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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. 1

PLACE OF DEATH

No. 26 Pleasant St.

(If death occurred in a hospital or institution,
give its NAME instead of street and number)2 FULL NAME Edward F. Conley
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT

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

(a) Residence. No. 26 Pleasant St. (If nonresident, give city or town and State)

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

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH January 2, 1952
(Month) (Day) (Year)4 I HEREBY CERTIFY That I attended deceased from
18 Dec 1951 to 26 Dec 1951I last saw him alive on 26 Dec 1951, death is said to
have occurred on the date stated above, at 12:30 P. m.INTERVAL BETWEEN ONSET
AND DEATHDISEASE OR CONDITION
DIRECTLY LEADING

TO DEATH (a) Natural causes

ANTECEDENT CAUSES Due To Presumably

Due To coronary occlusion

OTHER SIGNIFICANT CONDITIONS Upper respiratory infection 3 wks

Major findings:
Of operations none

Date of operation Was autopsy performed? no

What test confirmed diagnosis? clinical

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

If so, specify (Signed) Arthur G. Murray, M. D.
(Address) Winthrop Board of Health Date Jan 1952

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

DATE OF BURIAL Jan. 5 1952 19

7 NAME OF FUNERAL DIRECTOR John F. O'Nealey

ADDRESS Winthrop

Received and filed JAN 7 1952 19

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

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

Male White MARRIED
WIDOWED
DIVORCED10a If married, widowed, or divorced
HUSBAND Margaret Kneeland
(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 Months Days If under 24 hours
Hours Minutes13 Usual Occupation: Welder
(Kind of work done during most of working life)

14 Industry or Business: Gen Electric Co

15 Social Security No. 026-01-1726

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

17 NAME OF FATHER Edward Conley

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

19 MAIDEN NAME OF MOTHER Harriet Gould

20 BIRTHPLACE OF MOTHER Cannot be learned
(State or country)21 Informant Margaret Conley
(Address) 26 Pleasant StI 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) 1/4/52

R-301A

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
death.bid conditions,
iving rise to the
use (a) stating
erlying causeditions contrib-
the death but not
the disease or
causing death.

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

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

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

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

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

RULES OF PRACTICE

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

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

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

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

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

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

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

INSTRUCTIONS
FOR
CERTIFICATE

IN GIVING
OF DEATH

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

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

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

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

50m-(b)-11-49-990,560

PLACE OF DEATH

1

Suffolk
(County)
Winthrop
(City or Town)

2 FULL NAME

Winthrop Community Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)
Ruth Baseman (nee Baurer)
(If deceased is a married, widowed or divorced woman, give also maiden name.)

Registered No. *2*

PHYSICIAN — IMPORTANT

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

(a) Residence. No. *25 Quincy Ave* St. (If nonresident, give city or town and State)

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

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH *Jan. 3, 1952*
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from *June 1951* to *Jan 3, 1952*
last saw him alive on *Jan. 3, 1952* death is said to
have occurred on the date stated above, at *4:30 A.M.*

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

ANTECEDENT CAUSES (b) *Carcinoma of Rt. Breast.*

Due To (c) *no*

OTHER SIGNIFICANT CONDITIONS *none*

Major findings *Carcinoma of Rt. Breast*
Of operations *Oct. 1951*
Date of operation *no* Was autopsy performed?
What test confirmed diagnosis *Clinical & Pathological*

5 Was disease or injury in any way related to occupation of deceased? *no*
If so, specify (Signed) *Charles Liberman* M. D.
(Address) *26 Wane Way Ave.* Date *1/3/52*

Place of Burial or Cremation *Deerfield Israel of Winthrop, Everett* (City or Town)
DATE OF BURIAL *January 4, 1952*

7 NAME OF FUNERAL DIRECTOR *Hyman J. Toff*
ADDRESS *151 Washington Ave. Chelsea*

Received and filed. *JAN 3 1952* 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.

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 *Maurice D. Baseman*
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE *37* 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) *New Haven, Conn.*
(State or country)

17 NAME OF FATHER *Samuel Baurer*

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

19 MAIDEN NAME OF MOTHER *Bessie Blumenthal*

20 BIRTHPLACE OF MOTHER (City) *New Haven*
(State or country) *Conn.*

21 Informant *Maurice D. Baseman*
(Address) *25 Quincy Ave Winthrop*

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

Walter L. Baker
(Signature of Agent of Board of Health of other)
Health Office (Official Designation) *1/3/52* (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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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.

3

PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)

STANDARD
CERTIFICATE OF DEATH

Registered No.

No. 21 Adams St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME William Frank Lehman
(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 Adams St. St. (If nonresident, give city or town and State)
(Usual place of abode)

Length of stay: In place of death 34 years months days. In place of residence 45 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH January 3 1952
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
1940 January 1952I last saw him alive on 3 Jan. 1952, death is said to
have occurred on the date stated above, at 5:30 P. m.DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a) AdenocarcinomaINTERVAL BE-
TWEEN ONSET
AND DEATH

ANTE CEDENT CAUSES Due To (b) Of Sigmoid 2 yrs

Due To (c)

OTHER SIGNIFICANT CONDITIONS

Major findings: Adenocarcinoma of sigmoid

Of operation: Feb. 1950. Was autopsy performed? no

What test confirmed diagnosis? Biopsy

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

If so, specify

(Signed) Arthur C. Murray M. D.

(Address) Winthrop Date 4 Jan 1952

6 Winthrop Winthrop
(City or Town)

DATE OF BURIAL Jan. 5 1952

7 NAME OF FUNERAL DIRECTOR Howard S. Byrnes

ADDRESS Winthrop Mass.

Received and filed JAN 7 1952

(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 Ruth C Stoddard
(Give maiden name of wife in full)

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

11 IF STILLBORN, enter that fact here.

AGE 71 Years 5 Months 4 Days If under 24 hours
Hours Minutes13 Usual Occupation: Accountant
(Kind of work done during most of working life)

14 Industry or Business: Newspaper

15 Social Security No. 023 - 10 - 6806

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

17 NAME OF FATHER William H Lehman

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

19 MAIDEN NAME OF MOTHER Martha R Chambers

20 BIRTHPLACE OF MOTHER (City) Boston
(State or country) Mass21 Informant Ruth C Lehman
(Address) 21 Adams St. WinthropI HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:Walter E. Travers
(Signature of Agent of Board of Health or other)Walter E. Travers 1-4-52
(Official Designation) (Date of Issue of Permit)

50M (B)-1-51 903986

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

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

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

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

PLACE OF DEATH

SUFFOLK
(County)Winthrop
(City or Town)

No. Mounts' Rest Home

2 FULL NAME

Mary E. McCarthy

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

(a) Residence. No. 120 Crest Ave.
(Usual place of abode)St. Winthrop
(If nonresident, give city or town and State)Length of stay: In place of death years 2¹/₂ 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
asthenia,
trans the disease,
ications which
ath.oid conditions,
ing rise to the
se (a) stating
erlying causeitions contrib-
e death but not
the disease or
causing death.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH Jan 3 1952
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
Oct 15, 1951, to Jan 3, 1952I last saw her alive on Jan 2, 1952 death is said to
have occurred on the date stated above, at 12:30 p.m.DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a) Bronchopneumonia 1 dayANTE CEDENT CAUSES Due To Cerebral Hemorrhage 2 mo
with paralysisDue To Hypertension 2 yrs
(c)

OTHER SIGNIFICANT CONDITIONS Arterio Sclerotic Heart Disease 2 yrs

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) Myron N. King M. D.

(Address) 25 Huntington St. Winthrop Date Jan 3 1952

6 New Calvary Cem. Boston
Place of Burial or Cremation (City or Town)

St. Joseph DATE OF BURIAL January 7 1952

7 NAME OF FUNERAL DIRECTOR John F. O'Brien & Sons

ADDRESS South Boston, Mass.

Received and filed JAN 7 1952

(Registrar)

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. 4

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

PHYSICIAN — IMPORTANT

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

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Female 9 COLOR OR RACE White 10 SINGLE (write the word)
MARRIED
WIDOWED Married
or DIVORCED10a If married, widowed, or divorced
HUSBAND of (Give maiden name of wife in full)(or) WIFE of Richard A. McCarthy
(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 At Home

15 Social Security No. None

16 BIRTHPLACE (City) Cleveland
(State or country) Ohio

17 NAME OF FATHER Edward Manan

18 BIRTHPLACE OF FATHER (City) Cannot be learned
(State or country) Not known19 MAIDEN NAME Cannot be learned
OF MOTHER Not known20 BIRTHPLACE OF MOTHER Cannot be learned
(City) Not known
(State or country)21 Informant Annie Ceurvels
(Address) 8 Ward Ct. So. 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 E. Baker
(Signature of Agent of Board of Health or other)Health Officer (Official Designation) 1/4/52
(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

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

504 (B)-12-49-900722

PLACE OF DEATH

Suffolk
(County)
Winthrop
(City or Town)

No. 142 Pleasant St.

2 FULL NAME

Elizabeth J. Callahan

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

(a) Residence. No.

50 Pleasant St

(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 45 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH January 4 1952
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from March 6, 1943 to January 4, 1952

I last saw her alive on Jan 4, 1952, death is said to

have occurred on the date stated above, at 8:03 P. m.

DISEASE OR CONDITION

DIRECTLY LEADING TO DEATH (a) Chronic Myocarditis

ANTECEDENT CAUSES

Due To

(b)

Arteriosclerosis

Due To

(c)

Arthritis

OTHER SIGNIFICANT CONDITIONS

Major findings: Of operations.

Date of operation.

Was autopsy performed?

What test confirmed diagnosis?

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

If so, specify.

(Signed)

(Address)

6

Place of Burial or Cremation

DATE OF BURIAL

7 NAME OF FUNERAL DIRECTOR

ADDRESS

Received and filed.

JAN 7

1952

Registrar

The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD

CERTIFICATE OF DEATH

Registered No.

5

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

(McAvoy)

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 Widowed

10a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of Daniel T. Callahan

(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE

79

Years

Months

Days

If under 24 hours

Hours

Minutes

13 Usual

Occupation:

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

Massachusetts

17 NAME OF FATHER

Michael J. McAvoy

18 BIRTHPLACE OF FATHER (City)

(State or country)

Fall River

Massachusetts

19 MAIDEN NAME OF MOTHER

Elizabeth Wagee

20 BIRTHPLACE OF MOTHER (City)

(State or country)

Philadelphia

Pennsylvania

21

Informant (Address)

Henrietta Gilliam

50 Pleasant St.

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

Walter E. Baker

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

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

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

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

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

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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

1

Suffolk
County)
Winthrop
(City or Town)STANDARD
CERTIFICATE OF DEATH

Registered No.

6

No.

Winthrop Community Hosp.

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

2 FULL NAME

Mary A. Foster

(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)

56 Beal St

St.

(If nonresident, give city or town and State)

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

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
ith.id conditions,
ing rise to the
se (a) stating
rying causeitions contrib-
e death but not
the disease or
causing death.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF
DEATHJan 5 1952
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
out 1948 to Jan 5 1952I last saw her alive on Jan 5 1952, death is said to
have occurred on the date stated above, at 10:10 p.m.

DISEASE OR CONDITION

DIRECTLY LEADING

TO DEATH (a) Congestive heart
failureANTE
CEDENT
CAUSESDue To Rheumatic heart
diseaseDue To
(c)OTHER
SIGNIFICANT
CONDITIONS

Cerebral thrombosis

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? w

If so, specify

(Signed) M. S. Newfield M. D.
(Address) 44 Shirley St Winthrop Date 1-6 19526 Place of Burial or Cremation
Holy Cross(City or Town)
Malden

DATE OF BURIAL

Jan 8 1952

7 NAME OF
FUNERAL DIRECTORFrederick J. Magrath
East Boston

Received and filed

JAN 7 1952

19

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX

Female

9 COLOR OR RACE

White

10 SINGLE

MARRIED

WIDOWED

or DIVORCED

(write the word)

Married

10a If married, widowed, or divorced
HUSBAND of

(Give maiden name of wife in full)

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

11 IF STILLBORN, enter that fact here.

12

AGE 54

Years

Months

Days

If under 24 hours

Hours

Minutes

13 Usual

Occupation:

Housewife

(Kind of work done during most of working life)

14 Industry

or Business:

Own Home

15 Social Security No.

None

16 BIRTHPLACE (City)
(State or country)Manchester
Mass17 NAME OF
FATHER

Patrick Murphy

18 BIRTHPLACE OF

FATHER (City)

(State or country)

Manchester

Mass

19 MAIDEN NAME

OF MOTHER

Mary Burns

20 BIRTHPLACE OF

MOTHER (City)

(State or country)

Culand

21

Informant
(Address)Joseph A. Foster
56 Beal St. WinthropI HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:

Walter L. Baker

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

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

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

RULES OF PRACTICE

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

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

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

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

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had 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. 7

No. 222 Pleasant

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

2 FULL NAME Arthur H. Noble

(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. 222 Pleasant
(Usual place of abode)St. Winthrop
(If nonresident, give city or town and State)

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

INSTRUCTIONS
FOR
CERTIFICATEgiving
OF DEATHnot enter
than one
for each
(b) and (c)does not mean
of dying, such
stature, asthenia,
ans the disease,
ications which
ath.and 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	January 5 1952 (Month) (Day) (Year)
4 I HEREBY CERTIFY, That I attended deceased from June 23 1951 to January 5 1952 I last saw him alive on Jan 4 1952 death is said to have occurred on the date stated above, at 6:05 A.M.	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a)	Crown Heart Disease
ANTE CEDENT CAUSES Due To (b)	
Due To (c)	
OTHER SIGNIFICANT CONDITIONS	Hypertension
Major findings: Of operations.	None
Date of operation.	Was autopsy performed? No
What test confirmed diagnosis?	Electrocardiogram
5 Was disease or injury in any way related to occupation of deceased?	No
If so, specify (Signed)	John F. Collins M. D.
(Address)	Remond Mass 5 Jan 1952
6 Place of Burial or Cremation	Woodlawn Cemetery Everett (City or Town)
DATE OF BURIAL	January 7 1952
7 NAME OF FUNERAL DIRECTOR	Alice M. Kelly
ADDRESS	11 Meridian St East Boston
Received and filed	JAN 7 1952
(Registrar)	

PERSONAL AND STATISTICAL PARTICULARS		
8 SEX Male	9 COLOR OR RACE White	10 SINGLE (write the word) MARRIED WIDOWED Married or DIVORCED
10a If married, widowed or divorced HUSBAND of Louise A Grady (Give maiden name of wife in full)		
(or) WIFE of (Husband's name in full)		
11 IF STILLBORN, enter that fact here.		
12 AGE 66 Years 7 Months 16 Days	If under 24 hours Hours Minutes	
13 Usual Occupation: Compensation Adjuster (Kind of work done during most of working life)		
14 Industry or Business: Insurance		
15 Social Security No. 012-03-4799		
16 BIRTHPLACE (City) East Boston (State or country) Massachusetts		
17 NAME OF FATHER Isaac B. Noble		
18 BIRTHPLACE OF FATHER (City) England (State or country)		
19 MAIDEN NAME OF MOTHER Levica Harris		
20 BIRTHPLACE OF MOTHER (City) East Boston (State or country) Massachusetts		
21 Informant Mrs Louise Noble (Address) 222 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. Hakes (Signature of Agent of Board of Health or other) Health Officer (Official Designation) 1/6/52 (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 exhum a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

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

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

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

RULES OF PRACTICE

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

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

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

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

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

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

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

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
Winthrop
(City or Town)STANDARD
CERTIFICATE OF DEATH

Registered No. 8

No. 19 Lincoln Terrace

(If death occurred in a hospital or institution,
St. { give its NAME instead of street and number)2 FULL NAME: HENRY THOMAS SILVEY
(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. 19 Lincoln Terrace St.

(If nonresident, give city or town and State)

Length of stay: In place of death 20 years..... months..... days. In place of residence 24 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,
ing rise to the
se (a) stating
rlyling causeitions contrib-
e death but not
the disease or
causing death.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH January 5, 1952
(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 11:30 P.m.

DISEASE OR CONDITION

DIRECTLY LEADING

TO DEATH (a) Natural Causes

ANTECEDENT CAUSES
Due To (b) Presumably

Due To (c) Coronary

OTHER SIGNIFICANT
CONDITIONS OcclusionINTERVAL BE-
TWEEN ONSET
AND DEATHMajor 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, Jan 6, 1952

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

DATE OF BURIAL January 8, 1952

7 NAME OF FUNERAL DIRECTOR Harold S. Reynolds (WAG)

ADDRESS 180 Winthrop St. Winthrop

Received and filed JAN 7 1952

(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 Izora J. Ross
(Give maiden name of wife in full)(or) WIFE of
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 61 Years 5 Months 7 Days If under 24 hours
Hours Minutes13 Usual Occupation: Guard
(Kind of work done during most of working life)

14 Industry or Business: Oil Company

15 Social Security No. 012-09-1685

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

17 NAME OF FATHER Charles Silvey

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

19 MAIDEN NAME OF MOTHER Kate Gay

20 BIRTHPLACE OF MOTHER (City) Unknown
(State or country) England21 Informant (Address) Izora J. Ross Silvey (wife)
19 Lincoln TerraceI HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:Walter B. Baker
(Signature of Agent for Board of Health or other)H.C.
(Official Designation)Jan. 7, 1952
(Date of Issue of Permit)

50M (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 disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

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

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RULES OF PRACTICE

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

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

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

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

PLACE OF DEATH

SUFFOLK
(County)
BOSTON
(City or Town)



The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS
COPY OF
CERTIFICATE OF DEATH

(City or town making return)

Registered No. 220

9

No. Mass. Osteopathic Hospital

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

2 FULL NAME . ALPINE MC LEAN
(If deceased 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. 89 Circuit Road,
(Usual place of abode)xxx Winthrop, Mass.
(If nonresident, give city or town and State)Length of stay: In place of death 7 years 7 months 7 days. In place of residence 14 years 14 months 14 days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH January 8 1952
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from Dec. 30, 1951 to Jan. 8, 1952I last saw h. im alive on Jan. 8, 1952 death is said to have occurred on the date stated above, at 1:45p.m.

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Massive pulmonary embolusANTE CEDENT CAUSES
Due To (b)

Due To (c)

OTHER SIGNIFICANT CONDITIONS BronchopneumoniaMajor findings: Duodenal ulcer c partial obstruction
Of operations.Date of operation 1-4-52 Was autopsy performed?What test confirmed diagnosis? Clin.-Lab.

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

If so, specify (Signed) K. Tomajian M. D.
(Address) 514 Beacon St. Date 1-8 19 526 Glenwood Everett
Place of Burial or Cremation (City or Town)DATE OF BURIAL January 12, 19 527 NAME OF FUNERAL DIRECTOR Howard ReynoldsADDRESS Winthrop, Mass.Received and filed JAN 21 1952 19

(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Male 9 COLOR OR RACE White 10 SINGLE (write the word) MARRIED
MARRIED WIDOWED or DIVORCED Married10a If married, widowed, or divorced HUSBAND of Laura West
(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 10 Days If under 24 hours _____ Hours _____ Minutes13 Usual Occupation: Credit Manager
(Kind of work done during most of working life)14 Industry or Business: Window & Door Manufacturer15 Social Security No. 011-07-226316 BIRTHPLACE (City) Alma, N.S.
(State or country)17 NAME OF FATHER Alexander McLean18 BIRTHPLACE OF FATHER (City) New Glasgow, N.S.
(State or country)19 MAIDEN NAME OF MOTHER Catherine S. Hatch20 BIRTHPLACE OF MOTHER (City) Alma, N.S.
(State or country)21 Informant Laura McLean
(Address)A TRUE COPY
ATTEST: Charles H. Mackie
(Registrar of City or Town where death occurred)DATE FILED January 11, 19 52

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

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.

10

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 Ida Liberman (Aronsky)
(If deceased is a married, widowed or divorced woman, give also maiden name.)(Was deceased a
U. S. War Veteran,
if so specify WAR)(a) Residence. No. 41 Washington Ave.
(Usual place of abode)St. Winthrop
(If nonresident, give city or town and State)

Length of stay: In place of death.....years.....months 29 days. In place of residence.....years.....months.....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH January 9, 1952
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
Dec. 11, 1951 to Jan. 9, 1952I last saw her alive on Jan. 9, 1952 death is said to
have occurred on the date stated above, at 9:55 pm.DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a) Cerebral Hemorrhage
4 daysINTERVAL BE-
TWEEN ONSET
AND DEATHANTE CEDENT CAUSES Due To Arteriosclerotic heart
disease yearsDue To
(c)OTHER
SIGNIFICANT
CONDITIONSMajor 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) Andrew Nichols 3rd. M. D.
(Address) Danvers, Mass. Date 1/11/ 19526 Mt. Lebanon Bethel, W. Roxbury
Place of Burial or Cremation (City or Town)

DATE OF BURIAL January 10, 1952

7 NAME OF FUNERAL DIRECTOR Benjamin Burnbach
ADDRESS Dorchester, Mass.

Received and filed FEB 6 1952 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
Female white married

10a If married, widowed, or divorced

HUSBAND of (Give maiden name of wife in full)

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

11 IF STILLBORN, enter that fact here.

12 AGE 75 1/2 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)
(State or country) Russia

17 NAME OF FATHER Morris Aronsky

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

19 MAIDEN NAME OF MOTHER Beatrice ?

20 BIRTHPLACE OF MOTHER (City)
(State or country) Russia21 Informant Mary E. Sheehan
(Address) Hathorne, Mass.

A TRUE COPY

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

DATE FILED January 14, 1952

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)-6-50-902253

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.

11

STANDARD
CERTIFICATE OF DEATH

Registered No.

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 Mary Ellen Spahan
(If deceased is a married, widowed or divorced woman, give also maiden name.)PHYSICIAN — IMPORTANT
(Was deceased a
U. S. War Veteran, —
if so specify WAR)(a) Residence. No. 40 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 56 years — months — days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH January 11 1952
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
Jan 10 1945 to January 11 1952
I last saw her alive on January 11 1952decease is said to
have occurred on the date stated above, at 9:55 A. M.DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a) Cerebral
HemorrhageINTERVAL
BETWEEN
ONSET
AND
DEATH

28 days

ANTECEDENT CAUSES
Due To (b) Arteriosclerosis

3 years

Due To
(c)OTHER
SIGNIFICANT
CONDITIONSChronic Rheumatoid
Arthritis

3 years

Major findings:
Of operations.

Date of operation: none Was autopsy performed? no

What test confirmed diagnosis? clinical & laboratory

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

If so, specify

(Signed) Jacob J. Abaygo M. D.
(Address) 562 Shirley St. Winthrop Jan 11/526 Pine Grove Lynn
Place of Burial or Cremation (City or Town)

DATE OF BURIAL Jan. 14 1952

7 NAME OF FUNERAL DIRECTOR H. J. Richardson
ADDRESS 48 Lafayette Park Lynn

Received and filed JAN 14 1952

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Female 9 COLOR OR RACE W 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 William Henry Spahan
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 83 Years 8 Months 9 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) Lynn Mass.
(State or country)

17 NAME OF FATHER Joseph Nicholson

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

19 MAIDEN NAME OF MOTHER Ellen Crowley

20 BIRTHPLACE OF MOTHER (City) Lynn Mass.
(State or country)21 Informant Mrs. Irene W. Foulds
(Address) 1 Craigie St. 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)H. O. Jan. 12, 52
(Official Designation) (Date of Issue of Permit)

50M 1D 1-6-50-902253

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

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

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

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

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

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

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

RULES OF PRACTICE

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

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

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

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

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

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

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

PLACE OF DEATH

Suffolk
(County)Winthrop
(City or Town)

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

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

STANDARD

CERTIFICATE OF DEATH

Registered No. 12

No. 33 Bellevue Avenue St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

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

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

(a) Residence. No. 33 Bellevue Avenue 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 27 years... months... days.

INSTRUCTIONS
FOR
CERTIFICATE

giving
OF DEATH

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(b) and (c)

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lying cause

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

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH January 14 1952
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
January 10, 1940 to January 14, 1952
last saw her alive on January 13, 1952, death is said to

have occurred on the date stated above, at 6:45 A.M.

DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a) Cerebral
HemorrhageANTE Due To
CEDENT (b) Uremia
CAUSESDue To
(c) ArteriosclerosisOTHER
SIGNIFICANT
CONDITIONS SemilethargyMajor findings: none
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?
If so, specify: No
(Signed) Jacob J. Abiquis M.D.
(Address) 542 Shirley St. Dorchester, Mass. 19526 Woodlawn Cemetery, Everett, Mass.
Place of Burial or Cremation (City or Town)

DATE OF BURIAL January 16, 1952 19

7 NAME OF FUNERAL DIRECTOR Alfred B. March

ADDRESS 174 Winthrop St. Winthrop, Mass.

Received and filed. 19

JAN 17 1952

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX female 9 COLOR OR RACE white 10 SINGLE (write the word)
MARRIED
WIDOWED married
or DIVORCED10a If married, widowed, or divorced
HUSBAND of George Spurgeon Webster
(Give maiden name of wife in full)

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

11 IF STILLBORN, enter that fact here.

12 AGE 95 Years 3 Months 27 Days. If under 24 hours
Hours Minutes13 Usual Occupation: housewife
at home
(Kind of work done during most of working life)

14 Industry or Business: housewife

15 Social Security No. none

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

17 NAME OF FATHER John Lowden

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

19 MAIDEN NAME OF MOTHER Mary Ann Dewar

20 BIRTHPLACE OF MOTHER (City) Pugwash
(State or country) Nova Scotia21 Informant Miss Myrtle Webster
(Address) 33 Bellevue Ave. WinthropI HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)
Health Officer 1/15/52
(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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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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50m-(h)-11-40-90,560

PLACE OF DEATH

1

Suffolk
(County)
Mattapan
(City or Town)



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

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

13

CERTIFICATE OF DEATH

Registered No.

No.

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

2 FULL NAME *Louis Barbarossa*
(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) *15*

(a) Residence. No. *40 West Eagle St.* St. *East Boston, 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 *Jan 15 1952*
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from
Jan 14 1952 to *Jan 15 1952*

I last saw him alive on *Jan 15* 1952 death is said to

have occurred on the date stated above, at *9:25 P. m.*

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

INTERVAL BE-
TWEEN ONSET
AND DEATH
2 days

ANTE Due To
CEDENT (b)
CAUSES

Due To
(c)

OTHER
SIGNIFICANT
CONDITIONS

Major findings:
Of operations

Date of operation Was autopsy performed?

What test confirmed diagnosis?

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

(Signed) *D. D. Patits* M. D.
(Address) *129, Bevington St. No. 1115* Date *1/15 1952*

6 *City of Boston, Mass.*
Place of Burial or Cremation (City or Town)

DATE OF BURIAL *Jan 15 1952* 19

7 NAME OF
FUNERAL DIRECTOR

ADDRESS *1115 Bevington St. Boston*

Received and filed *JAN 18 1952* 19

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

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

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

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

11 IF STILLBORN, enter that fact here.

12 AGE *82* Years *10* 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: *Self-employed*

15 Social Security No. *male*

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

17 NAME OF FATHER *Enrico Barbarossa*

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

19 MAIDEN NAME OF MOTHER *Giuvanna Maria*

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

21 Informant (Address) *Marcellina Barbarossa*

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)

Health Officer 1952
(Official Designation) (Date of Issue of Permit)

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

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SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

PLACE OF DEATH

Suffolk
(County)Winthrop
(City or Town)

No. 10 Surfside Avenue

2 FULL NAME

Mary Ann Hill

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

(a) Residence. No.

10 Surfside 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 10 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH

January 15, 1952
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from

April 1951 to Jan 15 1952

I last saw her alive on Jan 14 1952 death is said to

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

DISEASE OR CONDITION

DIRECTLY LEADING

TO DEATH (a) Cerebro-vascular

Accident

ANTECEDENT CAUSES

Due To Atherosclerosis

(b) Generalized

Due To (c)

OTHER SIGNIFICANT CONDITIONS

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) Joseph H. DeGonia M. D.

(Address) 220 Washington St. Date 1-16-1952

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

DATE OF BURIAL January 18, 1952 19

7 NAME OF FUNERAL DIRECTOR

Alfred B. Marsh

ADDRESS 174 Winthrop St, Winthrop, Mass.

