N KING

18 BIRTHPLACE OF FATHER BOSTON
(City) (State or country) MASS

19 MAIDEN NAME OF MOTHER RAY GERTE

20 BIRTHPLACE OF MOTHER DORCHESTER
(City) (State or country) MASS

21 Informant HARRIS KING
(Address)

A TRUE COPY

ATTEST Charles H. Mackie
(Registrar of City or Town where death occurred)

DATE FILED JAN 2 1952 19



(1949 Revision of Standard Certificate)
CERTIFICATE OF DEATHForm approved.
Budget Bureau No. 68-R375.

BIRTH NO.		STATE OF PENNSYLVANIA		STATE FILE NO. 102974	
1. PLACE OF DEATH a. COUNTY CHESTER			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mass. b. COUNTY Suffolk.		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Calverton		c. LENGTH OF STAY (in this place) 11 yrs.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Wentworth	
d. FULL NAME OF HOSPITAL OR INSTITUTION Veterans Administ Hosp			d. STREET ADDRESS (If rural, give location) 247 Shirley		
3. NAME OF DECEASED (Type or Print) Edward J. Crowe			4. DATE OF DEATH (Month) (Day) (Year) Dec 25 1951		
5. SEX M	6. COLOR OR RACE W.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Mar.	8. DATE OF BIRTH May 6 1898		9. AGE (In years last birthday) 53
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Line man		10b. KIND OF BUSINESS OR INDUSTRY Tele.		11. BIRTHPLACE (State or foreign country) Mass.	
13. FATHER'S NAME Michael G. Crowe			14. MOTHER'S MAIDEN NAME Alice Carr		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. unk		17. INFORMANT Custodian of Records B E Llewellyn Registrar Coalbrook	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH		
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* a. Hemorrhage, Gastrointestinal			b. Carcinomatous Intestine abdominal.		
c. Primary Site Colon			d. 15-3 X		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			e. Several Paresis cerebral Type.		
19a. DATE OF OPERATION		19b. 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. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 4-3 , 19 49 , to 12-25 , 19 51 , that I last saw the deceased alive on 8-15 , 19 51 , and that death occurred at 8:15 p.m., from the causes and on the date stated above.					
23a. SIGNATURE J. C. Becker M.D. (Degree or title)			23b. ADDRESS U.S. Coalbrook Pa.		23c. DATE SIGNED 12-25-51
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 12/26/51	24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery		24d. LOCATION (City, town, or county) (State) Doston Mass	
DATE REC'D BY LOCAL REG. 12-26-51		REGISTRAR'S SIGNATURE Florence M Vandoren		25. FUNERAL DIRECTOR ADDRESS Archie S Maclean Coalbrook Pa.	

NONRESIDENT

RECEIVED



MAY-2

1952
PM

THE GAZETTE

REGISTRATION
DISTRICT NO.

1901

REGISTRAR'S
NUMBER

21566

CERTIFICATE OF DEATH

STATE
FILE NO.

51-103508

DECEDENT.
PERSONAL
DATA(TYPE OR
PRINT NAME)

1a. NAME OF DECEASED—FIRST NAME Rose		1b. MIDDLE NAME -		1c. LAST NAME Glett		2a. DATE OF DEATH—MONTH, DAY, YEAR December 30, 1951		2b. HOUR 10:45 A	
3. SEX Female	4. COLOR OR RACE Cauc.	5. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED Widowed		6. DATE OF BIRTH Unknown		7. AGE (LAST BIRTHDAY) Abt 65 YEARS		IF UNDER 1 YEAR MONTHS DAYS IF UNDER 24 HOURS HOURS MINUTES	
8a. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF WORKING LIFE, EVEN IF RETIRED) Housewife		8b. KIND OF BUSINESS OR INDUSTRY None		9. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Poland		10. CITIZEN OF WHAT COUNTRY? United States			
11. NAME AND BIRTHPLACE OF FATHER Unknown White (Unknown)				12. MAIDEN NAME AND BIRTHPLACE OF MOTHER (Unknown) (Unknown)		13. NAME OF SPOUSE (IF MARRIED)			
14. WAS DECEASED EVER IN U. S. ARMED FORCES? SPECIFY YES, NO, UNKNOWN No				15. SOCIAL SECURITY NUMBER Unknown		16. INFORMANT Rose Applebaum			
17a. PLACE OF DEATH—CITY OR TOWN (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL AND NAME OF NEAREST TOWN) Los Angeles				17b. LENGTH OF STAY (IN THIS PLACE) 2 Months		17c. COUNTY Los Angeles			
17d. FULL NAME AND ADDRESS OF HOSPITAL OR INSTITUTION—(IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) Cedars of Lebanon Hospital, 4833 Fountain Ave. Los Angeles									