Received and filed JAN 17 1952 19

(Registrar)

The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD

CERTIFICATE OF DEATH

Registered No. 14

To be filed for burial permit
with Board of Health
or its Agent.(If death occurred in a hospital or institution,
St. { give its NAME instead of street and number)

PHYSICIAN — IMPORTANT

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

PERSONAL AND STATISTICAL PARTICULARS

8 SEX

female white

9 COLOR OR RACE

10 SINGLE (write the word)
MARRIED divorced
WIDOWED
or DIVORCED widow

10a If married, widowed, or divorced

HUSBAND of Charles Murphy
(Give maiden name of wife in full)(or) WIFE of Charles Murphy
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12

AGE 95 Years 3 Months 14 Days

If under 24 hours

Hours Minutes

13 Usual

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

14 Industry

or Business: private home

15 Social Security No. none

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

17 NAME OF FATHER

John Thompson Hill

18 BIRTHPLACE OF FATHER (City)

London

(State or country)

England

19 MAIDEN NAME OF MOTHER

Ann Deary

20 BIRTHPLACE OF MOTHER (City)

(State or country)

Ireland

21

Informant Mrs Charles Fredenberg
(Address) 865 E. Squantum St, SquantumI 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) 1/17/52

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

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

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

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

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

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

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

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

RULES OF PRACTICE

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

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

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

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

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

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

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

PLACE OF DEATH

1

SUFFOLK
(County)
BOSTON

(City or Town)



The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICSCOPY OF
CERTIFICATE OF DEATH

BOSTON

Registered No. 632

15

No. U. S. Public Health Service Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME John H. Hoey (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 II

(a) Residence. No. 77 Triton Ave Winthrop Mass (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 35 years months days

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH January 15, 1952 (Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from Jan 11, 19 52, to Jan 15, 19 52

I last saw him alive on Jan 15, 19 52 death is said to

have occurred on the date stated above, at 4:10 P. m.

DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a)Hemorrhage from
esophageal varicesINTERVAL
BETWEEN
ONSET
AND DEATH

6 days

ANTE Due To
CEDENT (b) Laenneo's cirrhosis
CAUSES

unknown

Due To
(c)

OTHER SIGNIFICANT CONDITIONS Arterio sclerotic heart dis. Cardiac insufficiency

unknown

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) J. B. Varden M. D.

(Address) USPHS Hosp Date Jan 21, 19 52

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

DATE OF BURIAL Jan 18, 19 52

7 NAME OF FUNERAL DIRECTOR H S Reynolds

ADDRESS Winthrop Mass

Received and filed FEB 1 1952 19

(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

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

10a If married, widowed, or divorced

HUSBAND of (Give maiden name of wife in full)

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

11 IF STILLBORN, enter that fact here.

12 AGE 44 Years 7 Months 5 Days If under 24 hours Hours Minutes

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

14 Industry or Business: Automobile

15 Social Security No. 022-01-6211

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

17 NAME OF FATHER Lloyd F Hoey

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

19 MAIDEN NAME OF MOTHER Anna Lefstron

20 BIRTHPLACE OF MOTHER (City) Pittsburgh Pa
(State or country)21 Informant: USPHS Hosp records
(Address)

A TRUE COPY

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

DATE FILED Jan 24, 19 52

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.)

Entered Service	May 28, 1942
Date of discharge	Oct 22, 1945
Rank, rating	Cpl.
Organization and outfit	Base Serv. Sqdn 515 Air Serv Group
Service number	31132216

Suffolk

(County)

Winthrop

(City or Town)

No. 104 Highland Ave.

STANDARD
CERTIFICATE OF DEATH

Registered No.

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

2 FULL NAME.

Clara E (Tracy) Small

(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.

83 Faun Bar Ave.

(Usual place of abode)

St.

(If nonresident, give city or town and State)

Length of stay: In place of death. 2 years. 21 months. 21 days. In place of residence 65 years. months. days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF
DEATHJan 15 1952
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from

Dec 1948 to January 6 1952

I last saw her alive on Jan 5 1952. Death is said to

have occurred on the date stated above, at 8:00 a.m.

INTERVAL BE-
TWEEN ONSET
AND DEATH

DISEASE OR CONDITION

DIRECTLY LEADING

TO DEATH (a) Senility

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

Date of operation. Was autopsy performed? No

What test confirmed diagnosis?

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

If so, specify

(Signed) W. J. Shirley Jr. M. D.
(Address) Winthrop Mass. Date Jan 16 19526 Winthrop (City or Town)
Place of Burial or Cremation

DATE OF BURIAL Jan. 17 1952

7 NAME OF
FUNERAL DIRECTOR Howard S. Broude

ADDRESS Winthrop Mass.

Received and filed. JAN 17 1952 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 Joshua C Small

(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 101 Years 6 Months 1 Days

If under 24 hours
Hours Minutes13 Usual
Occupation: Housewife

(Kind of work done during most of working life)

14 Industry
or Business: Own Home

15 Social Security No. None

16 BIRTHPLACE (City)
(State or country) St John
New Brunswick17 NAME OF
FATHER Thomas Tracy

18 BIRTHPLACE OF

FATHER (City)

(State or country) Ireland

19 MAIDEN NAME

OF MOTHER

Elizabeth Sharpe

20 BIRTHPLACE OF

MOTHER (City)

(State or country) Cannot be learned
Unable to obtain

21 Informant Loretta Thompson

(Address) 20 Bowdoin St. Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:Walter G. Baker
Seattle Officer 1/17/52
(Official Designation) (Date of Issue of Permit)

per tel. conv. Rest Home 1/23/52

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

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

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

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

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

COPY OF

CERTIFICATE OF DEATH

PLACE OF DEATH

Mass.

(County)

Small

(City or Town)

No. St. John's Hosp.

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

2 FULL NAME Sarah Louise Nickerson (Nee Healey)

(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 Hermon

(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.....12 years.....months.....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH Jan. 16, 1952

(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from

Jan. 5, 1952 to Jan. 16, 1952

I last saw her alive on Jan. 15, 1952

Death is said to

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

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

11 days

ANTE CEDENT
CAUSES

Due To

(b)

Hypertension

5- 6 yrs

Due To
(c)Arteriosclerotic
heart disease

"

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) Manuel Coggan

(Address)

8 Merrimack St.

Date

1/16/19

6 Winthrop Cem. Winthrop, Mass.

Place of Burial or Cremation

(City or Town)

DATE OF BURIAL

Jan. 19, 1952

7 NAME OF FUNERAL DIRECTOR Howard S. Reynolds

ADDRESS 180 Winthrop St. Winthrop

Received and filed FEB 8 1952

(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX

Female

9 COLOR OR RACE

White

10 SINGLE

MARRIED

WIDOWED

or DIVORCED

(write the word)

Married

10a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

Calvin Nickerson

(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12

AGE 61 Years 5 Months 2 Days

If under 24 hours

Hours..... Minutes

13 Usual

Occupation:

Waitress

(Kind of work done during most of working life)

14 Industry

or Business:

Restaurant

15 Social Security No.

16 BIRTHPLACE (City)

(State or country)

Nova Scotia

17 NAME OF

FATHER

Joseph Healey

18 BIRTHPLACE OF

FATHER (City)

England

(State or country)

19 MAIDEN NAME

OF MOTHER

Maria Nickerson

20 BIRTHPLACE OF

MOTHER (City)

Nova Scotia

(State or country)

21

Informant

(Address)

Herbert J. Nickerson

50 Westland Ave. Boston

A TRUE COPY

ATTEST:

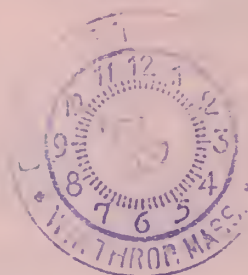
(Registrar of City or Town where death occurred)

DATE FILED

1/17/52

19

RECEIVED



FEB-8 AM

STANDARD
CERTIFICATE OF DEATH

Registered No.

PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)

No. 14

Sargent

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

2 FULL NAME

Ruth Abby (Low) Sampson

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

PHYSICIAN — IMPORTANT

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

(a) Residence. No. 14

Sargent

St.

(If nonresident, give city or town and State)

Length of stay: In place of death years months days. In place of residence 63 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH

Jan 17

(Month)

1952

(Day)

(Year)

4 I HEREBY CERTIFY, That I attended deceased from

1947 to 17 January, 1952

I last saw her alive on 17 Jan. 1952 death is said to

have occurred on the date stated above, at 12 Noon.

DISEASE OR CONDITION

DIRECTLY LEADING TO DEATH (a) Cerebral Thrombosis

INTERVAL BETWEEN ONSET AND DEATH

2 wks

ANTECEDENT CAUSES

Due To Generalized Arterio-

Due To Sclerosis

years

OTHER SIGNIFICANT CONDITIONS

Major findings:

Of operations.

Date of operation. Was autopsy performed? no

What test confirmed diagnosis? clinical

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

If so, specify

(Signed) Arthur C. Murray M. D.

(Address) Winthrop Mass Date 17 Jan 1952

6 Spring St. Cemetery Essex

Place of Burial or Cremation (City or Town)

DATE OF BURIAL Jan 19 1952

7 NAME OF FUNERAL DIRECTOR Sargent S. Reynolds

ADDRESS 180 Winthrop St Winthrop

Received and filed.

JAN 18 1952

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX

Female white

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 Henry L. Sampson
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12

AGE 103 Years 5 Months 1 Days

If under 24 hours

Hours Minutes

13 Usual

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

14 Industry or Business:

Turn at home

15 Social Security No.

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

17 NAME OF FATHER

Ebenezer Low

18 BIRTHPLACE OF

FATHER (City) Essex
(State or country) Mass

19 MAIDEN NAME

OF MOTHER Nancy Foster

20 BIRTHPLACE OF

MOTHER (City) Essex
(State or country) Mass

PARENTS

21

Informant (Address) Minnie S. Sampson
14 Sargent 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)

(Date of Issue of Permit) 1/18/52

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

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

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

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

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

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

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

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

RULES OF PRACTICE

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

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

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

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

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

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

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

PLACE OF DEATH

Suffolk
(County)Winthrop
(City or Town)

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

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

Registered No. 19

No. Garage at 78 Ingleside Ave. (If death occurred in a hospital or institution, St. give its NAME instead of street and number)

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

PHYSICIAN — IMPORTANT

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

(a) Residence. No. 59 Ingleside Avenue 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 37 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,
ing rise to the
se (a) stating
lying cause

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

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH January 18, 1952
(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 6:30 P. m.

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

ANTECEDENT CAUSES Due To (b) Presumably Coronary Occlusion

Due To (c)

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) Arthur C. Murray M. D.

(Address) Winthrop Board of Health Date 18 Jan 1952

6 Winthrop Cemetery, Winthrop, Mass.
Place of Burial or Cremation (City or town)

DATE OF BURIAL January 22 1952

7 NAME OF FUNERAL DIRECTOR Alfred B. Marsh

ADDRESS 174 Winthrop St, Winthrop, Mass.

Received and filed. JAN 23 1952

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

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

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

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

11 IF STILLBORN, enter that fact here.

12 AGE 54 Years 10 Months 28 Days If under 24 hours Hours Minutes

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

14 Industry or Business: United Fruit Co.

15 Social Security No. 010-03-0602

16 BIRTHPLACE (City) New Brighton
(State or country) England

17 NAME OF FATHER Henry Farnham Letson

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

19 MAIDEN NAME OF MOTHER Eliza Abrams Letson (OK)

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

21 Informant Mrs. James M. Letson
(Address) 59 Ingleside 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 of other)

Health Officer (Official Designation) 1/21/52 (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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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. 556

20

No. Beth Israel Hospt

{(If death occurred in a hospital or institution,
St. { give its NAME instead of street and number)2 FULL NAME. Louis I Rice
(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. 203 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. 6 days. In place of residence. 30 years. months. days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH Jan. 19/52
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
Jan. 14 19 52 to Jan. 19 19 52
I last saw him alive on Jan. 19 19 52 death is said to
have occurred on the date stated above, at 9:45P m.INTERVAL BE-
TWEEN ONSET
AND DEATHDISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a) Acute myocardial
infarction

3 Days

ANTE Due To Arterio sclerotic heart
CEDENT (b) disease
CAUSES

5 Yrs

Due To
(c)OTHER
SIGNIFICANT
CONDITIONS Diabetes mellitus

15 Yrs

Major findings:
Of operations. None

Date of operation. None Was autopsy performed? No

What test confirmed diagnosis? Electrocardiogram

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

If so, specify

(Signed) N Geschwind

(Address) Beth Israel Hospt, 1-19 M. E. 22

Tifereth Israel of Winthrop Everett Mass.

6 Place of Burial or Cremation Jan/20/52 (City or Town)

DATE OF BURIAL Jan/20/52 19

7 NAME OF FUNERAL DIRECTOR E L Levine
ADDRESS Brookline Mass.

Received and filed. FEB 1 1952 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 Dorothy Ratchesky
(Give maiden name of wife in full)

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

11 IF STILLBORN, enter that fact here.

12 AGE 61 Years. Months. Days If under 24 hours
Hours. Minutes13 Usual Occupation: Broker
(Kind of work done during most of working life)
Insurance14 Industry
or Business:

15 Social Security No.

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

17 NAME OF FATHER Nathan Rice

18 BIRTHPLACE OF FATHER (City). Russia
(State or country)19 MAIDEN NAME
OF MOTHER20 BIRTHPLACE OF Russia
(City).
(State or country)21 Informant L I Rice
(Address)

A TRUE COPY

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

DATE FILED Jan. 22/52 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.)

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. 21

PLACE OF DEATH

Suffolk
(County)
Winthrop
(City or Town)

No.

79 Winthrop St

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

2 FULL NAME

William B. Viglione
(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.

79 Winthrop 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 8 years.....months.....days

MEDICAL CERTIFICATE OF DEATH

3 DATE OF
DEATHJan 19 1952
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from

Jan 16 1952, to Jan 19 1952

I last saw her alive on Jan 19 1952, death is said to

have occurred on the date stated above, at 3:15 P.m.

DISEASE OR CONDITION

DIRECTLY LEADING

TO DEATH (a)

Rx Taber
PneumoniaINTERVAL BE-
TWEEN ONSET
AND DEATH

3 days

ANTE
CEDENT
CAUSESDue To
(b)Acute Cerebral
Vascular Accident

2 days

Due To
(c)

Hypertension

10 years

OTHER
SIGNIFICANT
CONDITIONSChronic Arthritis - main
Sprained type

35 years

Major findings:
Of operations.

STROMPELL

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) 12 Benjamin St. Date Winthrop 1952

6

Place of Burial or Cremation

(City or Town)

DATE OF BURIAL

Jan 22 1952

7 NAME OF
FUNERAL DIRECTOR

Frederick J. Magrath

ADDRESS

East Boston

Received and filed

JAN 23 1952

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 43

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)

(State or country)

East Boston
Mass17 NAME OF
FATHER

Angelo Viglione

18 BIRTHPLACE OF

FATHER (City)

(State or country)

Italy

19 MAIDEN NAME

OF MOTHER

Julia M. Elboli

20 BIRTHPLACE OF

MOTHER (City)

(State or country)

Italy

21

Informant

(Address)

Julia Viglione
79 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 of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

1/23/52

EXTRACTS

FROM THE LAWS OF THE

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

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

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had 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. 32 Edgehill Road

2 FULL NAME Lulu Melissa (Floyd) Young
(If deceased is a married, widowed or divorced woman, give also maiden name.)(a) Residence. No. 32 Edgehill Road 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 71 years 5 months 27 days.

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. 22

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

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH January 19 1952
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
Dec 15 1951, to Jan. 19 1952I last saw her alive on Jan. 19 1952, death is said to
have occurred on the date stated above, at 1030p.m.

DISEASE OR CONDITION

DIRECTLY LEADING

TO DEATH (a) Cerebral Hemorrhage

INTERVAL BE-
TWEEN ONSET
AND DEATH

5 days

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

Chronic myocauditis

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 Jan 20 1952

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

DATE OF BURIAL January 22, 1952

7 NAME OF FUNERAL DIRECTOR Alfred B. Marsh

ADDRESS 174 Winthrop St., Winthrop, Mass.

Received and filed. JAN 23 1952

(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 Wiley Smith Young
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 71 Years 5 Months 27 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) Winthrop Mass.
(State or country)

17 NAME OF FATHER Sumner Floyd

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

19 MAIDEN NAME OF MOTHER Melissa J. Fleming

20 BIRTHPLACE OF MOTHER (City) Winthrop Mass.
(State or country)21 Informant Mrs. Gordon J. Gallan
(Address) 125 Pleasantview Ave.I HEREBY CERTIFY Longmeadow, Mass. The cause of death was
filed with me BEFORE the burial or transit permit was issued:Valler J. Baker
(Signature of Agent of Board of Health or other)Health Officer (Official Designation) 1/21/52
(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

STANDARD
CERTIFICATE OF DEATH

Registered No.

PLACE OF DEATH

Suffolk
(County)

(City or Town)

No.

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

2 FULL NAME

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

PHYSICIAN — IMPORTANT

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

(a) Residence. No.

(Usual place of abode)

St.

(If nonresident, give city or town and State)

Length of stay: In place of death 66 years. months. days. In place of residence 75 years. months. days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF
DEATHJANUARY 21 1952
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from

1949 to 21 Jan 1952

I last saw her alive on 21 Jan 1952, death is said to

have occurred on the date stated above, at 5:30 P. M.

DISEASE OR CONDITION

DIRECTLY LEADING

TO DEATH (a)

Congestive Heart Failure 6 mo

INTERVAL BE-
TWEEN ONSET
AND DEATHANTE
CEDENT
CAUSES

Due to

(b)

Due to

(c)

Arteriosclerotic Heart Disease years

Generalized Arteriosclerosis years

OTHER
SIGNIFICANT
CONDITIONSMajor findings:
Of operations

Date of operation

Was autopsy performed? no

What test confirmed diagnosis? clinical

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

If so, specify
(Signed)

(Address)

6

Place of Burial or Cremation

(City or Town)

DATE OF BURIAL

7 NAME OF

FUNERAL DIRECTOR

ADDRESS

Received and filed

JAN 23 1952

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX

9 COLOR OR RACE

10 SINGLE (write the word)

Female

White

MARRIED

WIDOWED

or DIVORCED

10a If married, widowed, or divorced
HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

Herbert W. Tewksbury
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12

AGE

91

Years

4

Months

2

Days

If under 24 hours

Hours

Minutes

13 Usual

Occupation:

Housewife

(Kind of work done during most of working life)

14 Industry

or Business:

At home

15 Social Security No.

16 BIRTHPLACE (City)

Southport

(State or country)

Maine

17 NAME OF
FATHER

George Love

18 BIRTHPLACE OF

FATHER (City)

Southport

(State or country)

Maine

19 MAIDEN NAME

OF MOTHER

Katherine Harris

20 BIRTHPLACE OF

MOTHER (City)

Southport

(State or country)

Maine

21

Informant

(Address)

Grace Louise Loring
329 Pleasant St WintthropI HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transfer permit was issued.

(Signature of Agent of Board of Health or other)

Wintthrop

(Official Designation)

(Date of Issue of Permit)

1/22/52

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

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

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

No. Winthrop Community Hospital

2 FULL NAME. Evelyn Miner Wainwright
(If deceased is a married, widowed or divorced woman, give also maiden name.)(a) Residence. No. 129 Cliff Avenue
(Usual place of abode)

Length of stay: In place of death... years... 2 months... 2 hours... In place of residence 24 years... months... days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH January 21, 1952
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
Jan 5, 1951, to January 21, 1952

1 last saw her alive on January 21, 1952, death is said to

have occurred on the date stated above, at 9:30p.m.

DISEASE OR CONDITION

DIRECTLY LEADING

TO DEATH (a) Cerebral

Embolus

ANTECEDENT
CAUSES

Due To (b) Hypertension

Essential

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

(Signed) Jacob J. Adams M.D.

(Address) 2062 Rte. 1, Danvers, Mass.

Winthrop Cemetery
Place of Burial or Cremation

(City or Town)

DATE OF BURIAL January 24, 1952

7 NAME OF
FUNERAL DIRECTOR

ADDRESS

Received and filed

JAN 24 1952

(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.

21

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

PHYSICIAN — IMPORTANT

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

PERSONAL AND STATISTICAL PARTICULARS

8 SEX

9 COLOR OR RACE

10 SINGLE (write the word)

female white

MARRIED
WIDOWED
or DIVORCED

10a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

Morton D. Wainwright

(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12

AGE 60 Years 5 Months 14 Days

If under 24 hours

Hours Minutes

13 Usual

Occupation: Finance clerk

(Kind of work done during most of working life)

14 Industry

or Business: U.S. Army Finance Dept.

15 Social Security No.

015-20-3129

16 BIRTHPLACE (City)

(State or country) Lincoln, Mass.

17 NAME OF

FATHER

Everett Lincoln Miner

18 BIRTHPLACE OF

FATHER (City)

Lincoln

(State or country)

Mass.

19 MAIDEN NAME

OF MOTHER

Katherine Beedle

20 BIRTHPLACE OF

MOTHER (City)

Chelsea

(State or country)

Mass.

PARENTS

21

Informant
(Address)Miss Kathleen M. Wainwright
282 Dartmouth St. BostonI HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:Walter S. Baker
Health Officer
(Official Designation)1/24/52
(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

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

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

RULES OF PRACTICE

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

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

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

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

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

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

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

PLACE OF DEATH

Suffolk
(County)

Winthrop

(City or Town)

No. 34 Thornton Park

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

Registered No. 25

To be filed for burial permit
with Board of Health
or its Agent.2 FULL NAME. James Larkin
(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. 34 Thornton Park St. (If nonresident, give city or town and State)

Length of stay: In place of death years months days. In place of residence years 56 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH January 22 1952
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
Nov. 12, 1951, to January 22, 1952I last saw him alive on Jan. 22, 1952, death is said to
have occurred on the date stated above, at 10:45 A.M.

DISEASE OR CONDITION

DIRECTLY LEADING

TO DEATH (a) Coronary heart disease
with severe congestive failureANTE
CEDENT
CAUSES

Due To

(b) Arterio sclerosis

Due To

(c)

OTHER
SIGNIFICANT
CONDITIONS

Pulmonary asthma

25 yrs

Major findings:
Of operations

None

Date of operation Was autopsy performed? No

What test confirmed diagnosis? Clinical

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

If so, specify

(Signed) Sybil W. Wilkinson M. D.
(Address) Winthrop, Mass. Date Jan. 24, 19526 Woodlawn Cemetery Everett, Mass.
Place of Burial or Cremation (City or Town)

DATE OF BURIAL January 25, 1952

7 NAME OF FUNERAL DIRECTOR Alfred B. Marsh

ADDRESS 174 Winthrop St., Winthrop, Mass.

Received and filed JAN 24 1952

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Male 9 COLOR OR RACE White 10 SINGLE (write the word)
MARRIED WIDOWED Single
or DIVORCED10a If married, widowed, or divorced
HUSBAND of

(Give maiden name of wife in full)

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

11 IF STILLBORN, enter that fact here.

12 AGE 79 Years 0 Months 19 Days If under 24 hours
Hours Minutes13 Usual Occupation (Retired) Shipping Clerk
(Kind of work done during most of working life)

14 Industry or Business Storage Warehouse

15 Social Security No. 028-05-7474

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

17 NAME OF FATHER James Larkin

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

19 MAIDEN NAME OF MOTHER Rachel Warnock

20 BIRTHPLACE OF MOTHER (City) Boston
(State or country) Mass.21 Informant Mrs. A. Walter Larkin
(Address) 34 Thornton ParkI HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued.Signature of Agent or Board of Health or other
Health Officer 1/24/52
(Official Designation) (Date of Issue of Permit)INSTRUCTIONS
FOR
CERTIFICATEgiving
OF DEATHenter
than one
for each
b) and (c)does not mean
of dying, such
ure, ashenia,
ms the disease,
ations which
h.d conditions,
ng rise to the
(a) stating
lying causeions contrib-
death but not
e 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

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.

26

STANDARD
CERTIFICATE OF DEATH

Registered No.

PLACE OF DEATH

Suffolk
(County)Winthrop
(City or Town)

No. 4 Upland Rd

(If death occurred in a hospital or institution,
St. { give its NAME instead of street and number)2 FULL NAME Joseph Gerard Barry
(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. 4 Upland Rd
(Usual place of abode)

(If nonresident, give city or town and State)

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

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH January 24, 1952
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
Sept. 22, 1951 to January 24, 1952I last saw him alive on January 22, 1952 death is said to
have occurred on the date stated above, at 7:00 A. M.DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a) Acute Coronary ThrombosisINTERVAL BE-
TWEEN ONSET
AND DEATH

2 hours

ANTECEDENT CAUSES (b) Anterior wall heart
diseaseDue To
(c)OTHER
SIGNIFICANT
CONDITIONS

Phlebotrombosis - leg 2 mos

Major findings:
Of operations. None

Date of operation. Was autopsy performed? No

What test confirmed diagnosis? Clinical + laboratory

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

If so, specify

(Signed) Maurice T. Mullen Jr. M. D.
(Address) 56 Shirley St. Winthrop Jan 24, 19526 St. Josephs Boston
Place of Burial or Cremation (City or Town)

DATE OF BURIAL Jan. 28, 1952

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

Received and filed JAN 25 1952

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Male 9 COLOR OR RACE White 10 SINGLE (write the word)
MARRIED
WIDOWED
Married10a If married, widowed, or divorced
HUSBAND of Marion Tolan
(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 Months Days If under 24 hours
Hours Minutes13 Usual Occupation: Lawyer
(Kind of work done during most of working life)

14 Industry or Business: Law

15 Social Security No.

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

17 NAME OF FATHER John Barry

18 BIRTHPLACE OF FATHER (City) Lewiston
(State or country) Me.

19 MAIDEN NAME OF MOTHER Ellen H. Mellen

20 BIRTHPLACE OF MOTHER (City) Charlestown
(State or country) Mass21 Informant Marion Barry
(Address) 4 Upland RdI 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) 1/20/52

EXTRACTS
FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

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

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

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

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

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

RULES OF PRACTICE

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

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

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

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

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had 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. 27

No. Winthrop Community Hospital

(If death occurred in a hospital or institution,
St. { give its NAME instead of street and number)2 FULL NAME. ~~John P. Ricciardi~~ Frank Ricciardi

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

PHYSICIAN — IMPORTANT

(Was deceased a
U. S. War Veteran,
if so specify WAR) No(a) Residence. No. 10 Court Street, Medford
(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 Jan 24 1952
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
Jan 23 1952 to Jan 24 1952

I last saw him alive on Jan 24 1952, death is said to

have occurred on the date stated above, at 4:25 p.m.

DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a) PneumoniaANTECEDENT
CAUSES (b) AtelectasisDue To
(c)INTERVAL BE-
TWEEN ONSET
AND DEATH

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Male 9 COLOR OR RACE White 10 SINGLE (write the word)
MARRIED
WIDOWED Single
or DIVORCED10a If married, widowed, or divorced
HUSBAND of.

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE Years Months Days If under 24 hours
Hours 13 Minutes13 Usual Occupation: None
(Kind of work done during most of working life)

14 Industry or Business: None

15 Social Security No. None

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

17 NAME OF FATHER Frank D. Ricciardi

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

19 MAIDEN NAME OF MOTHER Evelyn P. King

20 BIRTHPLACE OF MOTHER (City) Chelsea
(State or country) Mass.21 Informant Frank D. Ricciardi-father
(Address) 10 Court St., Medford, Mass.I 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) (Date of Issue of Permit) 1/24/52OTHER
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)

M. D. 1952

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

DATE OF BURIAL January 25th 1952

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

Received and filed. JAN 24 1952 19

(Registrar)

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).

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

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).8.30.902 592

PLACE OF DEATH

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

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

Registered No.

28

No. 15 Mermaid Ave St. { (If death occurred in a hospital or institution,
give its NAME instead of street and number)
2 FULL NAME Horace R. Albertson { PHYSICIAN — IMPORTANT
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(Was deceased a
U. S. War Veteran,
if so specify WAR)
(a) Residence. No. 15 Mermaid Ave. Winthrop
(Usual place of abode) (If nonresident, give city or town and State)
Length of stay: In place of death 5 years — months — days. In place of residence 5 years — months — days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH January 30, 1952
(Month) (Day) (Year)

4 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows: (If an injury was involved, state fully.)

Asphyxia due to hanging. Suicide during temporary state of insanity.

5 Accident, suicide, or homicide (specify) suicide

Date and hour of injury Jan 30, 1952

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

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

Manner of injury Hanging (by suspension)
(How did injury occur?)

Nature of injury Asphyxia

While at work? no Was autopsy performed? no

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

If so, specify

(Signed) Michael J. Thompson M. D.

(Address) 55 Shattuck St. Date 1/30, 1952

7 Woodlawn Everett Mass.
Place of Burial or Cremation. (City or Town)

DATE OF BURIAL Feb - 2 - 1952

8 NAME OF FUNERAL DIRECTOR Charles E. D. Mangerson

ADDRESS 839 Main St. Medford, Mass.

Received and filed FEB 1 1952 1952

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

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

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

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

12 IF STILLBORN, enter that fact here.

13 AGE 58 Years 0 Months 29 Days If under 24 hours
..... Hours Minutes

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

15 Industry or Business: Self Employed

16 Social Security No. 028-20-8664

17 BIRTHPLACE (City) Philadelphia
(State or country) Penn.

18 NAME OF FATHER Harry Albertson

19 BIRTHPLACE OF FATHER (City) Philadelphia
(State or country) Penn.

20 MAIDEN NAME OF MOTHER Cora Hippindott

21 BIRTHPLACE OF MOTHER (City) Philadelphia
(State or country) Penn.

22 Mrs. Doris H. Albertson
Informant (Address) 15 Mermaid Ave. Winthrop

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

Walter H. Baker
(Signature of Agent of Board of Health or other)
Health Officer (Official Designation) 2/1/52
(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.....

R-301A

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50M (81)-1-51 903586

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

PLACE OF DEATH

Suffolk
(County)
Winthrop
(City or Town)

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

2 FULL NAME Margaret L. Hallahan
(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. 46 Washington Ave St. (If nonresident, give city or town and State)

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

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH Jan 31 1952
(Month) (Day) (Year)4 I HEREBY CERTIFY, (That I attended deceased from
mm. 19 46 to Jan 31 1952

I last saw her alive on Jan 31 1952 death is said to

have occurred on the date stated above, at 10:30 pm.

DISEASE OR CONDITION

DIRECTLY LEADING

TO DEATH (a) Chronic pneumonia
(terminal) 12 hrsINTERVAL BE-
TWEEN ONSET
AND DEATHANTECEDENT CAUSES (b) Chronic - vascular
accident 24 hrsDue To (c) Hypertension
essential yrsOTHER SIGNIFICANT CONDITIONS arteriosclerosis
generalized

Major findings:

Of operations.

Date of operation. Was autopsy performed?

What test confirmed diagnosis?

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

If so, specify

(Signed) Joseph S. Sorensen M. D.
(Address) 201 Washington St. Date 2-1-19526 Place of Burial or Cremation Boston
(City or Town)

DATE OF BURIAL Feb 4 1952

7 NAME OF FUNERAL DIRECTOR Frederick J. Maguire

ADDRESS East Boston

Received and filed. FEB 1 1952 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.

(or) WIFE of Stephen A. Hallahan
(Give maiden name of wife in full)
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 69 Years Months Days If under 24 hours
Hours Minutes13 Usual Occupation: 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 Florence H. Hiscoll

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

19 MAIDEN NAME OF MOTHER Julia Burke

20 BIRTHPLACE OF MOTHER (City) Chuland
(State or country)21 Informant John Hiscoll
(Address) 28 Bow Ave WinthropI 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)Health Officer 2/1/52
(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).

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)

Chelsea

(City or Town)



The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

Chelsea

(City or town making return)

COPY OF
CERTIFICATE OF DEATH

Registered No.

18 30

No. Chelsea Memorial Hospital

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

2 FULL NAME James Kershaw

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

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

(a) Residence. No. 92 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 6 days. In place of residence. years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH Jan. 10, 1952

(Month)

(Day)

(Year)

4 I HEREBY CERTIFY, That I attended deceased from

Dec. 1 1951 to Jan. 10 1952

I last saw him alive on Jan. 9 1952 death is said to

have occurred on the date stated above, at 1:13A. m.

DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a)

Acute myocarditis

INTERVAL BE-
TWEEN ONSET
AND DEATH

1 da.

ANTE
CEDENT
CAUSES

Due To Post-operative shock

1 da.

Due To
(c)OTHER
SIGNIFICANT
CONDITIONS

Cancer of bowel

6 mos.

Major findings:

Of operations. Cancer recto sigmoid bowel

Date of operation. 1/3/52 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) A. G. Benjamin

M. D.

(Address) Chelsea, Mass.

Date 1/10/52

6 Place of Burial or Cremation Woodlawn, Everett, Mass.

(City or Town)

DATE OF BURIAL Jan. 12, 1952

19

7 NAME OF FUNERAL DIRECTOR R. J. Donnell

ADDRESS Revere, Mass.

Received and filed. FEB 27 1952

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

wid.

10a If married, widowed, or divorced

HUSBAND of Mary Ring

(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: Custodian

(Kind of work done during most of working life)

14 Industry

or Business: School

15 Social Security NO 019-14-6522 A

16 BIRTHPLACE (City)

(State or country)

England

17 NAME OF

FATHER cannot be learned

18 BIRTHPLACE OF

FATHER (City)

(State or country)

" " "

19 MAIDEN NAME

OF MOTHER

" " "

20 BIRTHPLACE OF

MOTHER (City)

(State or country)

" " "

21

Informant

(Address)

Ann Kershaw

92 Woodside Ave. - Winthrop

A TRUE COPY.

ATTEST:

(Registrar of City or Town where death occurred)

Jan. 11, 1952

DATE FILED

19

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

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

PLACE OF DEATH

1

Suffolk
(County)Chelsea
(City or Town)

No. Chelsea Memorial Hospital

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

Chelsea

(City or town making return)

COPY OF
CERTIFICATE OF DEATH

Registered No. 40

31

(If death occurred in a hospital or institution,
St. { give its NAME instead of street and number)2 FULL NAME Baby Girl Gotz
(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 Tewksbury
(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 Jan. 17, 1952
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
1/17, 1952, to 1/17, 1952I last saw h. ar. alive on ----, 19----, death is said to
have occurred on the date stated above, at 3 P. m.DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a) Stillborn-promature
pulmonary atelectasisINTERVAL BE-
TWEEN ONSET
AND DEATHANTE CEDENT CAUSES Due To (b) Anoxia & intraventricular
& subarachnoid hemorrhages.Due To (c) Anoxia & prolapse of
cord.OTHER SIGNIFICANT CONDITIONS Lungs did not expand
at all.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) Benjamin I. Cassin M. D.
(Address) 110 West Ave. Date 1/13/526 Place of Burial or Cremation Chelsea, Mass.
(City or Town)

DATE OF BURIAL Jan. 20, 1952 19

7 NAME OF FUNERAL DIRECTOR Benj. I. Solomon
ADDRESS 420 Harvard St. Brookline

Received and filed..... FEB 29 1952 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 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.....Minutes13 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 Kenneth R.

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

19 MAIDEN NAME OF MOTHER Rosalie Pensacola

20 BIRTHPLACE OF MOTHER (City) Chelsea, Mass.
(State or country)21 Informant Kenneth R. Gotz
(Address) 45 Tewksbury St. Winthrop

A TRUE COPY.

ATTEST: Joseph A. Tyrrell
(Registrar of City or Town where death occurred)

DATE FILED Jan. 19, 1952 19

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

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

PLACE OF DEATH

1

Suffolk

(County)

Chelsea

(City or Town)



The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICSCOPY OF
CERTIFICATE OF DEATHBook #43
City of town making return

Registered No. 41 32

No. Soldiers' Home Hospital

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

2 FULL NAME Raymond J. Crowe

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

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

WWI

(a) Residence. No. 70 Prospect Ave.
(Usual place of abode)

St. Winthrop, Mass.

(If nonresident, give city or town and State)

Length of stay: In place of death - 6 months 18 days. In place of residence 5 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH Jan. 13, 1952

(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from
June 30 19 51, to Jan. 13 19 52

I last saw him alive on Jan. 13 19 52 death is said to

have occurred on the date stated above, at 4:10 A.M.

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

Carcinoma of large bowel 2 yrs

ANTE Due To
CEDENT (b)
CAUSESDue To
(c)OTHER SIGNIFICANT
CONDITIONS Metastasis to liver
& lungsMajor findings:
Of operations

Date of operation 5/1951 Was autopsy performed? no

What test confirmed diagnosis? biopsy(path)

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

If so, specify

(Signed) Jacob K. McCormack

M. D.

(Address) Soldiers' Home Date 1/13/52

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

DATE OF BURIAL Jan. 21, 1952 19

7 NAME OF FUNERAL DIRECTOR Maurice W. Kirby

ADDRESS 210 Winthrop St. Winthrop

Received and filed FEB 29 1952 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 Married

10a If married, widowed, or divorced

HUSBAND of Rita DeLeon

(Give maiden name of wife in full)

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

11 IF STILLBORN, enter that fact here.

12 AGE 52 Years 1 Months 13 Days
If under 24 hours
Hours Minutes13 Usual Occupation: Longshoreman
(Kind of work done during most of working life)14 Industry
or Business:

15 Social Security No.

16 BIRTHPLACE (City)
(State or country) Providence, R.I.

17 NAME OF FATHER Joseph

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

19 MAIDEN NAME OF MOTHER Sarah McGrath

20 BIRTHPLACE OF MOTHER (City) Providence, R.I.
(State or country)21 Informant Hospital Records
(Address)

A TRUE COPY.

ATTEST: Joseph J. Terrall
(Registrar of City or Town where death occurred)

DATE FILED Jan. 18, 1952 19

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

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

Enlisted Mar.7,1917

Discharged Dec.15,1919

Private

U.S.Marine Corps

170 817

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

Chelsea

(City or town making return)

COPY OF
CERTIFICATE OF DEATH

Registered No. 60

33

PLACE OF DEATH

Suffolk

(County)

Chelsea

(City or Town)

No. Soldiers' Home Hospital

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

2 FULL NAME Edwin C. MacFarland

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

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

(a) Residence. No. 108a Quincy Ave.

(Usual place of abode)

Winthrop, Mass.

(If nonresident, give city or town and State)

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

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH Jan. 26, 1952
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
Jan. 25, 1952, to Jan. 26, 1952

I last saw him alive on Jan. 26, 1952, death is said to

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

DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a)

Coronary thrombosis

INTERVAL BE-
TWEEN ONSET
AND DEATH

14 hrs

ANTE CEDENT CAUSES
Due To (b) Diabetes mellitus

18 mos

Due To (c) Arteriosclerosis,
generalized

2 yrs

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) David W. Johnson, M.D. M. D.

(Address) Soldiers' Home Date 1/26/52

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

DATE OF BURIAL Jan. 27, 1952 19

7 NAME OF FUNERAL DIRECTOR Alfred E. Marsh

ADDRESS 174 Winthrop St. Winthrop

Received and filed FEB 20 1952 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 Beatrice Simmons
(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 2 Months 18 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)
(State or country) Canada, N.H.

17 NAME OF FATHER Robert

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

19 MAIDEN NAME OF MOTHER Grace Baker

20 BIRTHPLACE OF MOTHER (City)
(State or country) Cambridge, Mass.21 Informant Hosp. Records
(Address)

A TRUE COPY.

ATTEST: Joseph A. Tyrrell
(Registrar of City or Town where death occurred)

DATE FILED Jan. 26, 1952 19

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

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

Enlisted May 23, 1917

Discharged Apr. 29, 1919

Sgt.

Bty 101st Field Arty.

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 DEATH

BOSTON

(City or town making return)

Registered No. 982

34

No. The Children's Hospital

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

DIANE GOLD

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

14 Dolphin Ave.,

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

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

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

Length of stay: In place of death years months 4 days. In place of residence 10 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH February 2, 1952
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from Jan. 29, 1952, to Feb. 2, 1952

I last saw her alive on Feb. 2, 1952 death is said to

have occurred on the date stated above, at 5:00a.m.

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a)Chronic
GlomerulonephritisANTECEDENT CAUSES
Due To (b)

Due To (c)

OTHER SIGNIFICANT CONDITIONS

Major findings:
Of operations

Date of operation Was autopsy performed? No

What test confirmed diagnosis?

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

If so, specify

(Signed) Thomas Murphy M. D.
(Address) 300 Longwood Ave 2/2 1952

6 Place of Burial or Cremation Boston Woburn (City or Town)

DATE OF BURIAL February 3, 1952

7 NAME OF FUNERAL DIRECTOR Hyman J. Torf

ADDRESS 151 Wash. St., Chelsea

Received and filed FEB 11 1952 19

(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

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

10a If married, widowed, or divorced

HUSBAND of (Give maiden name of wife in full)

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

11 IF STILLBORN, enter that fact here.

12 AGE 10 Years 6 Months Days If under 24 hours Hours Minutes

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

14 Industry or Business: At school

15 Social Security No.

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

17 NAME OF FATHER Max T. Gold

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

19 MAIDEN NAME OF MOTHER Miriam N. King

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

21 Informant Max T. Gold (Address)

A TRUE COPY

ATTEST (Registrar of City or Town where death occurred)

DATE FILED February 5, 1952

PLACE OF DEATH

Suffolk
(County)

Winthrop

(City or Town)

No. Winthrop Community Hospital

2 FULL NAME ~~Baby Neil Flaherty #1~~
(If deceased is married, widowed or divorced woman, give also maiden name.)(a) Residence. No. 19 Locust St. (parents)
(Usual place of abode)

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

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH February 3 1952
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
February 3, 1952, to February 3, 1952

I last saw h alive on February 3, 1952 death is said to

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

DISEASE OR CONDITION

DIRECTLY LEADING

TO DEATH (a) Prematurity 5 1/2 mos.

INTERVAL BE-
TWEEN ONSET
AND DEATH8 hrs
40 minANTE 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 + Laboratory.

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

If so, specify

(Signed)

(Address)

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

DATE OF BURIAL February 4, 1952

7 NAME OF FUNERAL DIRECTOR Alfred B. Marsh

ADDRESS 174 Winthrop St, Winthrop, Mass.

Received and filed FEB 4 1952

(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.

35

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

female white

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
8 Hours 40 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 Thomas A. Flaherty

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

19 MAIDEN NAME OF MOTHER Edna E. O'Brien

20 BIRTHPLACE OF MOTHER (City) Chelsea
(State or country) Mass.21 Informant Thomas A. Flaherty
(Address) 19 Locust St, WinthropI HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:Master Sgt. Baker
(Signature of Agent of Board of Health or other)

(Official Designation)

2/4/52
(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

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

50m-(b)-11-49-990,560

PLACE OF DEATH

Suffolk
(County)Winthrop
(City or Town)

No. Winthrop Community Hospital

2 FULL NAME Baby Neil Flaherty #2
(If deceased of a married, widowed or divorced woman, give also maiden name.)(a) Residence. No. 19 Locust St. (parents)
(Usual place of abode)Length of stay: In place of death..... years months 3 hours place of residence years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH February 3, 1952
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
February 3, 1952 to February 3, 1952I last saw her alive on February 3, 1952 death is said tohave occurred on the date stated above, at 7:30 A.M.

DISEASE OR CONDITION

DIRECTLY LEADING

TO DEATH (a) Prematurity 5 1/2 Mos.ANTE CEDENT
CAUSES (b)Due To
(c)OTHER
SIGNIFICANT
CONDITIONS ATE/EclampsiaMajor 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) Maureen Trampier Jr. M. D.
(Address) 562 Cherry St. Winthrop Date Feb 3, 19526 Winthrop Cemetery Winthrop
Place of Burial or CremationDATE OF BURIAL February 4, 19527 NAME OF FUNERAL DIRECTOR Alfred B. MarshADDRESS 174 Winthrop St, Winthrop, Mass.Received and filed. FEB 4 1952

(Registrar)

The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD

CERTIFICATE OF DEATH

Registered No. 36To be filed for burial permit
with Board of Health
or its Agent.St. (If death occurred in a hospital or institution,
give its NAME instead of street and number)

PHYSICIAN — IMPORTANT

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

NO.

(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

10a If married, widowed, or divorced

HUSBAND of (Give maiden name of wife in full)

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

11 IF STILLBORN, enter that fact here.

12 AGE Years Months Days If under 24 hours ✓
3 Hours 19 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 Thomas A. Flaherty18 BIRTHPLACE OF FATHER (City) Chelsea Mass.
(State or country)19 MAIDEN NAME OF MOTHER Edna E. O'Brien20 BIRTHPLACE OF MOTHER (City) Chelsea Mass.
(State or country)21 Informant Thomas A. Flaherty
(Address) 19 Locust 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)
Walter H. Baker
(Official Designation) Health Officer (Date of Issue of Permit) 2/4/52

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

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

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

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

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

Registered No. 37

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

Oashin Gabriel

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

PHYSICIAN — IMPORTANT

(Was deceased a
U. S. War Veteran,
if so specify WAR) No(a) Residence. No. 119 Bradstreet Av
(Usual place of abode)St. Revere Mass
(If nonresident, give city or town and State)

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

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH February 4 1952
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
January 27 1952 to Feb. 4 1952I last saw him alive on Feb 3 1952 death is said to
have occurred on the date stated above, at 7:05 P.M.DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a)Acute Pulmonary
edemaANTE
CEDENT
CAUSESDue To Dehydration and
(b) MalnutritionDue To Carcinoma
(c) Primary in MouthOTHER
SIGNIFICANT
CONDITIONS

Arthritis

Major findings:
Of operations:

Date of operation: Nov 1950 Was autopsy performed? No

What test confirmed diagnosis? Lab Exam of Spec.

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

If so, specify:

(Signed) John F. Collins M. D.
(Address) Revere Mass Date 4 Feb 19526 Ridgelaun Watertown
Place of Burial or Cremation (City or Town)

DATE OF BURIAL February 7 1952

7 NAME OF
FUNERAL DIRECTOR

Aram Bedrosian

ADDRESS 558 Mt Auburn St Watertown

Received and filed FEB 5 1952 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 Louise Mardrosian
(Give maiden name of wife in full)

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

11 IF STILLBORN, enter that fact here.

12 AGE 69 Years Months Days If under 24 hours
Hours Minutes13 Usual Occupation: Photoengraver
(Kind of work done during most of working life)

14 Industry or Business: Color Process Eng. Co. Boston

15 Social Security No. 010-09-6878

16 BIRTHPLACE (City) AGEN ARMENIA
(State or country)

17 NAME OF FATHER Sumpad GABRIEL

18 BIRTHPLACE OF FATHER (City) AGEN
(State or country) ARMENIA

19 MAIDEN NAME OF MOTHER UNKNOWN

20 BIRTHPLACE OF MOTHER AGEN
(State or country) ARMENIA

21 Informant (Address) 119 Bradst Ave Revere

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

Walter L. Baker

(Signature of Agent of Board of Health or other)

Health Officer 26 1952

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

38

PLACE OF DEATH

Suffolk
(County)Wentworth
(City or Town)STANDARD
CERTIFICATE OF DEATH

Registered No.

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

2 FULL NAME

Noted Caragianis

PHYSICIAN — IMPORTANT

(Was deceased a
U. S. War Veteran, No
if so specify WAR)(a) Residence. No. 411 Shirley St. Wentworth Mass

(Usual place of abode)

(If nonresident, give city or town and State)

Length of stay: In place of death years months 23 days. In place of residence 12 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH February 5 1952
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
January 14 1952 to February 5 1952
I last saw him alive on Feb. 4, 1952 death is said tohave occurred on the date stated above, at 2:30 a.m.

DISEASE OR CONDITION

DIRECTLY LEADING
TO DEATH (a) Carcinoma ofleft lungINTERVAL BE-
TWEEN ONSET
AND DEATH1 1/2 yrsANTE CEDENT
CAUSES (b)Due To General
Carcinomatosis6 mos.Due To Carcinoma left
breast.2 yrsOTHER
SIGNIFICANT
CONDITIONSMajor findings:
Of operations. Feb. 1951Date of operation Feb. 1951 Was autopsy performed? noWhat test confirmed diagnosis? clinical & lab. & pathologic5 Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) Jacob Abrams M.D.
(Address) 662 Shirley St. Date 2/5/19526 Wentworth Community Hospital
(Place of burial or cremation) (City or Town)DATE OF BURIAL February 7, 19527 NAME OF FUNERAL DIRECTOR Arthur C. HaisterADDRESS 1642 Commonwealth Ave.Received and filed. FEB 6 1952 Boston

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

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

10a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of Charles Caragianis
(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: housewife
(Kind of work done during most of working life)14 Industry or Business: at home15 Social Security No. 028-12-4732B16 BIRTHPLACE (City)
(State or country) Greece17 NAME OF FATHER Vasilios Vonisakos18 BIRTHPLACE OF FATHER (City)
(State or country) Greece19 MAIDEN NAME OF MOTHER Unknown20 BIRTHPLACE OF MOTHER (City)
(State or country) Greece21 Informant (Address) Charles Caragianis
411 Shirley St. 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)

(Official Designation)

(Date of Issue of Permit) 2/6/52

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

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

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

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

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

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

Registered No. 39

PLACE OF DEATH

Suffolk
(County)Winthrop
(City or Town)

No. 30 Weymouth Ave

St. { (If death occurred in a hospital or institution,
give its NAME instead of street and number)2 FULL NAME Walter S. Hawkins
(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. 30 Weymouth Ave Winthrop
(Usual place of abode)

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

Length of stay: In place of death 10 years months days. In place of residence 35 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH Feb - 10 - 1952
(Month) (Day) (Year)4 I HEREBY CERTIFY that I have investigated the death
of the person above-named and that the CAUSE AND MANNER thereof
are as follows: (If an injury was involved, state fully.)Hypertensive Heart Disease;
Diabetes mellitus

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 (Specify type of place)
injury Collapsed in bath roomNature of (How did injury occur?)
injury Died quickly

While at work? Was autopsy performed?

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

If so, specify

(Signed) Mr. J. Snickley M. D.
(Address) 13 John St. Date - 10 - 10-527 Winthrop Winthrop
Place of Burial, or Cremation (City or Town)

DATE OF BURIAL February 14 1952

8 NAME OF FUNERAL DIRECTOR John J. O'Malley
ADDRESS Winthrop Mass

Received and filed FEB 13 1952

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

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

11a If married, widowed, or divorced

HUSBAND of (Give maiden name of wife in full)

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

12 IF STILLBORN, enter that fact here.

13 AGE 62 Years Months Days If under 24 hours
Hours Minutes14 Usual Occupation: Machinist
(Kind of work done during most of working life)

15 Industry or Business: Machine shop

16 Social Security No. 024-03-0461

17 BIRTHPLACE (City) Pensacola
(State or country) Florida

18 NAME OF FATHER Valter Hawkins

19 BIRTHPLACE OF FATHER (City) Charleston
(State or country) South Carolina

20 MAIDEN NAME OF MOTHER Isabelle Durant

21 BIRTHPLACE OF MOTHER (City) Pensacola
(State or country) Florida22 Informant Petronilla Walther
(Address) PO Box 3806 Pensacola Fla.I HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:Walter S. Hawkins
(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit) 2-13-52

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

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

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

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

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

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L. as amended by Chap. 48, Acts of 1927 and Chap. 414, Acts of 1931.

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

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

RULES OF PRACTICE

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

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

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

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

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

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

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

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

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

iving

F DEATH

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death but not
e disease or
using death.

PLACE OF DEATH

Suffolk
(County)Winthrop
(City or Town)

No. 125 Cliff Avenue, Winthrop

2 FULL NAME Georgena C. LaBrie (McLean)
(If deceased is a married, widowed or divorced woman, give also maiden name.)(a) Residence. No. 108 Eutaw Street,
(Usual place of abode)

Length of stay: In place of death. 1 years 11 months days. In place of residence 72 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.

41

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH Feb 16 1952
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
4/8 1950, to Feb 16 1952
I last saw her alive on Feb 16 1952, death is said to
have occurred on the date stated above, at 12:20 P. m.

DISEASE OR CONDITION

DIRECTLY LEADING

TO DEATH (a) Acute Coronary Occlusion 1 1/2 hrs.

ANTECEDENT
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?

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

If so, specify

(Signed)

(Address)

(City or Town)

(State or country)

(Date of Burial or Cremation)

DATE OF BURIAL

February 18th

19 52

7 NAME OF FUNERAL DIRECTOR Richard C. Kirby

ADDRESS Boston, Mass.

Received and filed

FEB 18 1952

(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

Philip A. LaBrie

(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12

AGE 72 Years 1 Months 1 Days

If under 24 hours

Hours Minutes

13 Usual

Occupation:

Saleslady

(Kind of work done during most of working life)

14 Industry

or Business:

Dept. Store

15 Social Security No.

011-20-7019A

16 BIRTHPLACE (City)

East Boston

(State or country)

Mass.

17 NAME OF
FATHER

Alan G. McLean

18 BIRTHPLACE OF

FATHER (City)

(State or country)

P.E.I.

19 MAIDEN NAME

OF MOTHER

Mary Green

20 BIRTHPLACE OF

MOTHER (City)

(State or country)

P.E.I.

21 Informant

(Address)

William A. McLean-nephew

601 Bennington 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 G. Baker

(Signature of Agent of Board of Health or other)

H. O.
(Official Designation)Feb. 17, 1952
(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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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 DEATHBoston
(City or town making return)

Registered No. 1439 42

PLACE OF DEATH

Suffolk
(County)Boston
(City or Town)

No. Audubon Hospital

(If death occurred in a hospital or institution,
St. { give its NAME instead of street and number)2 FULL NAME Cedric M Ball
(If deceased is a married, widowed or divorced woman, give also maiden name.)(Was deceased a U. S. War Veteran,
if so specify WAR) W W #1(a) Residence. No. 87 Undine St 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 Feb. 17/52
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
Feb. 11 19 52, to Feb. 17 19 52

I last saw him alive on Feb/17 1952, death is said to

have occurred on the date stated above, at 12:55PM m.

DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a) Massive pulmonary
embolusINTERVAL BE-
TWEEN ONSET
AND DEATHANTE Due To Paralytic ileus
CEDENT (b) post operative
CAUSES

3 Days

Due To Appendectomy
(c)

6 Days

OTHER
SIGNIFICANT
CONDITIONS Bronchial asthma

4 Yrs

Major findings: Appendicitis -paralytic ileus
Of operations

Date of operation 2-11-52 Was autopsy performed? No

What test confirmed diagnosis? 2-9-52

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

If so, specify

(Signed) John F Pepi

(Address) East Boston Mass Date 2-17 19 52

6 Greenlawn Cem-Salem Mass.

Place of Burial or Cremation (City or Town)

DATE OF BURIAL Feb. 20/52 19

7 NAME OF FUNERAL DIRECTOR W T McDonald

ADDRESS Salem Mass.

Received and filed FEB 25 1952 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 Carrie L Elwell
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 Months Days If under 24 hours
Hours Minutes13 Usual Occupation: Correctional Officer
(Kind of work done during most of working life)

14 Industry or Business: Deer Island

15 Social Security No. ---

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

17 NAME OF FATHER George Ball

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

19 MAIDEN NAME OF MOTHER Frances Gage

20 BIRTHPLACE OF MOTHER (City) Beverly Mass.
(State or country)21 Informant Carrie L Ball
(Address)

A TRUE COPY

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

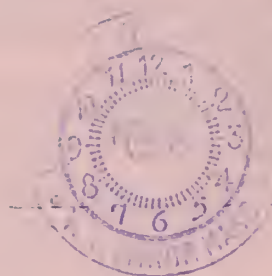
Feb. 20/52

DATE FILED 19

Copies of returns of deaths which occurred in your city or town in case the deceased resided in another city or town at the time of death should be transmitted on Form R-302 to the 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

RECEIVED



FEB 25 AM

Entered Service 8-15-1917 Discharged 10-13-1929

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.

43

STANDARD
CERTIFICATE OF DEATH

Registered No.

PLACE OF DEATH

Suffolk
(County)
Winthrop
(City or Town)



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

2 FULL NAME. *Male Zachar*
(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. *144 Orris Road*
(Usual place of abode)

St. *Revere*
(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 17, 1952*
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from
FEB. 17, 1952 to FEB. 17, 1952

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) *Still Birth*

INTERVAL BE-
TWEEN ONSET
AND DEATH

ANTE CEDENT (b)
CAUSES

Due To
(c)

OTHER
SIGNIFICANT
CONDITIONS

Major findings:
Of operations. *None*

Date of operation. Was autopsy performed? *No*

What test confirmed diagnosis? *Clinical Laboratory*

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

If so, specify

(Signed) *Maurice Truette Jr.* M. D.
(Address) *562 St. Louis St., Woburn, Mass.* Date *Feb 17, 1952*

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

DATE OF BURIAL *February 19, 1952*

7 NAME OF FUNERAL DIRECTOR *John C. Kelly*

ADDRESS *286 Meridian St., E.B.*

Received and filed .. 19 ..

FEB 19 1952

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

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

MARRIED
WIDOWED
or DIVORCED *Single*

10a If married, widowed, or divorced
HUSBAND of ..