USUAL RESIDENCE
(WHERE DECEASED RESIDED)
(IF INSTITUTION, RESIDENCE BEFORE ADMISSION)

18a. STREET ADDRESS (IF RURAL, GIVE LOCATION) 140 Shirley Street	18b. CITY OR TOWN (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL AND NAME OF NEAREST TOWN) Winthrop	18c. COUNTY Suffolk	18d. STATE Massachusetts
--	--	-------------------------------	------------------------------------

CAUSE
OF
DEATH
(ENTER ONLY ONE
CAUSE PER LINE FOR
(A), (B) AND (C))

THIS DOES NOT MEAN THE MODE OF DYING SUCH AS HEART FAILURE, ASTHMA, ETC. IT MEANS THE DISEASE, INJURY OR COMPLICATIONS WHICH CAUSED DEATH.	19-I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) Congestive heart failure		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES		
	MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING	DUE TO (B) Rheumatic heart disease	
	THE UNDERLYING CAUSE LAST.	DUE TO (C)	
19-II OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.			

OPERATIONS

20a. DATE OF OPERATION	20b. MAJOR FINDINGS OF OPERATION	21. AUTOPSY ☐ YES ☒ NO
------------------------	----------------------------------	--

DEATH
DUE TO
EXTERNAL
VIOLENCE

22a. ACCIDENT (SPECIFY) HOMICIDE	22b. PLACE OF INJURY (FACTORY, STREET, OFFICE BUILDING, ETC.) 180-1128	22c. LOCATION CITY OR TOWN COUNTY STATE Winthrop Suffolk Massachusetts
22d. TIME MONTH DAY YEAR HOUR M	22e. INJURY OCCURRED ☐ WHILE AT WORK ☐ NOT WHILE AT WORK	22f. HOW DID INJURY OCCUR?

PHYSICIAN'S
OR CORONER'S
CERTIFICATION

23a. CORONER'S: I HEREBY CERTIFY THAT I HAVE HELD AN ☐ AUTOPSY, ☐ INQUEST, OR ☐ INVESTIGATION ON THE REMAINS OF THE DECEASED AND FIND THAT THE DECEASED CAME TO DEATH AT THE HOUR AND DATE STATED ABOVE.		23b. PHYSICIAN'S: I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM 12/28/51 TO 12/29/51 THAT I LAST SAW THE DECEASED ALIVE ON 12/29/51 AND THAT DEATH OCCURRED FROM THE CAUSES AND AT THE HOUR AND DATE STATED ABOVE.	
23c. SIGNATURE Walter E. Spector	DEGREE OR TITLE M.D.	23d. ADDRESS 4833 Fountain Ave.	23e. DATE SIGNED 1/1/52

FUNERAL
DIRECTOR
AND
REGISTRAR

24a. BURIAL CREMATION REMOVAL REMOVAL	24b. DATE 1/1/52	24c. CEMETERY OR CREMATORY Local Jewish Cem. Dorchester, Mass.	25. SIGNATURE OF EMBALMER J. H. Kircher	LICENSE NUMBER 1692
27. DATE RECEIVED BY LOCAL REGISTRAR 1-1-52		28. SIGNATURE OF LOCAL REGISTRAR Walter E. Spector	26. FUNERAL DIRECTOR Glasband Mortuary, Los Angeles, Calif.	

STATE OF CALIFORNIA

DEPARTMENT OF PUBLIC HEALTH

NON-RESIDENT REALLOCATION FOR STATISTICAL PURPOSES ONLY

This is to certify that this is a true copy of the document