(Give maiden name of wife in full)

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

11 IF STILLBORN, enter that fact here. *Stillborn* ✓

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

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

14 Industry or Business: ..

15 Social Security No. ..

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

17 NAME OF FATHER *Vincent Zachar*

18 BIRTHPLACE OF FATHER (City)
(State or country) *Bayonne N. J.*

19 MAIDEN NAME OF MOTHER *Marie C. Lowney*

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

21 Informant (Address) *Vincent Zachar 144 Orris Road, Revere*

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

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

Health Officer
(Official Designation)

2/18/52
(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 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

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.

44

Suffolk
(County)Wintthrop
(City or Town)STANDARD
CERTIFICATE OF DEATH

Registered No.

No. 48 Enfield Road

(If death occurred in a hospital or institution,
give its NAME instead of street and number)2 FULL NAME. Mabel Elizabeth (Kent) Godfray
(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.

48 Enfield Road

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 February 18, 1952
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
Feb. 9, 1952, to February 18, 1952.I last saw her alive on February 18, 1952, death is said to
have occurred on the date stated above, at 11:43 A. M.

DISEASE OR CONDITION

DIRECTLY LEADING
TO DEATH (a) Subarachnoid
HemorrhageINTERVAL BE-
TWEEN ONSET
AND DEATH

10 days

ANTECEDENT
CAUSES (b)Due To
(c) HypertensionOTHER
SIGNIFICANT
CONDITIONSMajor findings:
Of operations.....

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

What test confirmed diagnosis? clinical

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

If so, specify

(Signed) Arthur C. Murray, M. D.
(Address) Wintthrop Mass Date 20 Feb 19526 Mount Hope Dorchester
Place of Burial or Cremation (City or Town)

DATE OF BURIAL February 21, 1952, 19

7 NAME OF
FUNERAL DIRECTOR

ADDRESS 174 Wintthrop St, Wintthrop

Received and filed FEB 20 1952 19

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

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

10a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of Carleton Trevor Godfray
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 58 Years 1 Months 9 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) South Boston,
(State or country) Mass.17 NAME OF
FATHER Albert Kent18 BIRTHPLACE OF
FATHER (City) Nova Scotia
(State or country)19 MAIDEN NAME
OF MOTHER Elizabeth Marvin20 BIRTHPLACE OF
MOTHER (City) Nova Scotia
(State or country)21 Informant Carleton T. Godfray
(Address) 48 Enfield Rd.I HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:Walter L. Baker
(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit) 2/20/52

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

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

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

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

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

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

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

Registered No.

45

PLACE OF DEATH

Suffolk
(County)Winthrop
(City or Town)

No. en route to Winthrop Comm. Hospital

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

2 FULL NAME

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

PHYSICIAN — IMPORTANT

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

(a) Residence. No. 105

(Usual place of abode)

groves in Winthrop, Massachusetts

(If nonresident, give city or town and State)

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

MEDICAL CERTIFICATE OF DEATH

3 DATE OF
DEATHSept. 18 - 1952
(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.)old left coronary thrombosis
cardiac infarct
fresh Rt. coronary thrombosis

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

Date and hour of injury.....

4:20 P.M. 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
injuryCollapsed while walking in a
snow storm & died quicklyNature of
injury

While at work?

Was autopsy performed?

yes

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

If so, specify.....

(Signed).....

(Address).....

ST. PATRICK'S WATER TOWN
Place of Burial, or Cremation. (City or Town)

DATE OF BURIAL.....

FEB. 21 1952

8 NAME OF

FUNERAL DIRECTOR.....

ADDRESS.....

Received and filed.....

FEB 25 1952

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

9 SEX

Male

10 COLOR OR RACE

White

11 SINGLE (write the word)

MARRIED
WIDOWED
or DIVORCED Widowed

11a If married, widowed, or divorced

HUSBAND of.....

MURPHY
(Give maiden name of wife in full)

(or) WIFE of.....

(Husband's name in full)

12 IF STILLBORN, enter that fact here.

13

AGE

61

Years

Months

Days

If under 24 hours

Hours

Minutes

14 Usual

Occupation:

TRAFFIC MANAGER
(Kind of work done during most of working life)15 Industry
or Business:

A. & P. Retail Groceries Meats

16 Social Security No.:

028-07-6608

17 BIRTHPLACE (City)
(State or country)FRANKLIN
STOVE, MASS.18 NAME OF
FATHER

SAMUEL MANN

19 BIRTHPLACE OF

FATHER (City).....

(State or country)

ENGLAND

20 MAIDEN NAME

OF MOTHER

BRIDGET HOFFMAN

21 BIRTHPLACE OF

MOTHER (City).....

(State or country)

Newfoundland

22

Informant

(Address)

CHARLES E. MANN (brother)
137 BURLINGTON ST. WATERTOWNI 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 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.

Full Name = JOHN ALFRED MANN

George A. Mann

STATUTES

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

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

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

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

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L. as amended by Chap. 48, Acts of 1927 and Chap. 414, Acts of 1931.

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

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

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

RULES OF PRACTICE

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

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

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

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

STATEMENT OF CAUSE OF DEATH

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

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

SPACE FOR ADDITIONAL INFORMATION.....

DATE OF ENTERING MILITARY SERVICE.....

DATE OF DISCHARGE.....

RANK, RATING.....

ORGANIZATION AND OUTFIT.....

SERVICE NUMBER.....

PLACE OF DEATH

Suffolk
(County)Winthrop
(City or Town)

No. Winthrop Community Hospital

2 FULL NAME Esther Leavitt
(If deceased is a married, widowed or divorced woman, give also maiden name.)(a) Residence. No. 242 River Road
(Usual place of abode)

Length of stay: In place of death years months 1 days. In place of residence 53 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH Feb. 19 1952
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
1940 to Feb. 19, 1952
I last saw her alive on Feb. 19, 1952. Death is said to
have occurred on the date stated above, at 12:01 A.M.DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a) Cardiac Decompensation 1 wk.ANTECEDENT CAUSES (b) Hypertensive - Coronary
Artery Heart Disease 10 yrs.Due To
(c)

OTHER SIGNIFICANT CONDITIONS Ventral hernia 40 yrs.

Major findings:
Of operations
Date of operation Was autopsy performed? No
What test confirmed diagnosis? Clinical5 Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Charles Liberman M. D.
(Address) 26 Wane Way Ave. Winthrop 2/19/19526 Tifereth Israel of Winthrop, Everett
Place of Burial or Cremation (City or Town)

DATE OF BURIAL February 20, 1952

7 NAME OF FUNERAL DIRECTOR Benj. F. Solomon.
ADDRESS 420 Harvard St-Brookline.

Received and filed FEB 20 1952 19

(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. 46

(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
or DIVORCED married10a If married, widowed, or divorced
HUSBAND of (Give maiden name of wife in full)
(or) WIFE of Benjamin Leavitt
(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: Own Home

15 Social Security No. none

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

17 NAME OF FATHER Aaron Aronson

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

19 MAIDEN NAME OF MOTHER Rebecca (unknown)

20 BIRTHPLACE OF MOTHER (City) Austria
(State or country)21 Informant Benjamin Leavitt
(Address) 242 River 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)

(Official Designation) Health Officer (Date of Issue of Permit) 2/20/52

EXTRACTS
FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

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

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

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

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or 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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50M (B)-12-49-900722

PLACE OF DEATH

Suffolk
(County)
Weymouth
(City or Town)

No.

2 FULL NAME

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

(a) Residence. No.

(Usual place of abode)

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

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH Feb 21 1952
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from Feb 19 1952, to Feb 21 1952

I last saw him alive on Feb 21 1952. Death is said to have occurred on the date stated above, at 2:15 P. m.

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Broncho-pneumonia
Bilateral BronchitisANTECEDENT CAUSES Due To (b) Trauma of Pregnancy
(c) Hypertension
Malignant lymphadenitis

OTHER SIGNIFICANT CONDITIONS

Major findings: hcn
Of operations.

Date of operation. Was autopsy performed?

What test confirmed diagnosis? Post mortem 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

DATE OF BURIAL

7 NAME OF FUNERAL DIRECTOR

ADDRESS

Received and filed

FEB 25 1952

(Registrar)

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.

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

PHYSICIAN — IMPORTANT

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

(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

11 IF STILLBORN, enter that fact here.

12 AGE 40 Years Months Days If under 24 hours
Hours Minutes13 Usual Occupation: Home Housewife
(Kind of work done during most of working life)

14 Industry or Business: Own Home

15 Social Security No. None

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

17 NAME OF FATHER Thomas L. Dwyer

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

19 MAIDEN NAME OF MOTHER Mary Moran

20 BIRTHPLACE OF MOTHER (City) Chelsea
(State or country) Mass21 Informant John J. Connors
(Address) 155 Woodside 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 Board of Health or other)

(Official Designation)

(Date of Issue of Permit) 2/25/52

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

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

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

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

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

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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.

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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

(County)

(City or Town)

No. **St Elizabeth's Hospital**

2 FULL NAME

Renforth C Bleakney

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

(a) Residence. No.

21 Harborview Ave

(Usual place of abode)

Winthrop Mass

(If nonresident, give city or town and State)

Length of stay: In place of death.....years.....months **9** days. In place of residence **50** years.....months.....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH

February 23, 1952

(Month)

(Day)

(Year)

4 I HEREBY CERTIFY, That I attended deceased from

Feb 14, 1952 to Feb 23, 1952I last saw him alive on **Feb 23, 1952**, death is said tohave occurred on the date stated above, at **3:15 P** m.

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a)

Uremia

INTERVAL BETWEEN ONSET AND DEATH

Dys

ANTE CEDENT CAUSES (b)

Acute & Chronic pyelonephritis**years**

Due To (c)

Renal stones &**years****recurrent carcinoma of rectum**

OTHER SIGNIFICANT CONDITIONS

Major findings:

Carcinoma of rectum

Of operations

Date of operation **Jun 1951** Was autopsy performed? **Yes**What test confirmed diagnosis? **Autopsy**5 Was disease or injury in any way related to occupation of deceased? **no**

If so, specify

(Signed)

(Address)

F DiPoncer**St Eliz Hosp**Date **Feb 23, 1952**6 **Winthrop Cem** **Winthrop Mass**
Place of Burial or Cremation (City or Town)

DATE OF BURIAL

Feb 26, 1952

7 NAME OF FUNERAL DIRECTOR

H S Reynolds

ADDRESS

Winthrop Mass

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

MAR 3, 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

BOSTON

(City or town making return)

Registered No.

1618**48**

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

PERSONAL AND STATISTICAL PARTICULARS

8 SEX

Male

9 COLOR OR RACE

White

10 SINGLE

MARRIED

WIDOWED

or DIVORCED

(write the word)

Single

10a If married, widowed, or divorced

HUSBAND of.....

(Give maiden name of wife in full)

(or) WIFE of.....

(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE

81 Years **6** Months **3** Days

If under 24 hours

.....Hours.....Minutes

13 Usual Occupation:

Printer

(Kind of work done during most of working life)

14 Industry or Business:

City of Boston15 Social Security No. **--**

16 BIRTHPLACE (City)

(State or country)

New Brunswick

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)

Minetta Griggs

A TRUE COPY

ATTEST:

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

DATE FILED

Feb 26, 1952

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.)

R-305

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

PLACE OF DEATH

Middlesex

(County)

Arlington

(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

Arlington

(City or town making return)

Registered No. 85

49

No. On route to Symmes Arlington Hospital (If death occurred in a hospital or institution, give its NAME instead of street and number)

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

(Was deceased a U. S. War Veteran, if so specify WAR) W.W. 1

(a) Residence. No. 185 Somerset 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 1 days In place of residence 21 years months days

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH February 23 1952
(Month) (Day) (Year)

4 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows: (If an injury was involved, state fully.)

Cerebral Hemorrhage

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) G. S. Miles M. D.
(Address) Somerville, Mass. Date 2-23-1952

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

DATE OF BURIAL February 26 1952

8 NAME OF FUNERAL DIRECTOR Alice M. Kelly

ADDRESS 11 Meridian St., E. Boston

Received and filed MAB 10 1952 19

(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

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

11a If married, widowed, or divorced HUSBAND of Mary E. Malone
(Give maiden name of wife in full)

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

12 IF STILLBORN, enter that fact here.

13 AGE 56 Years Months Days If under 24 hours Hours Minutes

14 Usual Occupation Ass't Adjudication Officer
(Kind of work done during most of working life)

15 Industry or Business Veterans Administration

16 Social Security No. East Boston
17 BIRTHPLACE (City) Massachusetts
(State or country)

18 NAME OF FATHER James J. Conway

19 BIRTHPLACE OF FATHER (City) Cork
(State or country) Ireland

20 MAIDEN NAME OF MOTHER Margaret F. Coppens

21 BIRTHPLACE OF MOTHER (City) East Boston
(State or country) Massachusetts

22 Informant Mary E. Conway
(Address) 185 Somerset Ave., Winthrop

A TRUE COPY.

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

DATE FILED February 28 1952

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.)

R-305

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

BOSTON

(City or town making return)

MEDICAL EXAMINER'S
CERTIFICATE OF DEATH

Registered No. 1616 50

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

2 FULL NAME Steven Leavitt
(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. 433 Winthrop 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 9 months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH February 23, 1952
(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 respiratory infection

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

Date and hour of injury.....19.....

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

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

Manner of Injury Collapsed at home
(How did injury occur?)

Nature of Injury Dead on arrival at hospital

While at work?.....Was autopsy performed? no.....

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

If so, specify.....

(Signed) W J Brickley, M. D.

(Address) Boston Mass Date Feb 23 52

7 Workmen Circle Cem Melrose Mass
Place of Burial, or Cremation. (City or Town)

DATE OF BURIAL Feb 24 19 52

8 NAME OF FUNERAL DIRECTOR A Golov

ADDRESS Boston Mass

Received and filed MAR 3 1952 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 WIDOWED or DIVORCED Single

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

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

12 IF STILLBORN, enter that fact here.

13 AGE - Years 9 Months - Days If under 24 hours Hours Minutes

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

15 Industry or Business: -

16 Social Security No. -

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

18 NAME OF FATHER Meyer Leavitt

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

20 MAIDEN NAME OF MOTHER Ruth Belsky

21 BIRTHPLACE OF MOTHER (City) Boston Mass
(State or country)

22 Informant Father
(Address)

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

DATE FILED Feb 26 19 52

R-301A

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disease or
sing death.

50M (B)-1.2-49-900722

PLACE OF DEATH

Suffolk
(County)Winthrop
(City or Town)

No. Louise-Paul Rest Home

2 FULL NAME. Maddalena Massullo
(If deceased is a married, widowed or divorced woman, give also maiden name.)(a) Residence. No. 3 Wilbur Ct.
(Usual place of abode)(If death occurred in a hospital or institution,
St. { give its NAME instead of street and number)East Boston
(If nonresident, give city or town and State)

Length of stay: In place of death years 3 months 22 days. In place of residence years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH Feb. 24 52
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
Sym. 1949 to Feb. 24, 1952
I last saw her alive on Feb. 15, 1952, death is said tohave occurred on the date stated above, at 6:30 A. m.
DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a) BronchopneumoniaINTERVAL BE-
TWEEN ONSET
AND DEATHANTECEDENT (b) Cardiovascular
Accident 3 mDue To (c) Bronchial pneumonia
GeneralizedOTHER SIGNIFICANT
CONDITIONS Hypertension
EssentialMajor findings:
Of operations

Date of operation Was autopsy performed?

What test confirmed diagnosis?

5 Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) J. J. Regan M. D.
(Address) 200 Washington St. Date 2-26 19526 Feb. 28 52
Place of Burial or Cremation (City or Town)
Holy Cross Cemetery Malden 197 NAME OF FUNERAL DIRECTOR Vincent Rapino
ADDRESS 9 Chelsea St. East Boston

Received and filed FEB 27 1952 19

(Registrar)

The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICSSTANDARD
CERTIFICATE OF DEATH

Registered No. 51

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 married10a If married, widowed, or divorced
HUSBAND of (Give maiden name of wife in full)
(or) WIFE of Giuseppe Massullo
(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: 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) Italy
(State or country)

17 NAME OF FATHER Giuseppe Sforza

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 AGNES Pelosi
(Address) 319 Sumner St. East BostonI HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:Walter J. Baker
(Signature of Agent of Board of Health or other)Health Officer 2/27/52
(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 no. e.

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

The Commonwealth of Massachusetts

Suffolk

(County)

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

Boston

(City or town making return)

Boston

(City or Town)

COPY OF
CERTIFICATE OF DEATH

Registered No. 1777

52

No. Harley Hospital 6 Windmere Road

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

2 FULL NAME Albert W Bowman
(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. 35 Bates Ave.
(Usual place of abode)

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

Length of stay: In place of death years months 3 days. In place of residence 35 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH Feb. 25/52
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from
Feb. 1, 19 52 to Feb. 25, 19 52
I last saw him alive on Feb. 25, 19 52, death is said to
have occurred on the date stated above, at 1:20A m.

DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a) Myocardial failure

INTERVAL BE-
TWEEN ONSET
AND DEATH

2 Days

ANTE Due To Uremia
CEDENT (b)

3 Days

Due To Interstitial nephritis 2 Weeks
(c) Diabetes mellitus 3 Days
Arterio sclerosis 2 Mos

OTHER
SIGNIFICANT
CONDITIONS

Major findings: None
Of operations

Date of operation: None Was autopsy performed? No
What test confirmed diagnosis? Physical Exam.

5 Was disease or injury in any way related to occupation of deceased? No
If so, specify: A J West
(Signed) Boston Mass. Date 2-25 M. 52
(Address) Milton Cem-Milton Mass.

6 Place of Burial or Cremation (City or Town)
DATE OF BURIAL Feb. 28/52 19

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

Received and filed MAR 6 1952 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 Ann L Kelley
(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 2 Months 27 Days
If under 24 hours
Hours Minutes

13 Usual Occupation: Supt. Machine Shop
(Kind of work done during most of working life)

14 Industry
or Business:

15 Social Security No. 023-01-7299

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

17 NAME OF FATHER Hubert Bowman

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

19 MAIDEN NAME OF MOTHER Mary Jane

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

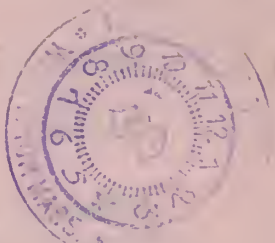
21 Informant William E Bowman
(Address)

A TRUE COPY Charles H. Mackie

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

DATE FILED Feb. 29/52 19

RECEIVED



MAR-6

AM



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.

53

1 PLACE OF DEATH
Suffolk.
(County)
Wentworth
(City or Town)
No. 16 Pebble Ave

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

2 FULL NAME Leila L (Strickland) Gustafson
(If deceased is a married, widowed or divorced woman, give full married name.)

PHYSICIAN-IMPORTANT

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

(a) Residence. No. 16 Pebble Ave, Wentworth 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 32 yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

18 DATE OF DEATH 2/26/52
(Month) (Day) (Year)

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

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

19 I HEREBY CERTIFY, That I attended deceased from
February 9, 1952, to February 26, 1952
I last saw her alive on February 23, 1952, death is said to
have occurred on the date stated above, at 8:00 P. M.

6 Age of husband or wife if alive years

7 IF STILLBORN, enter that fact here.

8 AGE 58 Years Months Days If less than 1 day Hours Minutes

Usual Occupation: Home Housewife

Industry or Business: Own Home

11 Social Security No.

12 BIRTHPLACE (City) Vermont
(State or Country)

Immediate cause of death

Acute myocardial infarction + hypotensive
heart disease
Due to Generalized arteriosclerosis

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: None
Of operations

Date of

Of autopsy None

What test confirmed diagnosis? Cholesterol & laboratory

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

(Signed) Dr. Thomas J. ... M. D.
(Address) 502 Cherry St. ... Date Feb 26, 1952

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

DATE OF BURIAL Feb 29 1952

22 NAME OF FUNERAL DIRECTOR Maureen H. Gandy

ADDRESS 210 Wentworth St. Wentworth

Received and Filed 19

FEB 29 1952
(Registrar)

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

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

Health Officer 2/28/52
(Official Designation) (Date of Issue of Permit)

PARENTS

13 NAME OF FATHER (Unknown) Strickland

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

15 MAIDEN NAME OF MOTHER Unknown

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

17 Informant (Address) George Thomas
(Relation, if any)

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

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

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

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

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

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

EDWARD J. CRONIN

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

54

PLACE OF DEATH

Suffolk
(County)Wintthrop
(City or Town)STANDARD
CERTIFICATE OF DEATH

Registered No.

No. 62 Park Ave.

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

2 FULL NAME

James W. Davis

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

PHYSICIAN — IMPORTANT

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

(a) Residence. No.

(Usual place of abode)

62 Park Ave.

St.

(If nonresident, give city or town and State)

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

MEDICAL CERTIFICATE OF DEATH

3 DATE OF
DEATHFebruary 27, 1952
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from

Feb 23, 1951 to Feb 27, 1952

I last saw him alive on Feb 25, 1952 death is said to

have occurred on the date stated above, at 2:00 P.M.

DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a)

Coronary occlusion 36 hrs.

ANTE
CEDENT
CAUSESDue To
(b)diabetes +
arteriosclerosis
8-10 yrs.Due To
(c)INTERVAL BE-
TWEEN ONSET
AND DEATHOTHER
SIGNIFICANT
CONDITIONSMajor findings:
Of operations

Date of operation Was autopsy performed?

What test confirmed diagnosis?

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

If so, specify

(Signed)

Woodbury & Wadsworth 2-27-52 M. D.

6

Place of Burial or Cremation (City or Town)

DATE OF BURIAL

Feb. 29, 1952

7 NAME OF

FUNERAL DIRECTOR

ADDRESS

J. E. Henderson Co.
517 Broadway, Everett Mass

Received and filed

FEB 27 1952

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 Miriam Rice

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12

AGE

60

Years

2 Months

3

Days

If under 24 hours

Hours Minutes

13

Usual
Occupation:

Chauffeur chauffeur

(Kind of work done during most of working life)

14

Industry
or Business:

Bakery

15

Social Security No.

028-05-6863

16

BIRTHPLACE (City)

Chelsea Mass

17

NAME OF
FATHER

James O. Davis

18

BIRTHPLACE OF
FATHER (City)

Newburyport, Mass.

19

MAIDEN NAME
OF MOTHER

Mary Perley

20

BIRTHPLACE OF
MOTHER (City)

Chelsea Mass

21

Informant
(Address)Mr. Miriam R. Davis
62 Park Ave. Wintthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was

filed with me BEFORE the burial or transit permit was issued:

Walter F. Baker

(Signature of Agent of Board of Health or other)

(Official Designation)

2/27/52

(Date of Issue of Permit)

3-01A

CTIONS
OR
CERTIFICATE

F DEATH

enter
man one
for each
(a) and (c)es not mean
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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.

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

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

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Chap. 114, Sec. 46, G. 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)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.

55

STANDARD
CERTIFICATE OF DEATH

Registered No.

No.

Winthrop Comm.

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

2 FULL NAME

Pasquale A Antonellos

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

PHYSICIAN — IMPORTANT

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

no

(a) Residence. No.

(Usual place of abode)

38 Beal

St.

(If nonresident, give city or town and State)

Length of stay: In place of death years months 1 days. In place of residence 27 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF
DEATHFeb. 29 1952
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
2/27 1952 to 2/29 1952

I last saw him alive on 2/29 1952 death is said to

have occurred on the date stated above, at 4:20 PM

DISEASE OR CONDITION

DIRECTLY LEADING TO DEATH (a) Solen Pneumonia 2 Days

INTERVAL BE-
TWEEN ONSET
AND DEATHANTE Due To
CEDENT (b) RHEUMATIC
CAUSES Heart Disease

4 yrs

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)

Ernest O. Pagan 2/29 1952
(Address) 670 Saratoga St. M. D.6 Holy Cross
Place of Burial or CremationMalden
(City or Town)

DATE OF BURIAL

Mar 3

1952

7 NAME OF
FUNERAL DIRECTOR

Ernest Pagan

ADDRESS

147 Winthrop St Winthrop

Received and filed

19

MAR 8 1952

(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

Iris Surridge
(Give maiden name of wife or full)

(or) WIFE of

(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12

AGE

32

Years

1 Months

21 Days

Hours

Minutes

If under 24 hours

13 Usual

Occupation:

Radio Repairman
(Kind of work done during most of working life)

14 Industry

or Business:

Radio

15 Social Security No.

032-07-0438

16 BIRTHPLACE (City)

(State or country)

East Boston
Mass.17 NAME OF
FATHER

James Antonellis

18 BIRTHPLACE OF

FATHER (City)

(State or country)

Tauresi
Italy

19 MAIDEN NAME

OF MOTHER

Josephine Croppa

20 BIRTHPLACE OF

MOTHER (City)

(State or country)

Cassetta
Italy

21

Informant

(Address)

Mrs. Iris Antonellis
38 Beal St WinthropI HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:Walter E. Baker
(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

H.O. March 3, 1952

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

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

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

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

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

PLACE OF DEATH

Suffolk -
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 John J. Chase
(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. 116 Chamberlain Ave
(Usual place of abode)St. Revere Mass.
(If nonresident, give city or town and State)

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

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH MARCH 3 1952
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
MARCH 2 1952, to MARCH 3, 1952

I last saw him alive on MARCH 3 1952, death is said to

have occurred on the date stated above, at 1.30 A. m.

INTERVAL BE-
TWEEN ONSET
AND DEATH

DISEASE OR CONDITION

DIRECTLY LEADING

TO DEATH (a) MYOCARDIAL INSUFFICIENCY 24HR

ANTE CEDENT
CAUSES

Due To CORONARY OCCLUSION 40HR

Due To GENERALIZED ARTERIOSCLEROSIS -

OTHER
SIGNIFICANT
CONDITIONSSENILITY
RT. SCROTAL HERNIAMajor findings:
Of operations

Date of operation ... Was autopsy performed? NO

What test confirmed diagnosis? CLINICAL OBSERVATION

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

If so, specify

(Signed) Harold Musgrave M. D.
(Address) 620 Beach St Revere Date March 3, 19526 Mt. Pleasant Arlington
(Place of Burial or Cremation) (City or Town)

DATE OF BURIAL March 5 1952

7 NAME OF FUNERAL DIRECTOR Vincent Murray

ADDRESS 262 Beach St Revere

Received and filed ... 19

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Male 9 COLOR OR RACE White 10 SINGLE MARRIED
WIDOWED OR DIVORCED Married10a If married, widowed, or divorced
HUSBAND of Mabel F. Scott
(Give maiden name of wife in full)(or) WIFE of ...
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

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

14 Industry or Business Boston American

15 Social Security No. 031-16-6024

16 BIRTHPLACE (City) Prairie Du Chien Wisconsin
(State or country)

17 NAME OF FATHER Cicero C. Chase

18 BIRTHPLACE OF FATHER (City) Prairie Du Chien Wisconsin
(State or country)

19 MAIDEN NAME OF MOTHER Felicite M. Cherner

20 BIRTHPLACE OF MOTHER (City) Prairie Du Chien Wisconsin
(State or country)21 Informant (Address) Mrs. Mabel Chase
116 Chamberlain Ave RevereI 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) 3/3/52

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

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

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

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

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RULES OF PRACTICE

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

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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. 57

No. 100A Summit Avenue

(If death occurred in a hospital or institution,
St. { give its NAME instead of street and number)2 FULL NAME Lillian S. 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. 100A Summit Avenue St.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death 17 years months days. In place of residence 23 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH March 3, 1952
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
Oct. 1951 to March 3, 1952
I last saw her alive on March 3, 1952 death is said to

have occurred on the date stated above, at 1:30 P.m.

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

1 day

ANTE CEDENT CAUSES
Due To (b) Hypertensive and
Coronary Artery Heart Disease
Due To (c) Atherosclerosis5 yrs
10 yrsOTHER
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) Charles Liberman M. D.
(Address) 26 Waverley Ave. Date 3/3/19526 Holyhood Brookline Mass
Place of Burial or Cremation (City or Town)

DATE OF BURIAL March 5 1952

7 NAME OF FUNERAL DIRECTOR John F. O'Malley

ADDRESS Winthrop Massachusetts

Received and filed MAR 5 1952 19

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX 9 COLOR OR RACE 10 SINGLE (write the word)
FEMALE White MARRIED
WIDOWED
or DIVORCED Single10a If married, widowed, or divorced
HUSBAND of (Give maiden name of wife in full)

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

11 IF STILLBORN, enter that fact here.

12 AGE 83 Years Months Days If under 24 hours
Hours Minutes13 Usual Occupation: At Home
(Kind of work done during most of working life)

14 Industry or Business: -

15 Social Security No. -

16 BIRTHPLACE (City) Brooklyn
(State or country) New York

17 NAME OF FATHER Thomas R. Duffy

18 BIRTHPLACE OF FATHER (City) Providence
(State or country) Rhode Island

19 MAIDEN NAME OF MOTHER Mary J Doherty

20 BIRTHPLACE OF MOTHER (City) Boston
(State or country) Massachusetts21 Informant Mrs. Albert Wright
(Address) 100A Summit Ave WinthropI HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:Walker L. Baker
(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

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

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

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

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

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

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had 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. 58

PLACE OF DEATH

No. 335

(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)

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

PHYSICIAN — IMPORTANT

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

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

MEDICAL CERTIFICATE OF DEATH

3 DATE OF
DEATH

MARCH

4

1952

(Month)

(Day)

(Year)

4 I HEREBY CERTIFY, That I attended deceased from

FEB 1, 1952, to MARCH 4, 1952

I last saw her alive on March 4, 1952, death is said to

have occurred on the date stated above, at 3:30 P. m.

INTERVAL BE-
TWEEN ONSET
AND DEATH

DISEASE OR CONDITION

DIRECTLY LEADING

TO DEATH (a) cerebro vascular
accident

one day

ANTE
CEDENT
CAUSES

Due To

(b)

(c)

Due To

(c)

OTHER
SIGNIFICANT
CONDITIONSMajor findings:
Of operations.

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

What test confirmed diagnosis?

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

If so, specify.....

(Signed) W. S. Greenfield M.D.

(Address) 447 Shirley St. Wintthrop

Date 3-5

1952

M. D.

6 Place of Burial or Cremation

(City or Town)

DATE OF BURIAL

Mar 7

1952

7 NAME OF
FUNERAL DIRECTOR

John F. O'Malley

ADDRESS

Wintthrop

Received and filed

MAR 6 1952

(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

Edward H. Lavoie

(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12

AGE 55

Years

Months

Days

Hours

Minutes

If under 24 hours

13 Usual

Occupation:

Housewife

(Kind of work done during most of working life)

14 Industry

or Business:

Iron Works

15 Social Security No.

16 BIRTHPLACE (City)
(State or country)

Lowell Mass.

17 NAME OF
FATHER

Alfred Lucier

18 BIRTHPLACE OF
FATHER (City)

Cannot be learned

(State or country)

19 MAIDEN NAME
OF MOTHER

Margaret O'Meara

20 BIRTHPLACE OF
MOTHER (City)

Cannot be learned

(State or country)

21 Informant
(Address)

Edward H. Lavoie 10

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

Walter A. Kahle

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

3/5/52

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

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

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

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

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

301A

ONS
IFICATEG
EATHter
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stating
causecontrib-
a but not
sease or
g death.

50m-(b)-11-40-970, 560

PLACE OF DEATH

Suffolk
(County)Winthrop
(City or Town)

No. 133 Cliff Avenue

2 FULL NAME Florence Victoria Waldron
(If deceased is a married, widowed or divorced woman, give also maiden name.)(a) Residence. No. 133 Cliff Avenue
(Usual place of abode)

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

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH March 4 1952
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
2 much 1952 to 4 much 1952I last saw her alive on 3 much 1952, death is said to
have occurred on the date stated above, at 2:30 P.M.DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a) Pulmonary Edema -ANTECEDENT CAUSES Due To (b) Acute Schuss's
renalized -Due To
(c)

OTHER SIGNIFICANT CONDITIONS Fractured hip -

Major findings:
Of operations

Date of operation . . . Was autopsy performed? m

What test confirmed diagnosis?

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

If so, specify

(Signed) Julia J. Gattullo M. D.
(Address) 305 Chestnut St. Date 5 much 19526 Holyhood Cemetery Brookline, Mass.
Place of Burial or Cremation (City or Town)

DATE OF BURIAL March 7, 1952 19

7 NAME OF FUNERAL DIRECTOR Alfred B. Marsh

ADDRESS 174 Winthrop St, Winthrop, Mass.

Received and filed MAR 6 1952 19

(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.

59

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

PHYSICIAN — IMPORTANT

(Was deceased a
U. S. War Veteran, NO.
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 Charles Henry Waldron
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 77 Years 9 Months 3 Days If under 24 hours
Hours Minutes13 Usual Occupation housewife
(Kind of work done during most of working life)

14 Industry or Business own home

15 Social Security No. none

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

17 NAME OF FATHER Thomas Nolan

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

19 MAIDEN NAME OF MOTHER Julia Little

20 BIRTHPLACE OF MOTHER (City) Ireland
(State or country)21 Informant Mrs. Wallace Fabyan
(Address) 133 Cliff Ave, Winthrop, Mass.I HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued.Walter S. Baker
(Signature of Agent of Board of Health or other)
Health Officer (Official Designation) 3/6/52
(Date of Issue of Permit)

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

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

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

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

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

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

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SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

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
MEDICAL EXAMINER'S
CERTIFICATE OF DEATH

Danvers

(City or town making return)

Registered No.

60

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 J. Sheldon Cartwright

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

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

(a) Residence. No.

85 Johnson Ave.

(Usual place of abode)

St.

Winthrop

(If nonresident, give city or town and State)

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

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH March 6, 1952
(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.)

1. Arteriosclerotic heart disease

2. Bronchopneumonia

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

Date and hour of injury.....19.....

Where did

Injury occur?

(City or town and State)

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

(Specify type of place)

Manner of Injury

Nature of Injury

(How did injury occur?)

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

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

If so, specify.....

(Signed) Ralph P. McCarthy, M. D.

(Address) Peabody, Mass. Date 3/6/1952

7 Linwood Cemetery Haverhill

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

DATE OF BURIAL March 8, 1952

8 NAME OF FUNERAL DIRECTOR Howard S. Reynolds

ADDRESS Winthrop, Mass.

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

APR 10 1952

(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 Wid WIDOWED or DIVORCED

11a If married, widowed, or divorced HUSBAND of Ella Wood

(Give maiden name of wife in full)

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

12 IF STILLBORN, enter that fact here.

13 85 5 21 AGE Years Months Days If under 24 hours Hours Minutes

14 Usual Occupation Appraiser (retired)

(Kind of work done during most of working life)

15 Industry or Business.....

16 Social Security No. Atkinson

17 BIRTHPLACE (City) New Hampshire (State or country)

18 NAME OF FATHER Edmund Cartwright

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

20 MAIDEN NAME OF MOTHER Kate McCloy

21 BIRTHPLACE OF MOTHER (City) Salem (State or country) Mass.

22 Informant Mary E. Sheehan (Address) Hathorne, Mass.

A TRUE COPY.

ATTEST: Arthur W. Gay (Registrar of City or Town where death occurred)

DATE FILED March 10, 1952

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. 2115 61

PLACE OF DEATH

SUFFOLK
COUNTY

(City or Town)

No. Beth Israel Hospital

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

2 FULL NAME SIDNEY JACOB

(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. 15 Underhill
(Usual place of abode)St. Winthrop, Mass.
(If nonresident, give city or town and State)

Length of stay: In place of death. years. months. 21 days. In place of residence. 25 years. months. days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH March 6, 1952
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
Feb. 14, 1952, to Mar. 6, 1952I last saw him alive on Mar. 6, 1952 death is said to
have occurred on the date stated above, at 11:55 a.m.DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a) Chronic pyelonephritisINTERVAL BE-
TWEEN ONSET
AND DEATH

5 yrs.

ANTE Due To
CEDENT (b) Septicemia
CAUSES

7

Due To
(c) Renal Lithiasis

5 yrs.

OTHER
SIGNIFICANT
CONDITIONSMajor findings:
Of operations. Intestinal Distension

Date of operation. 3/5/52 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) M. Malach M. D.
(Address) 330 Brookline Ave Date 3/6 19526 Hand in Hand Cem. W. Roxbury
Place of Burial or Cremation (City or Town)

DATE OF BURIAL March 7, 1952

7 NAME OF FUNERAL DIRECTOR Benjamin Solomon

ADDRESS Brookline

Received and filed. 19

MAR 14 1952
(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 Married10a If married, widowed, or divorced
HUSBAND of Annie E. Harris
(Give maiden name of wife in full)(or) WIFE of
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 68 Years Months Days If under 24 hours
Hours Minutes13 Usual Occupation: Merchant
(Kind of work done during most of working life)

14 Industry or Business: Grocery Store

15 Social Security No. 032-01-2085

16 BIRTHPLACE (City) Boston
(State or country)

17 NAME OF FATHER Louis Jacob

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

19 MAIDEN NAME OF MOTHER Catherine Jacobs -ok

20 BIRTHPLACE OF MOTHER (City) England
(State or country)21 Informant Bertram Jacob
(Address)

A TRUE COPY

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

DATE FILED March 10, 1952

Continued from page 106

Page 107

Continued

Continued

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Continued

Continued

23

Continued

Continued

Continued

SUFFOLK
BOSTON

(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. 2161 62

No. **Beth Israel Hospital**

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

2 FULL NAME **WILLARD C. WINKLEY**

(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 Jefferson**

(Usual place of abode)

St. **Winthrop**

(If nonresident, give city or town and State)

Length of stay: In place of death.....years.....months **4** days. In place of residence **29** years.....months.....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH **March 7, 1952**
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
March 4, 1952 to March 7, 1952I last saw him alive on **March 7, 1952** death is said tohave occurred on the date stated above, at **6:55p.** m.DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a) **Pneumonia**INTERVAL BE-
TWEEN ONSET
AND DEATH**5 days**ANTE DECENT CAUSES Due To (b) **Pulmonary emboli****5 days**Due To (c) **Abdominal sepsis**OTHER
SIGNIFICANT
CONDITIONSMajor findings:
Of operations **Ruptured appendix**Date of operation **2/20/52** Was autopsy performed? **Yes**What test confirmed diagnosis? **X-Ray**

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

If so, specify

(Signed) **J. Fischbein** M. D.(Address) **B.I.H.** Date **3-7** 19 **52**6 **Pine Hill** **Dover, N.H.**
Place of Burial or Cremation (City or Town)DATE OF BURIAL **March 10,** 19 **52**7 NAME OF FUNERAL DIRECTOR **Howard Reynolds**ADDRESS **Winthrop, Mass.**Received and filed **MAR 18 1952** 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 **Leila Hiscox**
(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 **9** Months **6** Days If under 24 hours
Hours Minutes13 Usual Occupation: **Civil Engineer**
(Kind of work done during most of working life)14 Industry or Business: **Textile**15 Social Security No. **010-05-4416**16 BIRTHPLACE (City) **Barrington, N.H.**
(State or country)17 NAME OF FATHER **John Winkley**18 BIRTHPLACE OF FATHER (City) **Barrington, N.H.**
(State or country)19 MAIDEN NAME OF MOTHER **Ellen S. Young**20 BIRTHPLACE OF MOTHER (City) **Barrington, N.H.**
(State or country)21 Informant **Leila Winkley**
(Address)

A TRUE COPY

ATTEST: **Charles J. Mackie**
(Registrar of City or Town where death occurred)DATE FILED **March 11,** 19 **52**

EDWARD J. CRONIN

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

63

Suffolk
(County)

Winthrop

(City or Town)

STANDARD
CERTIFICATE OF DEATH

Registered No.

PLACE OF DEATH

No. Winthrop Community Hospital

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

2 FULL NAME Rose B. 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. 59 Cottage Park Rd
(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 30 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH March 8 1952
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
March 5 1952, to March 8 1952

I last saw him alive on March 8 1952, death is said to

have occurred on the date stated above, at 5:30 p.m.

DISEASE OR CONDITION

DIRECTLY LEADING

TO DEATH (a) Cerebral hemorrhage -

INTERVAL BE-
TWEEN ONSET
AND DEATH

3 days

ANTE CEDENT
CAUSES

Due To

(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) J. F. O'Malley

(Address) 305 Chestnut St

Date

8 March

1952

M. D.

6 Holyhood Brookline

Place of Burial or Cremation

(City or Town)

DATE OF BURIAL Mar. 11 1952

19

7 NAME OF
FUNERAL DIRECTOR

ADDRESS

Winthrop

Received and filed

MAR 11 1952

19

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX

9 COLOR OR RACE

10 SINGLE (write the word)

Female

White

MARRIED

WIDOWED

SINGLE

10a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12

AGE 69 Years Months Days

If under 24 hours

Hours Minutes

13 Usual

Occupation:

Teacher

(Kind of work done during most of working life)

14 Industry

or Business:

Boston Schools

15 Social Security No.

16 BIRTHPLACE (City)

(State or country)

Boston

Mass

17 NAME OF

FATHER

James Sullivan

18 BIRTHPLACE OF

FATHER (City)

(State or country)

Ireland

19 MAIDEN NAME

OF MOTHER

Ellen Gilfeather

20 BIRTHPLACE OF

MOTHER (City)

(State or country)

Boston

Mass

21

Informant

(Address)

Madeline Cochran

59 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 G. Baker

(Signature of Agent of Board of Health or other)

(Official Designation)

3/10/52
(Date of Issue of Permit)

-301A

IONS

TIFICATE

g DEATH

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isease or
ng 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

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. 64

No. 73 Bartlett Road

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

2 FULL NAME. Elinor (Young) Fisher

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

PHYSICIAN — IMPORTANT

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

NO.

(a) Residence. No. 73 Bartlett Road

(Usual place of abode)

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

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

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH March 9 1952
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
Jan 14 1951 to March 9 1952

I last saw her alive on March 9 1952, death is said to

have occurred on the date stated above, at 8:30 A. m.

INTERVAL BE-
TWEEN ONSET
AND DEATH

DISEASE OR CONDITION

DIRECTLY LEADING

TO DEATH (a) Bulmy Edema 4 hrs

ANTE Due To Anterior poliomyelitis
CEDENT (b)Due To Ca Metastasis
(c)

3 yr.

OTHER SIGNIFICANT CONDITIONS
Ca of Breast -

Major findings: Ca. Breast

Of operations.

Date of operation 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) Fred Edmundo M. D.
(Address) 305 Chelsea St. E. 3rd Date 11 March 19526 Winthrop Cemetery Winthrop
Place of Burial or Cremation (City or Town)

DATE OF BURIAL March 12 1952

7 NAME OF FUNERAL DIRECTOR Alfred B. Marsh

ADDRESS 174 Winthrop St. Winthrop, Mass.

Received and filed MAR 11 1952

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

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

female white

10a If married, widowed, or divorced

HUSBAND of (Give maiden name of wife in full)

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

11 IF STILLBORN, enter that fact here.

12 AGE 61 Years 10 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: own home

15 Social Security No. none

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

17 NAME OF FATHER Arthur Young

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

19 MAIDEN NAME OF MOTHER Clara F. Howland

20 BIRTHPLACE OF MOTHER (City) Boston
(State or country) Mass.21 Informant Fred W. Fisher
(Address) 73 Bartlett Road, WinthropI HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with the 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) 3/11/52

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

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

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

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

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

The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS
COPY OF
CERTIFICATE OF DEATHMelrose
(City or town making return)
Registered No. 65

PLACE OF DEATH

Middlesex
(County)Melrose
(City or Town)

No. 137 Boardman Avenue

St. (If death occurred in a hospital or institution,
give its NAME instead of street and number)2 FULL NAME Alice Moriarty (Corbett)
(If deceased is a married, widowed or divorced woman, give also maiden name.)(Was deceased a
U. S. War Veteran,
if so specify WAR)(a) Residence. No. 379 Pleasant
(Usual place of abode)St. Winthrop
(If nonresident, give city or town and State)

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

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH March 10, 1952
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
Jan. 20, 1952 to March 10, 1952 19I last saw her alive on March 7, 1952 death is said to
have occurred on the date stated above, at 3:40 A. m.DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a) Auricular Fibrillation, days
and acute Myocardial failure 6 hrsINTERVAL BE-
TWEEN ONSET
AND DEATHANTE Due To
CEDENT (b) Arteriosclerotic Heart Disease
CAUSES 5 yrsDue To
(c) Generalized Arteriosclerosis
10 yrsOTHER
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? no

If so, specify

(Signed) Thomas M. Hearne M. D.
(Address) Melrose, Mass. Date 3/10/526 St. Joseph Boston
Place of Burial or Cremation (City or Town)

DATE OF BURIAL March 13, 1952 19

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

Received and filed MAR 21 1952 19

(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

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

10a If married, widowed, or divorced

HUSBAND of (Give maiden name of wife in full)

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

11 IF STILLBORN, enter that fact here.

AGE 75 Years Months Days If under 24 hours
Hours Minutes13 Usual Occupation: At home
(Kind of work done during most of working life)14 Industry
or Business

15 Social Security No.

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

17 NAME OF FATHER Patrick Corbett

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

19 MAIDEN NAME OF MOTHER Cristine Welch

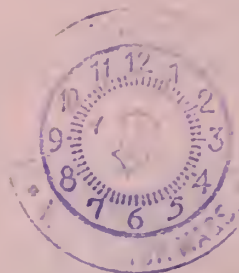
20 BIRTHPLACE OF MOTHER (City) Boston
(State or country) Mass.21 Informant Gertrude Moriarty
(Address) 379 Pleasant St., Winthrop

A TRUE COPY

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

DATE FILED March 13, 1952 19

RECEIVED



MAR 21 AM

PLACE OF DEATH

Suffolk County 4/7/52

Wintthrop (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.

MEDICAL EXAMINER'S
CERTIFICATE OF DEATH

Registered No. 66

No. Cliff House 172 (If death occurred in a hospital or institution, give its NAME instead of street and number) St. W.B.

2 FULL NAME Pauline Taulb (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. 162 Seaver St. Roxbury (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 17 years.....months.....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH March - 10 - 1952
(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:
Chronic myocarditis
Primary Coronary Sclerosis

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

Date and hour of injury.....19

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

Did injury occur in or about home, on farm, in industrial place, or in public

place?.....
(Specify type of place)

Manner of Collapsed suddenly &
Injury.....
(How did injury occur?)

Nature of died quickly
Injury.....

While at work? — Was autopsy performed? no

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

If so, specify John J. Brickley

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

(Address) Dorchester Date Mar - 10 - 1952

7 Workmen's Circle Wethers
Place of Burial, or Cremation. (City or Town)

DATE OF BURIAL March 11 1952

8 NAME OF FUNERAL DIRECTOR Benjamin Bornbach

ADDRESS 10 Washington St. Dorch.

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

MAR 12 1952

(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 Philip Taulb
(Husband's name in full)

12 IF STILLBORN, enter that fact here.

13 AGE 62 years.....Months.....Days If under 24 hours
Hours.....Minutes

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

15 Industry or Business: Run at home

16 Social Security No. none

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

18 NAME OF FATHER Abraham Hurwitz

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

20 MAIDEN NAME OF MOTHER Cannot be learned

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

22 Informant Philip Taulb
(Address) 162 Seaver St Roxbury

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

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

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

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

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

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L. as amended by Chap. 48, Acts of 1927 and Chap. 414, Acts of 1931.

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

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

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

RULES OF PRACTICE

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

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

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

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

STATEMENT OF CAUSE OF DEATH

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

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

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

PLACE OF DEATH

Suffolk
(County)Winthrop
(City or Town)

No. 100 Cliff Ave

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. 67

2 FULL NAME Margaret V. (Halligan) Archdeacon
(If deceased is a married, widowed or divorced woman, give also maiden name.)(a) Residence. No. 100 Cliff Ave
(Usual place of abode)St. (If death occurred in a hospital or institution,
give its NAME instead of street and number)PHYSICIAN — IMPORTANT
(Was deceased a
U. S. War Veteran,
if so specify WAR)

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

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH March 11 1952
(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 3:20 P. M.

DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a) Natural Causes
PresumablyANTECEDENT CAUSES (b) Cerebral
Hemorrhage

Due To (c)

OTHER SIGNIFICANT
CONDITIONS Hypertension 20 yrsMajor 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 Board of Health Mar 12 1952

6 New Calvary Boston

Place of Burial or Cremation (City or Town)

DATE OF BURIAL Mar 14 1952

7 NAME OF FUNERAL DIRECTOR John J. O'Malley

ADDRESS Winthrop

Received and filed MAR 14 1952

(Registrar)

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 Charles Archdeacon
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 46 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. 034 -18-7576

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

17 NAME OF FATHER John Halligan

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

19 MAIDEN NAME OF MOTHER Margaret Mc Carthy

20 BIRTHPLACE OF MOTHER (City) East Boston
(State or country) Mass21 Informant Charles Archdeacon
(Address) 100 Cliff AveI HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:Walter G. Baker
(Signature of Agent of Board of Health or other)Health Officer 3/13/52
(Official Designation) (Date of Issue of Permit)IONS
TIFICATEng
DEATHnter
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each
and (c)not mean
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asthenia,
the disease,
whichconditions,
rise to the
(stating
causecontrib-
th but not
disease or
ing death.

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).

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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.

68

PLACE OF DEATH

Suffolk
(County)
Winthrop
(City or Town)

No.

149 River St.

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

PHYSICIAN — IMPORTANT

2 FULL NAME

Harold Edgar Murray (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.

(Usual place of abode)

149 River St.

St.

(If nonresident, give city or town and State)

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

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH March 11, 1952
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
March 1, 1952 to March 11, 1952I last saw her alive on March 10, 1952, death is said to
have occurred on the date stated above, at 12:40 A. M.DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a)Carcinoma of
StomachINTERVAL BE-
TWEEN ONSET
AND DEATH

1 yr

ANTECEDENT
CAUSESDue To
(c)OTHER
SIGNIFICANT
CONDITIONS

Major findings: Carcinoma of stomach

Date of operation: 14 Dec 51. Was autopsy performed? no

What test confirmed diagnosis? Laparotomy

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 2 Mar 1952

6 Place of Burial or Cremation

(City or Town)

DATE OF BURIAL

Mar 14 1952

7 NAME OF
FUNERAL DIRECTOR

ADDRESS

100 Main St, Winthrop

Received and filed

MAR 14 1952

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 John Murray
(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:Housewife
(Kind of work done during most of working life)14 Industry
or Business:

Own Home

15 Social Security No.

None

16 BIRTHPLACE (City)
(State or country)

Ireland

17 NAME OF
FATHER

Robert Murray

18 BIRTHPLACE OF
FATHER (City)

Ireland

(State or country)

19 MAIDEN NAME

OF MOTHER

Upman

20 BIRTHPLACE OF

MOTHER (City)

Ireland

(State or country)

21

Informant
(Address)John Murray
149 River St, WinthropI HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial of transit permit was issued:

Walter H. Baker

(Official Designation)

(Signature of Agent of Board of Health or other)

(Date of Issue of Permit)

3/13/52

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

The Commonwealth of Massachusetts

BOSTON

SUFFOLK

BOSTON


 EDWARD J. CRONIN
 SECRETARY OF THE COMMONWEALTH
 DIVISION OF VITAL STATISTICS

(City or town making return)

COPY OF
CERTIFICATE OF DEATH

Registered No. 2322-69

PLACE OF DEATH

No. Beth Israel Hospt

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

2 FULL NAME William Watson

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

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

(a) Residence, No. 14 Linden

(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.....42 years.....months.....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH March 11/52
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from March 7 19 52 to March 11 19 52

I last saw him alive on March 11, 52 death is said to have occurred on the date stated above, at 1:30A m.

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Cerebral vascular accident

INTERVAL BETWEEN ONSET AND DEATH

4 Days

ANTECEDENT CAUSES Due To Hypertension

10 Yrs

Due To (c)

OTHER SIGNIFICANT CONDITIONS Congestive failure

6 Mos.

Major findings: Of operations. None

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

What test confirmed diagnosis?

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

If so, specify

(Signed) N Geschwind M. D. (Address) Beth Israel Hospt Date 3-11-19 52

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

DATE OF BURIAL March 14/52 19

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

Received and filed MAR 21 1952 19

(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 Lottie Flint (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 4 Months 11 Days If under 24 hours Hours Minutes

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

14 Industry or Business Hospital

15 Social Security No. 021-14-1107

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

17 NAME OF FATHER William Watson

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

19 MAIDEN NAME OF MOTHER Jessie Houston

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

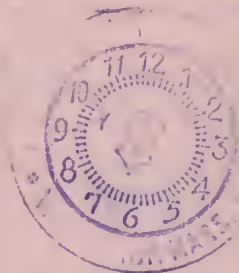
21 Informant Lottie Watson (Address)

A TRUE COPY

ATTEST Charles H. Mackie (Registrar of City or Town where death occurred) March 14/52

DATE FILED 19

RECEIVED



MAR 21 AM

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. 20

PLACE OF DEATH

No.

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

2 FULL NAME

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

PHYSICIAN — IMPORTANT

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

(a) Residence. No.

(Usual place of abode)

St.

(If nonresident, give city or town and State)

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

MEDICAL CERTIFICATE OF DEATH

3 DATE OF
DEATH

(Month) (Day) (Year)

4 I HEREBY CERTIFY That I attended deceased from

19 to 19

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

have occurred on the date stated above, at 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)

Date M. D.

6 Place of Burial or Cremation

(City or Town)

DATE OF BURIAL 19

7 NAME OF
FUNERAL DIRECTOR

ADDRESS

Received and filed.

MAR 18 1952

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX

9 COLOR OR RACE

10 SINGLE (write the word)

MARRIED
WIDOWED
or DIVORCED10a If married, widowed, or divorced
HUSBAND of.

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12

AGE Years Months Days

If under 24 hours

Hours Minutes

13 Usual

Occupation:

(Kind of work done during most of working life)

14 Industry

or Business:

15 Social Security No.

16 BIRTHPLACE (City)
(State or country)17 NAME OF
FATHER

18 BIRTHPLACE OF

FATHER (City)

(State or country)

19 MAIDEN NAME

OF MOTHER

20 BIRTHPLACE OF

MOTHER (City)

(State or country)

21

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

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

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

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

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

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

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

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

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

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

RULES OF PRACTICE

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

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

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

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

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

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

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

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 DEATHRegistered No. **21**

PLACE OF DEATH

Suffolk
(County)*Winthrop*
(City or Town)No. *Winthrop Comm Hospital*St. (If death occurred in a hospital or institution,
give its NAME instead of street and number)2 FULL NAME ~~HO~~ *ROSE BERGER (LEVINE)*
(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. *52 Cross 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 *35* years *0* months *0* days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH *March 14 1952*
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
Sept 1951 to *March 14 1952*I last saw him alive on *March 14 1952* death is said tohave occurred on the date stated above, at *4:03 P.m.*

DISEASE OR CONDITION

DIRECTLY LEADING
TO DEATH (a) *Acute coronary*
infarction, suppurative *1 day*ANTECEDENT (b) *Arteriosclerotic*
CAUSES *Heart Disease* *5 yrs.*Due To (c) *Pneumonia, Atypical* *2 wks.*
*atypical*INTERVAL BETWEEN ONSET
AND DEATHOTHER
SIGNIFICANT
CONDITIONS *none*Major findings: *none*
Of operationsDate of operation. Was autopsy performed? *no*

What test confirmed diagnosis?

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

If so, specify

(Signed) *Charles Liberman* M. D.
(Address) *26 Wane Way Ave.* Date *3/14/1952*6 *Interment at Winthrop, Everett*
Place of Burial or Cremation (City or Town)DATE OF BURIAL *March 16 1952*7 NAME OF FUNERAL DIRECTOR *Hyman J. Toif*ADDRESS *151 Washington Ave Chelsea*Received and filed. *MAR 19 1952* 19

(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 *Frederick Berger*
(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. *none*16 BIRTHPLACE (City) *Russia*
(State or country)17 NAME OF FATHER *Mordica Late Levine*18 BIRTHPLACE OF FATHER (City) *Russia*
(State or country)19 MAIDEN NAME OF MOTHER *(E. B. L.)*20 BIRTHPLACE OF MOTHER (City) *Russia*
(State or country)21 Informant *David Score*
(Address) *82 Cross St Winthrop Mass*I HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:*Walter A. Baker, H. O.*

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

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

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

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

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

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

301A

PLACE OF DEATH

Suffolk
(County)Winthrop
(City or Town)STANDARD
CERTIFICATE OF DEATH

Registered No. 72

No. 56 Bartlett Parkway

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

2 FULL NAME Peter F. 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. 56 Bartlett Parkway
(Usual place of abode)

(If nonresident, give city or town and State)

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

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH March 14 1952
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
Mar 11, 1952 to Mar 14, 1952

I last saw him alive on Mar 13, 1952 death is said to

have occurred on the date stated above, at 3:30 A.M.

DISEASE OR CONDITION
DIRECTLY LEADINGTO DEATH (a) Coronary Heart
diseaseINTERVAL BE-
TWEEN ONSET
AND DEATH

3 days

ANTECEDENT (b) Arterio-sclerosis
CAUSES5 years
(early)Due To
(c)OTHER
SIGNIFICANT
CONDITIONSMajor findings:
Of operations.

Date of operation. Was autopsy performed?

What test confirmed diagnosis? Clinical signs.

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

If so, specify

(Signed)

(Address)

Date

M. D.

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

DATE OF BURIAL March 17 1952

7 NAME OF FUNERAL DIRECTOR Edmund L. Kelleher

ADDRESS 67 Broadway Somerville

Received and filed 19

MAR 19 1952

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX M 9 COLOR OR RACE White 10 SINGLE (write the word)
MARRIED WIDOWED
or DIVORCED10a If married, widowed, Mary Rynne
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 Months Days If under 24 hours
Hours Minutes13 Usual Occupation Motorman B.E.R.V. Retired
(Kind of work done during most of working life)

14 Industry or Business Retired B.E.R.V.

15 Social Security No.

16 BIRTHPLACE (City) Ireland
(State or country)

17 NAME OF FATHER Jeremiah Griffin

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

19 MAIDEN NAME OF MOTHER Bridget Mc Cormack

20 BIRTHPLACE OF MOTHER (City) Ireland
(State or country)21 Informant Theresa Griffin
(Address) 56 Bartlett ParkwayI HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:

Walter Stuker, H.O.

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

EXTRACTS
FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

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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

301A

ONS

IFICATE

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g death.

50M (B)-1-2-48-900722

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.

73

PLACE OF DEATH

Suffolk
(County)Winthrop
(City or Town)

STANDARD

CERTIFICATE OF DEATH

Registered No.

No. 183 Cottage Park Road

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

Clara Lane Murray

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

(a) Residence. No. 183 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 56 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF
DEATHMarch 15 1952
(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 3:00 A. M.

DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a)

Natural Causes

INTERVAL BE-
TWEEN ONSET
AND DEATHANTE
CEDENT
CAUSES

Due to

Presumably Coronary
Occlusion

Due to

Generalized Arterio-
sclerosisOTHER
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 Date March 15 1952

6 Winthrop

Place of Burial or Cremation

Winthrop

DATE OF BURIAL

March 18

1952

7 NAME OF
FUNERAL DIRECTOR

John F. O'Neale

ADDRESS

Winthrop Mass

Received and filed

MAR 19 1952

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 John K. Murray

(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12

AGE 87

Years

Months

Days

If under 24 hours

Hours

Minutes

13 Usual

Occupation:

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)Ellsworth
Maine17 NAME OF
FATHER

Wilbur F. Lane

18 BIRTHPLACE OF

FATHER (City)

(State or country)

Maine

19 MAIDEN NAME

OF MOTHER

Maria L. Orcutt

20 BIRTHPLACE OF

MOTHER (City)

(State or country)

Maine

21

Informant
(Address)

Mae Murray

183 Cottage Park Rd Winthro

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

(Date of Issue of Permit)

3/18/52

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

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

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

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

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

STANDARD

CERTIFICATE OF DEATH

Registered No. 74

PLACE OF DEATH

Suffolk
(County)
Winthrop
(City or Town)

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

2 FULL NAME

Angelo Vesce
(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. 381 Revere St., Revere, Mass. St. (If nonresident, give city or town and State)

Length of stay: In place of death years months 11 days. In place of residence 44 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH March 16, 1952
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from Sept 2, 1950 to March 16, 1952
I last saw him alive on March 16, 1952, death is said to

have occurred on the date stated above, at 9.15 P. m. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Bronchial pneumonia 2 dy

INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES (b) Due To Carcinoma of Lung 6 mo

(c) Due To Chronic Myocarditis 2 y

OTHER SIGNIFICANT CONDITIONS Generalized arteriosclerosis 2 y

Major findings:

Of operations.

Date of operation. Was autopsy performed? no

What test confirmed diagnosis? X Ray

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

If so, specify

(Signed)

(Address)

Paul Buonfiglio M. D.
600 Beach St., Revere Date Mar 16, 19526 Holy Cross Cem. malden
Place of Burial or Cremation (City or Town)

DATE OF BURIAL March 19, 1952

7 NAME OF FUNERAL DIRECTOR Paul Buonfiglio

ADDRESS 128 Revere St Revere

Received and filed MAR 19 1952

(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 Antonia Scotti (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: Watchman

15 Social Security No. 011-12-8619

16 BIRTHPLACE (City) Italy (State or country)

17 NAME OF FATHER Generoso Vesce

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

19 MAIDEN NAME OF MOTHER anarella Romolo

20 BIRTHPLACE OF MOTHER Italy (State or country)

21 Informant Mrs. Antonia Vesce (Address) 381 Revere St Revere

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

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

Health Officer 3/18/52 (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:

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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

Weymouth
(City or Town)

No. Weymouth Community Hospital

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

2 FULL NAME. Elsie M. Whynot

(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. 346 Saratoga St. E. Boston

(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.....50 years.....months.....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH Mar - 16 - 1952
(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.)

Senile
chronic myocarditis:
fract. left femur

5 Accident, suicide, or homicide (specify) accidental

Date and hour of injury Mar - 6 - 1952

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

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

Manner of injury Fell accidentally in her kitchen

Nature of injury on Mar - 6 - 1952
(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) 1346 N. Ave. - 16 - 1952

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

DATE OF BURIAL March 19 1952

8 NAME OF FUNERAL DIRECTOR Frederick J. Magrath

ADDRESS East Boston

Received and filed. MAR 19 1952

(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. 75

PERSONAL AND STATISTICAL PARTICULARS

9 SEX Female 10 COLOR OR RACE White 11 SINGLE MARKED WIDOWED or DIVORCED (write the word) Widowed

11a If married, widowed, or divorced

HUSBAND of (Give maiden name of wife in full)

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

12 IF STILLBORN, enter that fact here.

13 AGE 73 Years Months Days If under 24 hours Hours Minutes

14 Usual Occupation Housewife at home
(Kind of work done during most of working life)

15 Industry or Business: Own Home

16 Social Security No. none

17 BIRTHPLACE (City) Leunenburg N. S.
(State or country)

18 NAME OF FATHER Hibbard Eison

19 BIRTHPLACE OF FATHER (City) Leunenburg
(State or country) N. S.

20 MAIDEN NAME OF MOTHER cannot be located

21 BIRTHPLACE OF MOTHER (City) Leunenburg
(State or country) N. S.22 Informant Maud M. Whynot
(Address) 346 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 L. Baker
(Signature of Agent or Board of Health or other)
Health Officer
(Official Designation)

(Date of Issue of Permit) 3/18/52

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

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

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

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

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L. as amended by Chap. 48, Acts of 1927 and Chap. 414, Acts of 1931.

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

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

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

RULES OF PRACTICE

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

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

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

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

STATEMENT OF CAUSE OF DEATH

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

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

SPACE FOR ADDITIONAL INFORMATION.....

DATE OF ENTERING MILITARY SERVICE.....

DATE OF DISCHARGE.....

RANK, RATING.....

ORGANIZATION AND OUTFIT.....

SERVICE NUMBER.....

PLACE OF DEATH

SUFFOLK
BOSTON
(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. 2612-76

No. Infant's Hospital

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

2 FULL NAME Ronald Paul Safallo

(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. 631 Pleasant St
(Usual place of abode)St. Winthrop Mass.
(If nonresident, give city or town and State)

Length of stay: In place of death. years. months. 1 days. In place of residence. years. 2 months. 27 days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH March 18/52
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
March 17, 19 52 to March 18, 19 52I last saw him alive on March 18, 52 death is said to
have occurred on the date stated above, at 11:15 P. M.

DISEASE OR CONDITION

DIRECTLY LEADING TO DEATH (a) Encephalitis

INTERVAL BE-
TWEEN ONSET
AND DEATH
3 DaysANTE Due To
CEDENT (b)
CAUSESDue To
(c)OTHER SIGNIFICANT CONDITIONS Pharyngitis, acute
otitis acuteMajor findings:
Of operations.

Date of operation. Was autopsy performed? No

What test confirmed diagnosis? Wbc, physical N & T Cult

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

If so, specify

(Signed)

(Address)

No J. E. Drosbaugh
300 Longwood Ave. Date 3-19-52
Winthrop Cem-Winthrop Mass.

6 Place of Burial or Cremation (City or Town)

DATE OF BURIAL March 21/52 19

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

Received and filed. MAR 31 1952 19

(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX M 9 COLOR OR RACE W 10 SINGLE (write the word)
MARRIED Single
WIDOWED
or 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 2 Months 27 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 Robert Safallo

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

19 MAIDEN NAME OF MOTHER Helen White

20 BIRTHPLACE OF MOTHER (City) Winthrop Mass.
(State or country)21 Informant Robert Safallo
(Address)A TRUE COPY Charles H. Mackie
ATTEST: (Registrar of City or Town where death occurred)

DATE FILED March 21/52 19

RECEIVED



MAR 31 AM

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. 77

No. Winthrop Community Hospital

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

2 FULL NAME Julia Cate Leavitt

(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 Faun Bar Ave. Winthrop 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 4 years... months... days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH March 19 1952
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
Mar 19, 1952, to Mar 19, 1952

I last saw her alive on Mar 19, 1952, death is said to

have occurred on the date stated above, at 11:30 P. M.

DISEASE OR CONDITION

DIRECTLY LEADING

TO DEATH (a) Cerebral hemorrhage

INTERVAL BETWEEN ONSET
AND DEATH

1 1/2 hours

ANTECEDENT CAUSES Due To General arteriosclerosis

Due To (c)

OTHER SIGNIFICANT CONDITIONS

Major findings:

Of operations.

Date of operation... Was autopsy performed?

What test confirmed diagnosis?

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

If so, specify.

(Signed) Myron D. Kury M. D.
(Address) 25 Stimpson St. Winthrop Date 3/20, 19526 Winthrop Tomb Winthrop
Place of Burial or Cremation (City or Town)

DATE OF BURIAL March 22 1952

7 NAME OF FUNERAL DIRECTOR Howard S. Reynolds

ADDRESS Winthrop Mass

Received and filed... 19

MAR 24 1952

(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 Leavitt

(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 85 Years 9 Months 16 Days If under 24 hours
Hours Minutes13 Usual Occupation: Housewife
(Kind of work done during most of working life)

14 Industry or Business: At Home

15 Social Security No. None

16 BIRTHPLACE (City) Farmington
(State or country) New Hampshire17 NAME OF FATHER Jared P.
Gerard Tibbetts18 BIRTHPLACE OF FATHER (City) Farmington
(State or country) New Hampshire19 MAIDEN NAME Elizabeth Streeter
OF MOTHER Unable to obtain20 BIRTHPLACE OF MOTHER (City) Farmington, N.H.
(State or country) N.H.21 Informant Eugene T. Cate
(Address) 15 Faun Bar Ave. WinthropI HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:Walter L. Baker
(Signature of Agent of Board of Health or other)Health Officer
(Official Designation)3/22/52
(Date of Issue of Permit)J. C. Cate
3/27/52

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

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

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

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

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

78

No. Winthrop Community Hospital

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

2 FULL NAME Maria T. McCann (Collins)

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

PHYSICIAN — IMPORTANT

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

No

(a) Residence. No.

85 Sunnyside Avenue

St.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of stay: In place of death... years... months 23 days. In place of residence... 8 years... months... days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH March 20, 1952
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
Feb. 26, 1952 to March 20, 1952

I last saw her alive on March 19, 1952, death is said to

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

DISEASE OR CONDITION

DIRECTLY LEADING

TO DEATH (a) Chronic Glomerulo-

nephritis

INTERVAL BE-
TWEEN ONSET
AND DEATH

2 years

ANTE

CEDENT

CAUSES

Due To

(b)

(c)

Arteriosclerosis

3 years

Due To

(c)

OTHER
SIGNIFICANT
CONDITIONSCerebral hemorrhage
Pneumonia and
necrosis

2 weeks

1 year

Major findings:

Of operations

Date of operation

Was autopsy performed?

no

What test confirmed diagnosis?

Clinical + laboratory

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

no

If so, specify

(Signed)

(Address)

Dr. James E. Collins, M. D.
562 Shirley St., Winthrop
March 20, 1952

6 Holy Cross

Malden

Place of Burial or Cremation

(City or Town)

DATE OF BURIAL March 22, 1952

7 NAME OF FUNERAL DIRECTOR Bernard Kelly & Son Inc

ADDRESS 310 Bowdoin St. Dorchester

Received and filed

19

MAR 24 1952

(Registrar)

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

James G. McCann

(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12

AGE

81

Years

11

Months

23

Days

If under 24 hours

Hours

Minutes

13 Usual

Occupation:

At Home

(Kind of work done during most of working life)

14 Industry

or Business:

None

15 Social Security No.

None

16 BIRTHPLACE (City)

Chelsea Mass.

(State or country)

17 NAME OF

FATHER

Daniel Collins

18 BIRTHPLACE OF

FATHER (City)

Ireland

(State or country)

19 MAIDEN NAME

OF MOTHER

Johanna Mahan

20 BIRTHPLACE OF

MOTHER (City)

Ireland

(State or country)

21

Informant

(Address)

Paul L. McCann

29 Murray Hill Rd. Cambridge

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

Walter L. Baker

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

3/21/52

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

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

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

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

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

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

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

RULES OF PRACTICE

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

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

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

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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.

Suffolk

(County)

Winthrop

(City or Town)

STANDARD

CERTIFICATE OF DEATH

Registered No.

79

No. Winthrop Community Hospital

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

Alice S. (Burt) Connor

PHYSICIAN — IMPORTANT

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

2 FULL NAME

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

(a) Residence. No.

(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 22 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH March 21 1952
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
March 18 1952 to March 21 1952

I last saw her alive on March 21, 1952 death is said to

have occurred on the date stated above, at 6.40 P. M.

DISEASE OR CONDITION

DIRECTLY LEADING

TO DEATH (a)

Cerebral Hemorrhage 34.

INTERVAL BE-
TWEEN ONSET
AND DEATHANTE CEDENT
CAUSES

Due To

(b)

Chronic Arterio Sclerosis 5 years

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)

Date 3/21 1952

M. D.

6 Winthrop

Place of Burial or Cremation

(City or Town)

DATE OF BURIAL

March 24

19 52

7 NAME OF
FUNERAL DIRECTOR

ADDRESS

Received and filed

MAR 24 1952

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX

9 COLOR OR RACE

10 SINGLE (write the word)

Female White

MARRIED
WIDOWED
or DIVORCED

Married

10a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

William Connor

(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE

83

Years

1

Months

21

Days

If under 24 hours

Hours

Minutes

13 Usual

Occupation:

Housewife

(Kind of work done during most of working life)

14 Industry

or Business:

Own Home

15 Social Security No.

None

16 BIRTHPLACE (City)

(State or country)

England

17 NAME OF

FATHER

Simion Burt

18 BIRTHPLACE OF

FATHER (City)

(State or country)

England

19 MAIDEN NAME

OF MOTHER

Annie Fowler

20 BIRTHPLACE OF

MOTHER (City)

(State or country)

England

21 Informant

(Address)

Wilbert H Connor

49 Fisher Rd. Arlington Mass

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

(Official Designation)

(Date of Issue of Permit)

3/24/52

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

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

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

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

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

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

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

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

RULES OF PRACTICE

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

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

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

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

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

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

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

PLACE OF DEATH

Suffolk
(County)
Winthrop
(City or Town)



The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICSMEDICAL EXAMINER'S
CERTIFICATE OF DEATHTo be filed for burial permit
with Board of Health
or its Agent.Registered No. **30**No. *8 Emerson Rd.* St. { (If death occurred in a hospital or institution,
give its NAME instead of street and number)2 FULL NAME *Georgia C Snow*
(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 Circuit 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.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH *March 23 1952*
(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.)
*Chronic obstructive heart
disease
pulmonary edema*

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.....
(Sign)..... M. D.(Address) *15 Atlantic St. Boston* Date *March 23 1952*7 *Winthrop* *Winthrop*
Place of Burial, or Cremation. (City or Town)DATE OF BURIAL *March 26* 19 *52*8 NAME OF FUNERAL DIRECTOR *Howard S. Reynolds*
ADDRESS *Winthrop Mass.*Received and filed *MAR 27 1952* 19.....

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

9 SEX *Female* 10 COLOR OR RACE *White* 11 SINGLE (write the word)
MARRIED
WIDOWED
or DIVORCED *Widowed*11a If married, widowed, or divorced
HUSBAND of.....
(Give maiden name of wife in full)
(or) WIFE of *Howard D Snow*
(Husband's name in full)

12 IF STILLBORN, enter that fact here.

13 *73*
AGE Years.....Months.....Days If under 24 hours
Hours.....Minutes14 Usual Occupation: *Housewife*
(Kind of work done during most of working life)15 Industry *Cover*
or Business: *At Home*16 Social Security No. *None*17 BIRTHPLACE (City) *South Yarmouth*
(State or country) *Mass.*18 NAME OF FATHER *Franklyn Young*19 BIRTHPLACE OF FATHER (City) *Boston*
(State or country) *Mass*20 MAIDEN NAME OF MOTHER *Lillian* (cannot be learned)21 BIRTHPLACE OF MOTHER (City) *Boston*
(State or country) *Mass*22 Informant *Edward A Thomas*
(Address) *143 Court Rd. Winthrop, Mass*I HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:*Walter H. Baker*
(Signature of Agent of Board of Health or other)*Health Officer* 3/26/52
(Official Designation) (Date of Issue of Permit)

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

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

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

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

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

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

BOSTON

(City or town making return)

COPY OF
MEDICAL EXAMINER'S
CERTIFICATE OF DEATH

Registered No. 2986

31

PLACE OF DEATH

SUFFOLK

BOSTON

No. 818 Harrison Ave

(If death occurred in a hospital or institution,
St. { give its NAME instead of street and number)2 FULL NAME Francis J Leary
(If deceased is a married, widowed or divorced woman, give also maiden name.)(Was deceased a
U. S. War Veteran,
if so specify WAR)(a) Residence. No. 88 Main St
(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 26 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH March 27, 1952
(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 and arterio
sclerotic heart disease
Diabetes Mellitus

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

Date and hour of injury 19.....

Where did
Injury occur?
(City or town and State)Did injury occur in or about home, on farm, in industrial place, or in public
place?
(Specify type of place)Manner of
Injury
(How did injury occur?)Nature of
Injury

While at work? Was autopsy performed?

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

If so, specify.....

(Signed) R Ford M. D.
(Address) Date Mar 28 19527 Winthrop Cem Winthrop Mass
Place of Burial, or Cremation. (City or Town)

DATE OF BURIAL Mar 31 1952

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

Received and filed 19.....

APR 7 1952

(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

9 SEX Male 10 COLOR OR RACE White 11 SINGLE (write the word)
MARRIED WIDOWED or DIVORCED Married11a If married, widowed, or divorced
HUSBAND of Edna McCarthy
(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: Superintendent
(Kind of work done during most of working life)

15 Industry or Business: Construction

16 Social Security No. 031-67-0483

17 BIRTHPLACE (City) Saybrook Conn
(State or country)

18 NAME OF FATHER Francis Leary

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

20 MAIDEN NAME OF MOTHER Hannah Galvin

21 BIRTHPLACE OF MOTHER (City) Ireland
(State or country)22 Informant Wife
(Address)A TRUE COPY. Charles H. Mackie
ATTEST:
(Registrar of City or Town where death occurred)

DATE FILED Apr 1 1952



301A

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g death.

50m-(5)-11-49-970-560

PLACE OF DEATH

Suffolk
(County)Wintthrop
(City or Town)

Northrop Community Hospital

No.

2 FULL NAME

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

(a) Residence. No.

(Usual place of abode)

118 Pearl Ave., Revere, Mass

Length of stay: In place of death. years 1 months days. In place of residence 45 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH March 28, 1952
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from Mar 1, 1952 to Mar 27, 1952

I last saw her alive on Mar 27, 1952 death is said to

have occurred on the date stated above, at 5:30 A. M.

DISEASE OR CONDITION

DIRECTLY LEADING TO DEATH (a) acute myocardial infarct.

ANTECEDENT CAUSES

Due to Pulmonary Embolism

Due to Coronary Occlusion

OTHER SIGNIFICANT CONDITIONS

Generalized arteriosclerosis 1 yr

Major findings:
Of operations

Date of operation

Was autopsy performed? no

What test confirmed diagnosis? ECG

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

If so, specify

(Signed)

(Address)

Harold M. Magrath
620 Beach St. Revere, Mass Date 3-25, 1952

6 Place of Burial

Cremation

(City or Town)

DATE OF BURIAL March 31, 1952

7 NAME OF FUNERAL DIRECTOR

James M. Mearns

ADDRESS

Revere, Mass

Received and filed

MAR 31 1952

(Registrar)

The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD

CERTIFICATE OF DEATH

Registered No. 83

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

or DIVORCED

widowed

10a If married, widowed, or divorced
HUSBAND of.

(Give maiden name of wife in full)

(or) WIFE of

Joseph Simmons
(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:

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)

Boston Mass

17 NAME OF FATHER

John J. Canavan

18 BIRTHPLACE OF

FATHER (City)
(State or country)

Ireland

19 MAIDEN NAME

OF MOTHER

Connaughton
Mary Connaughton

20 BIRTHPLACE OF

MOTHER (City)
(State or country)

Ireland

21

Informant

(Address)

John J. Simmons
118 Pearl 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)

(Official Designation)

(Date of Issue of Permit)

3/28/52

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

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

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

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

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

(City or Town)

No. **Mass. General 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. **2971 84**

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

2 FULL NAME. **AMELIA ZETTER**
(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. **19 Coral Ave.,**
(Usual place of abode)**xxx Winthrop, Mass.**
(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 **March 28, 1952**
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from **Mar. 23, 1952** to **Mar. 28, 1952**
we last saw h.....er **Mar. 28, 1952** death is said to have occurred on the date stated above, at **6:06a.m.**DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a) **Arteriosclerotic****gangrene of rt. foot**INTERVAL BETWEEN ONSET AND DEATH
10**days**ANTECEDENT CAUSES Due To **Gen. arteriosclerosis-unkn.**
(b) **yrs.**Due To
(c)

OTHER SIGNIFICANT CONDITIONS

Major findings: **Rt. thigh amputation**
Of operations.Date of operation. **3/27/52** Was autopsy performed? **No**What test confirmed diagnosis? **Clinical**

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

If so, specify

(Signed) **C Clay** M. D.(Address) **Asst. Dir. - MGH** Date **3/28, 1952**6 **Hand in hand** **W. Roxbury**
Place of Burial or Cremation (City or Town)DATE OF BURIAL **March 30, 1952**7 NAME OF FUNERAL DIRECTOR **B F Solomon**
ADDRESS **Brookline**Received and filed **APR 7 1952**

(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 **Joseph Zetter**
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE **87** Years.....Months.....Days If under 24 hours
Hours.....Minutes13 Usual Occupation: **Housewife**
(Kind of work done during most of working life)

14 Industry or Business:

15 Social Security No.

16 BIRTHPLACE (City) **Boston, Mass.**
(State or country)17 NAME OF FATHER **Solomon Jacobs**18 BIRTHPLACE OF FATHER (City) **Holland**
(State or country)19 MAIDEN NAME OF MOTHER **Hannah Kaiser**20 BIRTHPLACE OF MOTHER (City) **Holland**
(State or country)52 Informant **Louis Zetter**
(Address)

A TRUE COPY

ATTEST: **Charles J. Tractinsky**
(Registrar of City or Town where death occurred)DATE FILED **April 1, 1952**

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. 180 Somerset Ave.

STANDARD
CERTIFICATE OF DEATH

Registered No.

85

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

2 FULL NAME Oscar Oliver Bucknam

(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. 180 Somerset 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 MARCH 31 1952
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
APRIL 1950 to MARCH 31 1952

I last saw him alive on MARCH 31, 1952, death is said to

have occurred on the date stated above, at 8:30 A.M.

DISEASE OR CONDITION

DIRECTLY LEADING

TO DEATH (a) CORONARY OCCLUSION

ACUTE CONGESTIVE HEART FAILURE (a) - 2 hours

ANTE DUE TO (b) ARTERIAL HYPERTENSION
CEDENT CAUSES + HYPERTENSIVE HEART DISEASE

Due To (c) ARTERIOSCLEROSIS

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) H. B. Greenfield M. D.
(Address) 447 SHIRLEY ST. WINTHROP Date 4-1 19526 Woodlawn Everett
Place of Burial or Cremation (City or Town)

DATE OF BURIAL April 2 1952

7 NAME OF FUNERAL DIRECTOR Howard S. Reynolds

ADDRESS Winthrop Mass

Received and filed. 19

APR 1 1952
(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

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

(Give maiden name of wife in full)

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

11 IF STILLBORN, enter that fact here.

12 AGE 78 Years 3 Months 8 Days If under 24 hours
Hours .. Minutes13 Usual Occupation: Engineer
(Kind of work done during most of working life)

14 Industry or Business: Stationary

15 Social Security No. 010-20-0031

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

17 NAME OF FATHER Alonzo Bucknam

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

19 MAIDEN NAME OF MOTHER Adriana Oliver

20 BIRTHPLACE OF MOTHER (City) Bath
(State or country) Maine21 Informant Virginia Baker
(Address) 180 Somerset 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 4/1/52
(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.

86

Registered No.

PLACE OF DEATH

Suffolk
(County)
Winthrop
(City or Town)STANDARD
CERTIFICATE OF DEATH

No. 220 Cottage Park Road

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

2 FULL NAME

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

PHYSICIAN — IMPORTANT

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

(a) Residence. No.

220 Cottage Park Road

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
DEATHApril 2, 1952
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
Sept 6 1947 to April 2 1952

I last saw her alive on April 2, 1952, death is said to

have occurred on the date stated above, at 12:15 PM.

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

Coronary Thrombosis

4/2/52

ANTE
CEDENT
CAUSESDue To (b) Hypertension &
Chronic Heart Disease 1947

Due To (c) Embolism 1947

OTHER
SIGNIFICANT
CONDITIONSMajor findings:
Of operations.

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

What test confirmed diagnosis? Chemist

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

If so, specify

(Signed) J. J. Seibert / April 2, 1952 M. D.

(Address) 1935 Date April 2, 1952

6 Place of Burial or Cremation

Malden
(City or Town)

DATE OF BURIAL

April 2, 1952

7 NAME OF
FUNERAL DIRECTOR

Frederick J. Magrath

ADDRESS

East Boston

Received and filed

APR 4 1952

(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

Michael Keough
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12

AGE

22

Years

Months

Days

If under 24 hours

Hours

Minutes

13 Usual

Occupation:

At home 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

Philip McLaughlin

18 BIRTHPLACE OF

FATHER (City)

(State or country)

Boston Mass

19 MAIDEN NAME

OF MOTHER

Ellen Sweeney

20 BIRTHPLACE OF

MOTHER (City)

(State or country)

Boston Mass

21

Informant

(Address)

Rita J. Finn
220 Cottage Park Rd. WinthropI HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:Walter E. Waples
(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

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

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

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

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

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

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

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

RULES OF PRACTICE

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

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

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

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

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

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

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

Registered No. **87**

No. *258 Shirley St.* (If death occurred in a hospital or institution, St. { give its NAME instead of street and number)
2 FULL NAME *David Messinger* (If deceased is a married, widowed or divorced woman, give also maiden name)
(a) Residence. No. *258 Shirley St. Winthrop Mass* (Usual place of abode) (If non-resident, give city or town and State)
Length of stay: In place of death *3* years - months - days. In place of residence *3* years - months - days.

PHYSICIAN — IMPORTANT

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

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH *April 2, 1952*
(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: *Heart Thrombosis*
(Signed) *Walter Thompson*, M. D.

(Address) *25 Shattuck St. Boston* Date *4/3/52*

7 *Community Center Danvers*
Place of Burial, or Cremation (City or Town)

DATE OF BURIAL *April 4* 19*52*

8 NAME OF FUNERAL DIRECTOR *Stymann J. Toft*

ADDRESS *151 Washington Ave Chelsea*

Received and filed *APR 4 1952* 19.....

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

9 SEX *Male* 10 COLOR OR RACE *White* 11 SINGLE (write the word) *MARRIED*
Widowed or *DIVORCED*

11a If married, widowed, or divorced HUSBAND of *Elsie 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 *42* *44* Years Months Days If under 24 hours
Hours Minutes

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

15 Industry or Business: *Retail Eggs*

16 Social Security No. *unknown*

17 BIRTHPLACE (City) *Boston mass*
(State or country)

18 NAME OF FATHER *Nathan Messinger*

19 BIRTHPLACE OF FATHER (City) *Austria*
(State or country)

20 MAIDEN NAME OF MOTHER *Marion (C.B.X.)*

21 BIRTHPLACE OF MOTHER (City) *Austria*
(State or country)

22 Informant *Marion C. Messinger*
(Address) *258 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:

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

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

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

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

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L. as amended by Chap. 48, Acts of 1927 and Chap. 414, Acts of 1931.

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

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

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

RULES OF PRACTICE

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

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

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

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

STATEMENT OF CAUSE OF DEATH

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

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

SPACE FOR ADDITIONAL INFORMATION.....

DATE OF ENTERING MILITARY SERVICE.....

DATE OF DISCHARGE.....

RANK, RATING.....

ORGANIZATION AND OUTFIT.....

SERVICE NUMBER.....

PLACE OF DEATH

Suffolk
(County)Winthrop
(City or Town)

No. Winthrop Community Hospital

2 FULL NAME. Clara R (Moody) Natale
(If deceased is a married, widowed or divorced woman, give also maiden name.)(a) Residence. No. 114 Pleasant St.
(Usual place of abode)

Length of stay: In place of death years months 4 days. In place of residence 15 years months days.

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.

88

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 April 3, 1952
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
March 26 1952 to April 3 1952I last saw h ~~er~~ alive on April 2, 1952, 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 5 days

INTERVAL BE-
TWEEN ONSET
AND DEATHANTE Due To Senile Arteriosclerosis
CEDENT (b)
CAUSESDue To
(c)

OTHER SIGNIFICANT CONDITIONS Chronic Myocarditis

Major findings: none
Of operations: none

Date of operation: none Was autopsy performed? no

What test confirmed diagnosis? Clinical Signs

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

If so, specify

(Signed)

(Address)

Winthrop

Date April 3, 1952

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

DATE OF BURIAL April 5, 1952

7 NAME OF FUNERAL DIRECTOR Howard S. Reynolds

ADDRESS Winthrop

Received and filed APR 4 1952 19

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

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

Female White MARRIED
WIDOWED
or DIVORCED Widow

10a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of William P Natale

(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 92 Years 2 Months 2 Days If under 24 hours
Hours Minutes13 Usual Occupation: Housewife
(Kind of work done during most of working life)

14 Industry or Business: At Home

15 Social Security No. None

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

17 NAME OF FATHER William H Moody

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

19 MAIDEN NAME OF MOTHER Diantha Robie

20 BIRTHPLACE OF MOTHER (City) Goffstown
(State or country) New Hampshire21 Informant William Natale
(Address) 114 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. Warkley
(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

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

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

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

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

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

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

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

RULES OF PRACTICE

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

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

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

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

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

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

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

information should be carefully supplied. AGE must be stated EXACTLY. See reverse side for affidavit.

winthrop copy Rec'd SEPT. 16, 1952

20m-(a)-6-40-3181

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

#106

Boston
(City or town making return)AFFIDAVIT AND CORRECTION
OF A RECORD OF DEATH

Registered No. 3243 88A

PLACE OF DEATH

Suffolk
(County)Boston
(City or Town)

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 JAMES F. BARKER

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

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

(a) Residence. No. 125 Pleasant St., Winthrop Ward,

(Usual place of abode)

(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
or DIVORCED married5a If married, widowed, or divorced
HUSBAND of Lucy Castina
(Give maiden name of wife in full)(or) WIFE of
(Husband's name in full)

6 Age of husband or wife if alive years

7 IF STILLBORN, enter that fact here.

8 AGE 69 Years Months Days If less than 1 day
Hours MinutesUsual
9 Occupation:Industry supervisor
10 or Business:

11 Social Security No.

12 BIRTHPLACE (City) Boston, Mass.
(State or country)13 NAME OF
FATHER Frank Barker14 BIRTHPLACE OF
FATHER (City) Portland, Maine
(State or country)15 MAIDEN NAME
OF MOTHER Minera Hayes16 BIRTHPLACE OF
MOTHER (City) Boston, Mass.
(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 April 4, 1952
(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

ruptured dissecting aneurysm of
aorta
Due to hypertensive arteriosclerotic
ht disease

Due to

Other conditions
(Include pregnancy within 3 months of death)Major findings:
Of operations

Date of

Of autopsy

What test confirmed diagnosis? autopsy

Physician

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

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

If so, specify

(Signed) M. W. O'Connell, M. D.

(Address) Date 19

21 Holy Cross Mallen
Place of Burial, Cremation or Removal. (City or Town)
DATE OF BURIAL 4/10/52 1922 NAME OF
FUNERAL DIRECTOR
ADDRESS C. H. Treanor

Received and filed April 8 1952 19

A TRUE COPY ATTEST: Charles H. Treanor (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 James Barker 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
Lucy Barker	125 Pleasant St, Winthrop	wife

FURTHER, The written evidence submitted to substantiate the affidavit was:
registration card from Winthrop filed for correct address
birth record 5644/1882

Date, Sept. 10 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 NP

Official designation _____
(City or town clerk or assistant clerk)

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.

Registered No.

89

STANDARD
CERTIFICATE OF DEATH

PLACE OF DEATH

Suffolk County
Shirlington
(City or Town)

No.

Mount to Convalescent Home

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

2 FULL NAME

Theresa Craviotto Craviotto

(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)

1072 Saratoga St

St.

East Boston

(If nonresident, give city or town and State)

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

MEDICAL CERTIFICATE OF DEATH

3 DATE OF
DEATH

April

7th

1952

(Month)

(Day)

(Year)

4 I HEREBY CERTIFY, That I attended deceased from

April

1951

to April 7

1952

I last saw him alive on April 7, 1952, death is said to

have occurred on the date stated above, at 6 P. M.

INTERVAL BE-
TWEEN ONSET
AND DEATH

DISEASE OR CONDITION

DIRECTLY LEADING

TO DEATH (a)

Acute Coronary

Insufficiency

6 hours

ANTE
CEDENT
CAUSES

Due To

(b)

Generalized Atherosclerotic

Heart Disease

yrs

Due To

(c)

OTHER
SIGNIFICANT
CONDITIONSMajor findings:
Of operations.....

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

What test confirmed diagnosis?

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

If so, specify

(Signed)

(Address)

Charles J. Cataldo

M. D.

68 Byron St.

Date

April

1952

6 Place of Burial or Cremation

Calvary

Boston

DATE OF BURIAL

April 10

1952

7 NAME OF
FUNERAL DIRECTOR

Frederick J. Magrath

ADDRESS

East Boston

Received and filed

19

APR 9 1952

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX

Female

9 COLOR OR RACE

White

10 SINGLE

MARRIED

WIDOWED

OR DIVORCED

(Write the word)

Widowed

10a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

Prospero Craviotto

(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12

AGE

93

Years

Months

Days

If under 24 hours

Hours

Minutes

13 Usual

Occupation:

At Home 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

M. K.

Brisolani

18 BIRTHPLACE OF

FATHER (City)

(State or country)

Italy

19 MAIDEN NAME

OF MOTHER

Not Known

20 BIRTHPLACE OF

MOTHER (City)

(State or country)

Italy

21

Informant

(Address)

Mary De Marchi
1072 Saratoga 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 L. Baker

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

4/9/52

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

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

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

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

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

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

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

30

STANDARD
CERTIFICATE OF DEATH

Registered No.

PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)

No. 17 Trident Ave

{(If death occurred in a hospital or institution,
St. { give its NAME instead of street and number)2 FULL NAME Max Lundy
(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. 17 Trident Ave.

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

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

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH April 7 1952
(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 5 A m.

DISEASE OR CONDITION

DIRECTLY LEADING

TO DEATH (a) NaturalCausesANTE Due To
CEDENT (b) Presumably

Due To

CoronaryOcclusionINTERVAL BE-
TWEEN ONSET
AND DEATH12 hrsOTHER
SIGNIFICANT
CONDITIONS

Major findings:

Of operations..... noneDate of operation..... Was autopsy performed? noWhat test confirmed diagnosis? clinical5 Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed)

(Address)

Benjamin Birnbaum M. D.Winthrop Board of Health Date 7 April 19526 Benjamin Birnbaum M.D.

DATE OF BURIAL

April 12 19527 NAME OF FUNERAL DIRECTOR Benjamin BirnbaumADDRESS 10 Washington St. Dorchester

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

APR 7 1952

(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 Fannie 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 70 years..... Months..... Days If under 24 hours
Hours..... Minutes13 Usual Occupation: Pants Presser
(Kind of work done during most of working life)14 Industry or Business: SELF-EMPLOYED
for himself

15 Social Security No.

16 BIRTHPLACE (City)
(State or country) Russia17 NAME OF FATHER Mandel Lundy18 BIRTHPLACE OF FATHER (City)
(State or country) Russia19 MAIDEN NAME OF MOTHER cannot be learned
C. A. B. L.20 BIRTHPLACE OF MOTHER (City)
(State or country) Russia21 Informant Mrs. Max Lundy
(Address) 17 Trident Ave. DorchesterI HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:Walter L. Baker
(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit) 4/7/52

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

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

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

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

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

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

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had 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. 3401

91

No. Beth Israel Hospital
FLORENCE S. KOLODNY

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

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

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

(a) Residence. No. 273 Shirley
(Usual place of abode)

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

Length of stay: In place of death..... years..... months 2..... days. In place of residence 42..... years..... months..... days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH April 10, 1952
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from
Apr. 8, 1952 to Apr. 10, 1952

I last saw her alive on Apr. 10, 1952 death is said to
have occurred on the date stated above, at 1:30p. m.

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Cerebral hemorrhage 2 days

INTERVAL BETWEEN ONSET AND DEATH

ANTE CEDENT CAUSES Due To (b) Arteriosclerotic cerebrovascular disease

Due To (c)

OTHER SIGNIFICANT CONDITIONS

Major findings: Of operations.....

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

What test confirmed diagnosis? Lumbar puncture

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

If so, specify

(Signed) B. Traeger

(Address) B. I. H. Date 4/10, 1952

6 Place of Burial or Cremation Pride of Lynn Lynn, Mass.
(City or Town)

DATE OF BURIAL April 11, 1952

7 NAME OF FUNERAL DIRECTOR L Hymanson

ADDRESS Lynn, Mass.

Received and filed April 11, 1952

(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 Barney Kolodny
(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: Home

15 Social Security No. - - -

16 BIRTHPLACE (City) (State or country) Russia

17 NAME OF FATHER Joseph Galoon

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

19 MAIDEN NAME OF MOTHER cannot be learned-

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

21 Informant (Address) Carl Kolodny-son

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

DATE FILED April 14, 1952



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. 92

PLACE OF DEATH

Suffolk
(County)
Winthrop
(City or Town)

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

2 FULL NAME Joseph Greenfield
(If deceased is married, widowed or divorced woman, give also maiden name.) (Was deceased a U. S. War Veteran, if so specify WAR) No.(a) Residence. No. 24 Hawthorne Ave St. (If nonresident, give city or town and State)
(Usual place of abode)

Length of stay: In place of death. years. months. 4 days. In place of residence 5 years. months. days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH April 11 1952
(Month) (Day) (Year)4 I HEREBY CERTIFY That I attended deceased from
1952 to Apr 11 1952I last saw him alive on Apr 10 1952 death is said to
have occurred on the date stated above, at 9 A.M. m.DISEASE OR CONDITION
DIRECTLY LEADING

TO DEATH (a) Coronary Occlusion

INTERVAL
BETWEEN
ONSET
AND DEATH

1/2 hr.

ANTECEDENT CAUSES
(b) Arteriosclerotic Dis

5 yrs

Due To Chronic bronchitis

20 yrs

OTHER SIGNIFICANT CONDITIONS
Pneumonia

2 wks

Major findings:
Of operations: none

Date of operation: none 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) Stephen M. Greenfield M. D.

(Address) 25 South St. Winthrop 4/11 1952

6 Chelsea Tillman Everett
Place of Burial or Cremation (City or Town)

DATE OF BURIAL April 13 1952

7 NAME OF FUNERAL DIRECTOR Louis Hymovon

ADDRESS 112 W. Common St. Lynn

Received and filed. APR 11 1952 19

A TRUE COPY ATTEST

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

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 Elizabeth Jacobson (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 2 Days If under 24 hours Hours Minutes

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

14 Industry or Business: Store

15 Social Security No. none

16 BIRTHPLACE (City) (State or country) Russia

17 NAME OF FATHER Gordon Greenfield

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

19 MAIDEN NAME Basha Berman OF MOTHER E. N. B. B.

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

21 Informant: Murray Greenfield son (Address) 25 South St. Winthrop

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

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

(Official Designation) Health Officer (Date of Issue of Permit) 4/11/52

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

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

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

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

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

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith 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 STATISTICSTo be filed for burial permit
with Board of Health
or its Agent.STANDARD
CERTIFICATE OF DEATH

Registered No. 93

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

PHYSICIAN — IMPORTANT

(Was deceased a
U. S. War Veteran,
if so specify WAR)(a) Residence. No. 40 Lincoln St
(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 32..... years..... months..... days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH April 12 1952
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
April 5, 1952, to April 11, 1952

I last saw him alive on April 11, 1952. Death is said to

have occurred on the date stated above, at 4:29 m.

DISEASE OR CONDITION Esophageal
DIRECTLY LEADING Esophageal Hemorrhage
TO DEATH (a) 6 daysINTERVAL BE-
TWEEN ONSET
AND DEATHANTE Due To Senile Arterio-
CEDENT (b) Sclerosis.
CAUSESDue To Cirrhosis of Liver
(c)OTHER
SIGNIFICANT
CONDITIONSMajor findings: none
Of operations: none

Date of operation: none Was autopsy performed? no

What test confirmed diagnosis? Clinical signs

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

If so, specify:

(Signed)

(Address)

John F. O'Malley M. D.
Winthrop Date April 12 19526 Place of Burial or Cremation Holy Cross (City or Town)
Malden

DATE OF BURIAL April 14 1952 19

7 NAME OF FUNERAL DIRECTOR John F. O'Malley

ADDRESS Winthrop

Received and filed..... 19

APR 14 1952

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Male 9 COLOR OR RACE White 10 SINGLE (write the word)
MARRIED
WIDOWED
DIVORCED10a If married, widowed, or divorced
HUSBAND of Annie Mullen
(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) Railroad
(Kind of work done during most of working life)

14 Industry or Business: Railroad

15 Social Security No. 631--05--7891

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

17 NAME OF FATHER Gilbert Vance

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

19 MAIDEN NAME OF MOTHER Mary Davy

20 BIRTHPLACE OF MOTHER (City) Brazil
(State or country) So. America21 Informant Edith Vance
(Address) 49 Lincoln StI 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)

4/14/52
(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 in the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

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

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. 3548 94

No. Veteran's Adm. Hospt

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

2 FULL NAME Benjamin J Daunt

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

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

W W #1

(a) Residence. No.

(Usual place of abode)

96 Taft Ave.

St. Winthrop Mass.

(If nonresident, give city or town and State)

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

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH

April 13/52

(Month)

(Day)

(Year)

4 I HEREBY CERTIFY, That I attended deceased from

March 30 19 52 to April 13 19 52

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

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

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION

DIRECTLY LEADING TO DEATH (a) Chronic pyelonephritis Yrs

ANTE Due To CEDENT (b) CAUSES

Due To

(c)

OTHER SIGNIFICANT CONDITIONS

Major findings:

Of operations.....

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

What test confirmed diagnosis: Clinical and lab. findings

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

If so, specify

(Signed)

(Address)

S Stewart

West Roxbury Mass.

Date

4-13

19

52

6 Mt Hope Boston Mass.

Place of Burial or Cremation

(City or Town)

DATE OF BURIAL April 16/52

19

7 NAME OF

FUNERAL DIRECTOR

F H Lally

Brookline Mass.

ADDRESS

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

(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX

M

9 COLOR OR RACE

W

10 SINGLE

MARRIED

WIDOWED

or DIVORCED

(write the word)

Single

10a If married, widowed, or divorced

HUSBAND of.....

(Give maiden name of wife in full)

(or) WIFE of.....

(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12

AGE 54

Years

7

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:

15 Social Security No.

16 BIRTHPLACE (City) Boston Mass.

(State or country)

17 NAME OF FATHER

Frank Daunt

18 BIRTHPLACE OF

FATHER (City)

(State or country)

Ireland

19 MAIDEN NAME

OF MOTHER

Mary Seeley

20 BIRTHPLACE OF

MOTHER (City)

(State or country)

Ireland

21

Informant

(Address)

V A Hospt Records

A TRUE COPY

ATTEST: Charles H. Mackie

(Registrar of City or Town where death occurred)

DATE FILED April 17/52

X

APR 25 AM



RECEIVED

Entered Service 7-7-18 Discharged 9-24-18

Private U S Marine Corps Service No. 129038

of death occurred 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

302

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. 3545 95

No. Peter Bent Brigham Hospt

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

2 FULL NAME William R McDermott
(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 Triton Ave.
(Usual place of abode)

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

Length of stay: In place of death 18 days. In place of residence 12 days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH April 14/52
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from
March 27 19 52, to April 14 19 52
I last saw him alive on April 14, 19 52 death is said to
have occurred on the date stated above, at 2:40PM m.

INTERVAL BE-
TWEEN ONSET
AND DEATH

DISEASE OR CONDITION
DIRECTLY LEADING TO DEATH (a) Recurrent carcinoma of
sigmoid with regional

ANTE CEDENT CAUSES Due To (b) metastases
Bilateral hydronephrosis Mos.

Due To (c) Purulent bronchitis
cachexia

OTHER
SIGNIFICANT
CONDITIONS

Major findings: None during this admission
Of operations. Yes

Date of operation. Was autopsy performed?

What test confirmed diagnosis? autopsy

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

If so, specify.

(Signed)

(Address)

Y. Cass
Peter Bent Brigham Hospt 11-M-D-52

6 Winthrop Cem-Winthrop Mass.

Place of Burial or Cremation (City or Town)

DATE OF BURIAL April 17/52 19

7 NAME OF FUNERAL DIRECTOR E Caggiano

ADDRESS Winthrop Mass.

Received and filed APR. 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 Gertrude Foley
(Give maiden name of wife in full)

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

11 IF STILLBORN, enter that fact here.

12 AGE 56 Years Months Days If under 24 hours
Hours Minutes

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

14 Industry or Business: Railroad

15 Social Security No. 711-101-078

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

17 NAME OF FATHER William McDermott

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

19 MAIDEN NAME OF MOTHER Mary Murphy

20 BIRTHPLACE OF MOTHER (City) England
(State or country)

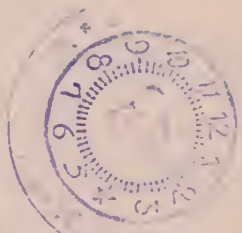
21 Informant W R McDermott Jr.
(Address)

A TRUE COPY

ATTEST: (Registrar of City or Town where death occurred)

DATE FILED April 17/52 19

RECEIVED



APR 25

AM

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICSTo be filed for burial permit
with Board of Health
or its Agent.

96

STANDARD
CERTIFICATE OF DEATH

Registered No.

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. Maud Elizabeth (Wormell) Hutchinson
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT

(Was deceased a
U. S. War Veteran,
if so specify WAR)(a) Residence. No. 61 Birch Road
(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 51 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH April 15 1952
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
Oct 1947, to April 1952I last saw her alive on April 6, 1952 death is said to
have occurred on the date stated above, at 6:50 A. M.DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a) Carcinoma of
left breast & metastasesANTE 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) Louis Sabikma M. D.
(Address) 56 Shirley Ave. Rm. 4 Date 4/15/526 Winthrop Cemetery Winthrop, Mass.
(Place of Burial or Cremation) (City or Town)

DATE OF BURIAL April 17, 1952

7 NAME OF FUNERAL DIRECTOR Alfred B. Marsh

ADDRESS 174 Winthrop St. Winthrop, Mass.

Received and filed. APR 16 1952

(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 William Swainson Hutchinson
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 87 years 0 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: own home

15 Social Security No.

16 BIRTHPLACE (City) Boston, Mass.
(State or country)

17 NAME OF FATHER William Charles Wormell

18 BIRTHPLACE OF FATHER (City) Germany
(State or country)

19 MAIDEN NAME OF MOTHER

20 BIRTHPLACE OF MOTHER Elizabeth Rachell Lawley
(State or country) Canada21 Informant Frederic W. Hutchinson
(Address) 257 Winthrop 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)

(Date of Issue of Permit) 4/16/52

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50m-(b)-11-49-970-560

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

301A

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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 Anna J. Hamilton (Flaherty)
(If deceased is a married, widowed or divorced woman, give also maiden name.)(a) Residence. No. 30 Beal Street, Winthrop
(Usual place of abode)

Length of stay: In place of death 15 mins. years months days. In place of residence 32 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH APRIL 18 1952
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
4-3 1952 to 4-18 1952I last saw her alive on 4-18 1952, death is said to
have occurred on the date stated above, at 8:30 P. m.DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a) Congestive heart failureINTERVAL BE-
TWEEN ONSET
AND DEATH

48 hours

ANTE Due To
CEDENT (b) Diabetes
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. E. Baker M. D.
(Address) 447 Winthrop Date 4-19 19526 Winthrop Cemetery, Winthrop
Place of Burial or Cremation (City or Town)

DATE OF BURIAL April 21st 19 52

7 NAME OF FUNERAL DIRECTOR Richard C. Kirby
ADDRESS Boston, Mass.

Received and filed. APR 21 1952 19

(Registrar)

The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD

CERTIFICATE OF DEATH

Registered No. 97

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 MARRIED
WIDOWED or DIVORCED Widowed (write the word)

10a If married, widowed, or divorced

HUSBAND of.

(Give maiden name of wife in full)

(or) WIFE of George J. Hamilton
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 65 Years 0 Months 10 Days If under 24 hours
Hours Minutes13 Usual Occupation: At home Housewife
(Kind of work done during most of working life)

14 Industry or Business: Housewife Own Home

15 Social Security No. None

16 BIRTHPLACE (City). Boston
(State or country) Mass.

17 NAME OF FATHER John Flaherty

18 BIRTHPLACE OF FATHER (City) Gloucester
(State or country) Mass.

19 MAIDEN NAME OF MOTHER Mary E. Powers

20 BIRTHPLACE OF MOTHER (City) Boston
(State or country) Mass.21 Informant Mrs. Anna M. Kiley-dau.
(Address) 30 Beal St., WinthropI HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transfer permit was issued:Walter H. Baker
Health Officer 4/19/52
(Official Designation) (Date of Issue of Permit)

1

RECEIPTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or 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 hurry a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

PLACE OF DEATH

Suffolk
(County)
Dorchester
(City or Town)The Commonwealth of Massachusetts
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.

98

1. Waltham Community Hospital (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Lida Culberson Leister (If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 25 Orlando Ave Waltham (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 14 years... months... days.

PHYSICIAN - IMPORTANT

(Was deceased a
U. S. War Veteran,
if so specify WAR)

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH April 18 1952
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from
March 4 1952 to April 18 1952
I last saw her alive on April 18 1952 death is said to

have occurred on the date stated above, at 4:30 P.M.DISEASE OR CONDITION
DIRECTLY LEADINGTO DEATH (a) Carcinoma of lung - rt.INTERVAL BE-
TWEEN ONSET
AND DEATH18 mos.ANTE Due To
CEDENT (b)
CAUSESDue To
(c)OTHER
SIGNIFICANT
CONDITIONSCarcinomatosis6 mos.Major findings:
Of operationsDate of operation... Was autopsy performed? yesWhat test confirmed diagnosis? Clinical, lab, autopsy5 Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) Therese Truette M. D.
(Address) 762 Cherry St Waltham Date April 14 19526 Waltham Community Hospital
Place of Burial or Cremation (City or Town)DATE OF BURIAL April 22 19527 NAME OF FUNERAL DIRECTOR W. MatmanADDRESS 445 Comm Ave BostonReceived and filed APR 21 1952 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(or) WIFE of Harry S. Leister
(Give maiden name of wife in full)
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 75 Years 7 Months 26 Days If under 24 hours
Hours... Minutes13 Usual Occupation: Home maker
(Kind of work done during most of working life)14 Industry or Business: at home15 Social Security No. none16 BIRTHPLACE (City) Madison, Indiana
(State or country)17 NAME OF FATHER David Culberson18 BIRTHPLACE OF FATHER (City) Jefferson Co
(State or country) Indiana19 MAIDEN NAME OF MOTHER Anne Palston20 BIRTHPLACE OF MOTHER (City) Walter
(State or country) IndianaInformant Harry S. Leister
(Address) Waltham Community HospitalI HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:Walter S. Baker
(Signature of Agent of Board of Health or other)H.O. Apr 19 1952
(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.

99

STANDARD
CERTIFICATE OF DEATH

Registered No.

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 Baby Boy Mayer.
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT

(Was deceased a
U. S. War Veteran,
if so specify WAR)(a) Residence. No. 26 Atlantic St. Winthrop St.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death years months days. In place of residence years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH April 26 1952
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
19 to 19

I last saw him alive on 19 death is said to

have occurred on the date stated above, at 6:48 p.m.

DISEASE OR CONDITION
DIRECTLY LEADING

TO DEATH (a) prematurity

INTERVAL BE-
TWEEN ONSET
AND DEATHANTE Due To
CEDENT (b)
CAUSESDue To
(c)OTHER
SIGNIFICANT
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) 26 Atlantic St. Winthrop Mass. M. D. 4/26/52

6 Winthrop Winthrop
Place of Burial or Cremation (City or Town)

DATE OF BURIAL April 28 1952

7 NAME OF FUNERAL DIRECTOR John F. O'Malley

ADDRESS Winthrop Mass.

Received and filed APR 28 1952

(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 Years Months Days If under 24 hours ✓
Hours 38 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 Harold Mayer

18 BIRTHPLACE OF FATHER (City) Winthrop Mass.
(State or country)

19 MAIDEN NAME OF MOTHER Margaret Martin

20 BIRTHPLACE OF MOTHER (City) Somerville
(State or country) Mass21 Informant Harold Mayer
(Address) 26 Atlantic St. Winthrop MassI HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:Walter L. Baker
(Signature of Agent of Board of Health or other)

(Official Designation) Health Officer (Date of Issue of Permit) 4/28/52

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 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).

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Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

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(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

PLACE OF DEATH

Suffolk

(County)

Wakefield

(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.

100

No. Winthrop Community Hospital

St. (If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME. Norman Alexander Gray

(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. 66 Gould St.,
(Usual place of abode)

St. Wakefield, Mass.

(If nonresident, give city or town and State)

Length of stay: In place of death years months 4 days. In place of residence 1 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH April 29, 1952
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
25 April 1952 to 29 April 1952

I last saw him alive on 28 April 1952 death is said to

have occurred on the date stated above, at 4:45 A.M.

DISEASE OR CONDITION

DIRECTLY LEADING

TO DEATH (a) Hypostatic
pneumoniaINTERVAL BE-
TWEEN ONSET
AND DEATH
Few
HoursANTE CEDENT
CAUSESDue To Cerebral
hemorrhage

5 days

Due To Hypertension

2 1/2

OTHER
SIGNIFICANT
CONDITIONSHypertension
Heart Disease2 1/2
yearsMajor findings:
Of operations.

None

Date of operation. Was autopsy performed? no

What test confirmed diagnosis? Same

5 Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) John F. Collins

(Address) New Mass

Date 29 April 1952

6 Mt. Auburn Cambridge
Place of Burial or Cremation (City or Town)

DATE OF BURIAL May 1, 1952

7 NAME OF FUNERAL DIRECTOR Alfred B. Marsh

ADDRESS 174 Winthrop St. Winthrop

Received and filed MAY 1 1952

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Male 9 COLOR OR RACE White 10 SINGLE (write the word)
MARRIED
WIDOWED married
or DIVORCED

10a If married, widowed, or divorced

HUSBAND of Lillian Davie Towne
(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 2 Months 27 Days If under 24 hours
Hours Minutes13 Usual Occupation: Coin operated music mch
(Kind of work done during most of working life)

14 Industry or Business: self-employed

15 Social Security No. 024-03-0459

16 BIRTHPLACE (City), Somerville
(State or country) Mass.

17 NAME OF FATHER Charles William Gray

18 BIRTHPLACE OF FATHER (City) Somerville,
(State or country) Mass.

19 MAIDEN NAME OF MOTHER Helen Jane Spry

20 BIRTHPLACE OF MOTHER (City) England
(State or country)21 Informant Mrs. Norman A. Gray
(Address) 66 Gould St. WAKEFIELDI HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:Walter J. Baker
(Signature of Agent of Board of Health or other)

(Official Designation) Health Officer (Date of Issue of Permit) 4/30/52

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

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death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

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Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had 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.

101

STANDARD
CERTIFICATE OF DEATH

Registered No.

PLACE OF DEATH

Suffolk
(County)
Winthrop
(City or Town)

No. 12

(City or Town)

Pico Ave.

(If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME.

MARY (BENT) STEVENSON

(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT

(Was deceased a
U. S. War Veteran,
if so specify WAR)

(a) Residence. No. 12

(Usual place of abode)

Pico Ave.

(If nonresident, give city or town and State)

Length of stay: In place of death 36 years... months... days. In place of residence 36 years... months... days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF
DEATHApril 29 1952
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from

Feb. 1949 to April 29, 1952

I last saw her alive on April 29, 1952, 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)Cancer of
small intestine

2 yrs.

ANTE Due To
CEDENT (b)
CAUSESDue To
(c)OTHER
SIGNIFICANT
CONDITIONS

none

Major findings:
Of operations.

Cancer of small intestine

Date of operation Feb. 1951. Was autopsy performed? no

What test confirmed diagnosis? Pathological

5 Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) Charles Liberman M. D.
(Address) 26 Waverly Way, Date 4/29, 1952

6 RIVER VIEW BARNSTEAD N.H.

Place of Burial or Cremation (City or Town)

DATE OF BURIAL

May 1 1952

7 NAME OF
FUNERAL DIRECTOR

Harold S. Burdick

ADDRESS

180 Winthrop St Winthrop, Mass

Received and filed

MAY 1 1952

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX

Female White

9 COLOR OR RACE

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 LESTER E. STEVENSON

(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12

AGE 61 Years 3 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)

Cochituate

(State or country)

Mass.

17 NAME OF
FATHER

DEXTER BENT

18 BIRTHPLACE OF

FATHER (City)

Cochituate

(State or country)

Mass

19 MAIDEN NAME

OF MOTHER

Elizabeth Campbell

20 BIRTHPLACE OF

MOTHER (City)

Sydney

(State or country)

Nova Scotia

21

Informant

(Address)

Lester E. Stevenson
12 Pico Ave. Winthrop, MassI HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

Health Officer

4/30/52

(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 exhum a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. — General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.

Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

301A

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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. 102

PLACE OF DEATH

Suffolk County
Sturbridge
(City or Town)

No. *Sturbridge Community Hospital* (If death occurred in a hospital or institution, give its NAME instead of street and number)2 FULL NAME *Michael Paone*
(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. *167 Princeton* 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 *April 30 1952*
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
Apr 30 1952 to *Apr 21 1952*I last saw him alive on *Apr 30 1952* death is said to
have occurred on the date stated above, at *4 A. m.*INTERVAL BE-
TWEEN ONSET
AND DEATHDISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a) *Subtentorial Hemorrhage*ANTE CEDENT (b)
CAUSESDue To
(c)OTHER
SIGNIFICANT
CONDITIONS *anoxia anoxia*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? *no*

If so, specify

(Signed) *D. Thomas Stoffer* M. D.
(Address) *21 Broad St. E. Boston* Date *Apr 30 1952*6 *Holy Cross* *Walden*
Place of Burial or Cremation (City or Town)DATE OF BURIAL *May 2 1952*7 NAME OF FUNERAL DIRECTOR *Frederick J. Maguire*ADDRESS *East Boston*

Received and filed.....19.....

MAY 2 1952 (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..... Days
If under 24 hours ☒ *3* Hours *30* Minutes13 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) *Sturbridge Mass*17 NAME OF FATHER *Anthony Paone*18 BIRTHPLACE OF FATHER (City)
(State or country) *East Boston Mass*19 MAIDEN NAME OF MOTHER *Marguerite Calla*20 BIRTHPLACE OF MOTHER (City)
(State or country) *East Boston Mass*21 Informant *Anthony Paone*
(Address) *167 Princeton 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*
(Signature of Agent of Board of Health or other)*Health Officer*
(Official Designation)*5/3/52*
(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

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of 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

Copies of returns of deaths which occurred in your city or town in case the deceased resided in another city or town at the time of death should be transmitted on Form R-302 to the clerk of the city or town in which the deceased resided as soon as possible after the close of the month in which the death occurred. (See Chap. 46, Sec. 12, G. L.)

50m-(e)-10-48-24658

PLACE OF DEATH

FTH. NO. 1947		FEDERAL BUREAU OF INVESTIGATION	
1. PLACE OF DEATH a. CITY Palm Beach b. COUNTY Dela c. STATE Florida		2. USUAL RESIDENCE (Where deceased lived, if institution; residence before institution). a. CITY OR TOWN Massachusetts b. COUNTY ett c. STATE Massachusetts	
3. FULL NAME OF DECEASED a. (First) Harry b. (Middle) c. (Last) Edovitz d. DATE OF DEATH March 4, 1952		4. STREET ADDRESS 411 Shirley Street e. (If rural, give location) f. DATE OF BIRTH July 15, 1881 g. AGE (in years, if under 1 year, state days, hours, and minutes) h. BIRTHPLACE (State or foreign country) Poland i. CITIZEN OF WHAT COUNTRY? USA	
5. NAME OF DECEASED a. (First) Harry b. (Middle) c. (Last) Edovitz d. DATE OF BIRTH July 15, 1881 e. AGE (in years, if under 1 year, state days, hours, and minutes) f. BIRTHPLACE (State or foreign country) Poland g. CITIZEN OF WHAT COUNTRY? USA		6. SEX Male 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 8. DATE OF BIRTH July 15, 1881 9. AGE (in years, if under 1 year, state days, hours, and minutes) 10. BIRTHPLACE (State or foreign country) Poland 11. CITIZEN OF WHAT COUNTRY? USA	
11. FATHER'S NAME DAVID EDOVITZ		12. MOTHER'S MAIDEN NAME Unknown	
13. WAS DECEASED EVER IN U. S. ARMED FORCES? Unknown		14. SOCIAL SECURITY NUMBER unknown	
15. CAUSE OF DEATH a. (If death occurred in hospital, state name of hospital, city, and state) b. (If death occurred elsewhere, state place, city, and state) c. (If death occurred in home, state name of home, city, and state) d. (If death occurred in institution, state name of institution, city, and state) e. (If death occurred in other place, state name of place, city, and state)		16. MEDICAL CERTIFICATION Coronary Occlusion	
17. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Coronary Occlusion		18. MEDICAL CERTIFICATION Coronary Occlusion	
19. ANTECEDENT CAUSES a. (If death occurred in hospital, state name of hospital, city, and state) b. (If death occurred elsewhere, state place, city, and state) c. (If death occurred in home, state name of home, city, and state) d. (If death occurred in institution, state name of institution, city, and state) e. (If death occurred in other place, state name of place, city, and state)		20. MEDICAL CERTIFICATION Coronary Occlusion	
21. OTHER SIGNIFICANT CONDITIONS a. (If death occurred in hospital, state name of hospital, city, and state) b. (If death occurred elsewhere, state place, city, and state) c. (If death occurred in home, state name of home, city, and state) d. (If death occurred in institution, state name of institution, city, and state) e. (If death occurred in other place, state name of place, city, and state)		22. MEDICAL CERTIFICATION Coronary Occlusion	
23. DATE OF OPERATION 2-20-52		24. MAJOR FINDINGS OF OPERATION 2-20-52	
25. DATE OF OPERATION 2-20-52		26. MAJOR FINDINGS OF OPERATION 2-20-52	
27. DATE OF OPERATION 2-20-52		28. MAJOR FINDINGS OF OPERATION 2-20-52	
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31. DATE OF OPERATION 2-20-52		32. MAJOR FINDINGS OF OPERATION 2-20-52	
33. DATE OF OPERATION 2-20-52		34. MAJOR FINDINGS OF OPERATION 2-20-52	
35. DATE OF OPERATION 2-20-52		36. MAJOR FINDINGS OF OPERATION 2-20-52	
37. DATE OF OPERATION 2-20-52		38. MAJOR FINDINGS OF OPERATION 2-20-52	
39. DATE OF OPERATION 2-20-52		40. MAJOR FINDINGS OF OPERATION 2-20-52	
41. DATE OF OPERATION 2-20-52		42. MAJOR FINDINGS OF OPERATION 2-20-52	
43. DATE OF OPERATION 2-20-52		44. MAJOR FINDINGS OF OPERATION 2-20-52	
45. DATE OF OPERATION 2-20-52		46. MAJOR FINDINGS OF OPERATION 2-20-52	
47. DATE OF OPERATION 2-20-52		48. MAJOR FINDINGS OF OPERATION 2-20-52	
49. DATE OF OPERATION 2-20-52		50. MAJOR FINDINGS OF OPERATION 2-20-52	
51. DATE OF OPERATION 2-20-52		52. MAJOR FINDINGS OF OPERATION 2-20-52	
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55. DATE OF OPERATION 2-20-52		56. MAJOR FINDINGS OF OPERATION 2-20-52	
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59. DATE OF OPERATION 2-20-52		60. MAJOR FINDINGS OF OPERATION 2-20-52	
61. DATE OF OPERATION 2-20-52		62. MAJOR FINDINGS OF OPERATION 2-20-52	
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73. DATE OF OPERATION 2-20-52		74. MAJOR FINDINGS OF OPERATION 2-20-52	
75. DATE OF OPERATION 2-20-52		76. MAJOR FINDINGS OF OPERATION 2-20-52	
77. DATE OF OPERATION 2-20-52		78. MAJOR FINDINGS OF OPERATION 2-20-52	
79. DATE OF OPERATION 2-20-52		80. MAJOR FINDINGS OF OPERATION 2-20-52	
81. DATE OF OPERATION 2-20-52		82. MAJOR FINDINGS OF OPERATION 2-20-52	
83. DATE OF OPERATION 2-20-52		84. MAJOR FINDINGS OF OPERATION 2-20-52	
85. DATE OF OPERATION 2-20-52		86. MAJOR FINDINGS OF OPERATION 2-20-52	
87. DATE OF OPERATION 2-20-52		88. MAJOR FINDINGS OF OPERATION 2-20-52	
89. DATE OF OPERATION 2-20-52		90. MAJOR FINDINGS OF OPERATION 2-20-52	
91. DATE OF OPERATION 2-20-52		92. MAJOR FINDINGS OF OPERATION 2-20-52	
93. DATE OF OPERATION 2-20-52		94. MAJOR FINDINGS OF OPERATION 2-20-52	
95. DATE OF OPERATION 2-20-52		96. MAJOR FINDINGS OF OPERATION 2-20-52	
97. DATE OF OPERATION 2-20-52		98. MAJOR FINDINGS OF OPERATION 2-20-52	
99. DATE OF OPERATION 2-20-52		100. MAJOR FINDINGS OF OPERATION 2-20-52	

(City or town making return)

Registered No. 100

ed in a hospital or institution,
E instead of street and number)

Was deceased a
U. S. War Veteran,
(if so specify WAR)

give city or town and State)

.....days.

STATISTICAL PARTICULARS

10 SINGLE (write the word)
MARRIED
WIDOWED
or DIVORCED

den name of wife in full)

.....
and's name in full)

re.

Days Hours Minutes

done during most of working life)

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?.....

(Signed)

Place of Burial or Cremation (City or Town)

DATE OF BURIAL.....19

7 NAME OF
FUNERAL DIRECTOR

ADDRESS.

Received and filed.....**JUN 4 1952**.....19

(Registrar of City or Town where deceased resided)

14 Industry
or Business:

15 Social Security No.

16 BIRTHPLACE (City)
(State or country)17 NAME OF
FATHER

18 BIRTHPLACE OF
FATHER (City) ...
(State or country)

19 MAIDEN NAME
OF MOTHER

20 BIRTHPLACE OF
MOTHER (City) ..
(State or country)

21 Informant
(Address)

A TRUE COPY.

ATTEST: _____
(Registrar of City or Town where death occurred)

DATE FILED 19.....



0. If the deceased resided in another city or town at one time, give the name 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 (E)-6-50-902253

PLACE OF DEATH		NORFOLK (County)		The Commonwealth of Massachusetts EDWARD J. CRONIN SECRETARY OF THE COMMONWEALTH DIVISION OF VITAL STATISTICS		BROOKLINE (City or town making return)	
1		BROOKLINE (City or Town)		COPY OF CERTIFICATE OF DEATH		Registered No. 304 104	
No. Free Hospital for Women - 245 Pond Avenue				(If death occurred in a hospital or institution, give its NAME instead of street and number)			
2 FULL NAME. Genevieve McGarigle (Weed)				(Was deceased a U. S. War Veteran, if so specify WAR) no			
(If deceased is a married, widowed or divorced woman, give also maiden name.)							
(a) Residence. No. 620 Shirley Place				Winthrop, Massachusetts			
(Usual place of abode)				(If nonresident, give city or town and State)			
Length of stay: In place of death years months 13 days				In place of residence years months days			
MEDICAL CERTIFICATE OF DEATH				PERSONAL AND STATISTICAL PARTICULARS			
3 DATE OF DEATH April 16 1952 (Month) (Day) (Year)				8 SEX Female 9 COLOR OR RACE White 10 SINGLE MARRIED WIDOWED OR DIVORCED (write the word) Widowed			
4 I HEREBY CERTIFY, That I attended deceased from April 3 1952 to April 16 1952				10a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full)			
I last saw her alive on April 15 1952 death is said to have occurred on the date stated above, at 6:10 p.m.				(or) WIFE of William J. McGarigle (Husband's name in full)			
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Stage IV Carcinomatosis Primary Cervix (Uremia)				11 IF STILLBORN, enter that fact here.			
ANTE Due To Vaginal Fecal Fistula				12 AGE 71 Years Months Days If under 24 hours Hours Minutes			
CEBIDENT (b) CAUSES				13 Usual Occupation: At home (Kind of work done during most of working life)			
Due To (c)				14 Industry or Business:			
OTHER SIGNIFICANT CONDITIONS Prob. Coronary Occl.				15 Social Security No.			
Major findings: Jan. 30, 1952-Colostomy				16 BIRTHPLACE (City) Philadelphia (State or country) Pennsylvania			
Of operations: " " " " Frozen Pelvis				17 NAME OF FATHER Charles G Weed			
Date of operation: " " " " Was autopsy performed.				18 BIRTHPLACE OF FATHER (City) Ohio (State or country)			
What test confirmed diagnosis?				19 MAIDEN NAME OF MOTHER Adelaide L Wilcox			
5 Was disease or injury in any way related to occupation of deceased? no				20 BIRTHPLACE OF MOTHER (City) Philadelphia (State or country) Pennsylvania			
If so, specify John R Bottomy M. D. Free Hosp. for Women Date Apr. 16 1952 Brookline, Mass.				21 Informant Helen Freeman (Address) 620 Shirley St., Winthrop, Mass.			
6 Winthrop Cemetery, Winthrop, Massachusetts				A TRUE COPY			
DATE OF BURIAL April 18 1952				ATTEST: (Registrar of City or Town where death occurred)			
7 NAME OF FUNERAL DIRECTOR Maurice W Kirby				DATE FILED April 18 1952			
ADDRESS Winthrop, Massachusetts							
Received and filed May 14 1952							
(Registrar of City or Town where deceased resided)							

RECEIVED



MAY 14 AM

PLACE OF DEATH

Essex

(County)

Danvers

(City or Town)

Danvers State Hospital, Hathorne

No.

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.

105

 2 FULL NAME Aurelius Gale Pheasant
 (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)

5 Johnson Terrace

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 April 30, 1952
 (Month) (Day) (Year)

 4 DECEASED BY CERTIFICATE Y. That attended deceased from April 11 1952 to April 30 1952
 I last saw h alive on April 30 1952
 have occurred on the date stated above, at 6:50 a. m. death is said to

 DISEASE OR CONDITION
 DIRECTLY LEADING TO DEATH (a) Bronchopneumonia

 INTERVAL BE-
 TWEEN ONSET
 AND DEATH
 1 day

 ANTE Due To
 CEDENT (b)
 CAUSES

 Due To
 (c)

 OTHER
 SIGNIFICANT
 CONDITIONS

 Arteriosclerotic heart
 disease

years

 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)

 Andrew Nichols 3rd
 Danvers, Mass.

Date

M. 52

6 Place of Burial or Cremation May 5, (City or Town) 52

DATE OF BURIAL

Alfred Marsh

7 NAME OF

FUNERAL DIRECTOR

ADDRESS

Winthrop, Mass.

Received and filed MAY 15 1952 19

(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

 8 SEX Male 9 COLOR OR RACE White 10 SINGLE (write the word) MARRIED Married
 WIDOWED or DIVORCED

10a If married, widowed, or divorced, HUSBAND of Helen McCormack

(Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

11 IF STILLBORN, enter that fact here.

 12 AGE 68 0 26
 Years Months Days If under 24 hours Hours Minutes

 13 Usual Occupation Auditor and Lawyer
 (Kind of work done during most of working life)

 14 Industry
 or Business

15 Social Security No.

 16 BIRTHPLACE (City) Indiana
 (State or country)

17 NAME OF FATHER James R. E. Pheasant

 18 BIRTHPLACE OF FATHER (City) Indiana
 (State or country)

19 MAIDEN NAME OF MOTHER Georgia Gale

 20 BIRTHPLACE OF MOTHER (City) Indiana
 (State or country)

 21 Informant Mary E. Sheehan
 (Address) Hathorne, Mass.

A TRUE COPY

ATTEST: (Registrar of City or Town where death occurred)

DATE FILED May 5, 19 52

In Voting List 41 Emerson Rd.

PLACE OF DEATH

Supplies
(County)Winthrop
(City, or Town)

No. Winthrop Community Hospital 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. 107

2 FULL NAME Ethel Elizabeth Dalzell
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence, No. 125 Washington Ave Winthrop St.
(Usual place of abode)

(If nonresident, give city or town and State)

Length of stay: In hospital or institution..... years months 2 days. In this community yrs. mos. days.
(Before death) (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX Female 4 COLOR OR RACE White 5 SINGLE (write the word) Single
MARRIED WIDOWED or DIVORCED

5a If married, widowed, or divorced
HUSBAND of (Give maiden name of wife in full)
(or) WIFE of (Husband's name in full)

6 Age of husband or wife if alive years

7 IF STILLBORN, enter that fact here.

8 AGE 56 Years 1 Months 28 Days | If less than 1 day
Hours Minutes

9 Occupation: Usual Interior Decorator

10 Industry or Business: Self employed

11 Social Security No.

12 BIRTHPLACE (City) East Boston
(State or country) Mass.

13 NAME OF FATHER Archibald S. Dalzell

14 BIRTHPLACE OF FATHER (City) Hamilton
(State or country) Scotland

15 MAIDEN NAME OF MOTHER Ellen Bradley

16 BIRTHPLACE OF MOTHER (City) East Boston
(State or country) Mass.

17 Informant Archibald S. Dalzell (Address) 41 Emerson Road (Relation, if any) Father

I HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation) IN DEPT. (Date of Issue of Permit)

18 DATE OF DEATH May - 2 - 1952
(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.)

Spontaneous Rupture Heart.
Recent Cardiac Infarct of Left
Ventricle: Coronary Sclerosis

20 Accident, suicide, or homicide (specify).....

Date of occurrence..... 19

Where did Injury occur? (City or town and State)

Did Injury occur in or about home, on farm, in industrial place, or in public
place? (Specify type of place)

Manner of Injury Collapsed & died quickly

Nature of Injury in hospital

While at work? Was there an autopsy? yes

21 Was disease or injury in any way related to occupation of deceased?.....

If so, specify.....

(Signed) M. J. Freckley M. D.

(Address) Boston May 3 - 1952

22 Winthrop Cemetery Winthrop

Place of Burial, Cremation or Removal. (City or Town)

DATE OF BURIAL May 5 1952

23 NAME OF FUNERAL DIRECTOR Victoria A. Reynolds

ADDRESS 180 Winthrop St. Winthrop, Mass.

Received and filed MAY 6 1952

(Registrar)

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death... Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which

it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made... Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same;...—General Laws, Chap. 38, Sec. 6.

...He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—General Laws, Chap. 38, Sec. 7.

...The medical examiner certifies the cause and manner of death to the best of his knowledge and belief.

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

STATEMENT OF CAUSE OF DEATH

Medical Examiners in certifying to a death will state the cause and manner thereof, and will specify: (1) Under cause, the nature of an injury and of its consequences; and (2) under manner, the mode of its production together with the circumstances when these are known. For example: "Compound fracture of the femur with ensuing septicemia (gas bacillus) caused by a steam railway accident." "Pistol shot wound of the chest with associated hemorrhage, homicidal." "Asphyxiation by suspension, suicidal." "Syncope while under the influence of ether administered as a surgical anaesthetic." "Fracture of the skull with associated internal injury sustained under circumstances unknown."

If disease or injury was related to occupation, specify. If investigation shows the death to have been due to disease, specify: (1) Under cause its known or presumable nature; and (2) under manner, indicate the circumstances leading to medico-legal inquiry. For example: "Hemorrhage spontaneous of the brain (basal ganglia) (found dead in bed)." "Heart disease, presumably coronary sclerosis. (Sudden death.)"

DESCRIPTION (for unknown person)

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

301A

ONS

IFICATE

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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.

108

PLACE OF DEATH

Suffolk
(County)
Huntrop
(City or Town)

No. *Huntrop Community Hospital*St. { (If death occurred in a hospital or institution,
give its NAME instead of street and number)2 FULL NAME *Ms. Gertrude Gallavani*

(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. *376 Lovell*

(Usual place of abode)

St. *East Boston*

(If nonresident, give city or town and State)

Length of stay: In place of death years months *12* days. In place of residence years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH *May 4 1952*
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
Mar 16, 19*51*, to *May 4*, 19*52*I last saw her alive on *May 3*, 19*52*; death is said to
have occurred on the date stated above, at *5:35* m.INTERVAL BE-
TWEEN ONSET
AND DEATHDISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH: (a) *Embolism*(b) *closure of fistula*(c) *cholecystectomy*ANTE DUE TO *Closure of fistula*CEDENT (b) *Closure of fistula and*(c) *cholecystectomy*OTHER
SIGNIFICANT
CONDITIONS *fistula common bile duct*Major findings:
Of operations: *fistula in common bile duct*Date of operation *5/2/52* 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) *James E. Starnoff* M. D.(Address) *1400 Cambridge St. Boston* Date *May 4 1952*6 *Ms. Pleasant* Place of Burial or Cremation *Arlington*DATE OF BURIAL *May 7 1952*7 NAME OF FUNERAL DIRECTOR *Fredrick J. Magrath*ADDRESS *East Boston*

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 *Albert Gallavani*(or) WIFE of *Albert Gallavani*
(Give maiden name of wife in full)
(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*
Occupation: *Housewife*
(Kind of work done during most of working life)14 Industry or Business: *Own home*

15 Social Security No.

16 BIRTHPLACE (City) *Syracuse*
(State or country) *N.Y.*17 NAME OF FATHER *Fredrick R. Warren*18 BIRTHPLACE OF FATHER (City) *Lytle Park*(State or country) *Mass.*19 MAIDEN NAME OF MOTHER *Mary A. Clemens*20 BIRTHPLACE OF MOTHER (City) *Roxbury*(State or country) *Mass.*21 Informant *Albert Gallavani*(Address) *376 Lovell 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:*Valerie L. Baker*
(Signature of Agent of Board of Health or other)*Health Officer* (Official Designation) *5/5/52* (Date of Issue of Permit)

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. . . — General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

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(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

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.

109

STANDARD
CERTIFICATE OF DEATH

Registered No.

PLACE OF DEATH

Suffolk
(County)
Winthrop
(City or Town)

No. Winthrop Community Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Charles Howard Hall
(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 Crest Ave. St. (If nonresident, give city or town and State)

Length of stay: In place of death years 2 months 1 days. In place of residence 9 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH May 4 1952
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
March 3, 1952, to May 4, 1952I last saw him alive on May 4, 1952 death is said to
have occurred on the date stated above, at 8:30 A. M.

DISEASE OR CONDITION

DIRECTLY LEADING

TO DEATH (a) Arteriosclerosis
heart diseaseINTERVAL BE-
TWEEN ONSET
AND DEATH

year

ANTE
CEDENT
CAUSES

Due To

(b) Hypertension

(c) Prostatic hypertrophy

Due To

(c) Prostatic hypertrophy

(c) Prostatic hypertrophy

1952

OTHER
SIGNIFICANT
CONDITIONSMajor findings:
Of operations.

Date of operation May 2, 52 Was autopsy performed? No

What test confirmed diagnosis? Pathological report

5 Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Paul G. Hall

(Address) 640 Commonwealth Ave. M. D.

(Address) 640 Commonwealth Ave. M. D.

(Address) 640 Commonwealth Ave. M. D.

(Address) 640 Commonwealth Ave. M. D.

(Address) 640 Commonwealth Ave. M. D.

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(Address) 640 Commonwealth Ave. M. D.

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

(Give maiden name of wife in full)

(or) WIFE of Fannie Lillian Proctor
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 84 Years 4 Months 23 Days If under 24 hours
Hours Minutes13 Usual Occupation: Superintendent
(Kind of work done during most of working life)

14 Industry or Business: Insurance

15 Social Security No. none

16 BIRTHPLACE (City) Boston
(State or country) New Hampshire

17 NAME OF FATHER Charles W. Hall

18 BIRTHPLACE OF FATHER (City) Boston
(State or country) New Hampshire

19 MAIDEN NAME OF MOTHER Martha J. Davis

20 BIRTHPLACE OF MOTHER (City) New Chester
(State or country) New Hampshire21 Informant George C. Proctor
(Address) 80 Crest Ave, Winthrop, Mass.I HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued.Walter J. Baker
(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

5/6/52

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or 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

301A

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DEATH

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The Commonwealth of Massachusetts

EDWARD J. CRONIN

 SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

 To be filed for burial permit
with Board of Health
or its Agent.

PLACE OF DEATH

Suffolk
(County)Winthrop
(City or Town)STANDARD
CERTIFICATE OF DEATH

Registered No. 110

No. Winthrop Convalescent Home

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Frederick S. Haskell

(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. 46 Washington Ave

(Usual place of abode)

St. (If nonresident, give city or town and State)

Length of stay: In place of death 2 years 2 months 4 days. In place of residence 40 years 0 months 0 days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH May 4 1952
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from Feb. 24 1952 to May 4 1952

I last saw him alive on May 3 1952, death is said to have occurred on the date stated above, at 10.20 a.m.

DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a)

Cerebral Hemorrhage

ANTECEDENT CAUSES

arteriosclerosis

Due To (c)

INTERVAL BETWEEN ONSET AND DEATH

70 days about 10 years

OTHER SIGNIFICANT CONDITIONS

none

Major findings:

Of operations: no operation

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) Endie W. Dickinson M. D.
(Address) Winthrop Mass. Date May 6 1952

6 Holy Hood Cemetery Brookline, Mass. (City or Town)

DATE OF BURIAL May 7, 1952 19

7 NAME OF FUNERAL DIRECTOR

Robert B. Marsh

ADDRESS 174 Winthrop St. Winthrop, Mass.

Received and filed MAY 6 1952 19

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX male 9 COLOR OR RACE white 10 SINGLE (write the word) MARRIED single WIDOWED or DIVORCED

10a If married, widowed, or divorced

HUSBAND of (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 74 Years 5 Months 6 Days If under 24 hours Hours Minutes

13 Usual Occupation: Building wrecker (Retired) (Kind of work done during most of working life)

14 Industry or Business: self-employed retired building wrecker

15 Social Security No. self-employed - none

16 BIRTHPLACE (City) Boston (State or country) Mass.

17 NAME OF FATHER Solomon Haskell

18 BIRTHPLACE OF FATHER (City) Deer Isle (State or country) Maine

19 MAIDEN NAME OF MOTHER Honora Murray

20 BIRTHPLACE OF MOTHER (City) Waterford (State or country) Ireland

21 Informant Atty. Edward R. Thomas (Address) 43 Devonshire 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 Health Officer 5/6/52 (Official Designation) (Date of Issue of Permit)

50m-(b)-11-49-970,560

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.

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death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

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SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

PLACE OF DEATH

Suffolk
(County)
Winthrop
(City or Town)

No. Winthrop Community Hospital

2 FULL NAME

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No.

(Usual place of abode)

35 Lamson

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.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF
DEATHMay
(Month)4
(Day)1952
(Year)4 I HEREBY CERTIFY, That I attended deceased from
May 4, 1952, to May 4, 1952

I last saw her alive on May 4, 1952, death is said to

have occurred on the date stated above, at 11:20 A.M.

DISEASE OR CONDITION

DIRECTLY LEADING
TO DEATH (a) AsphyxiaAsphyxia
neonatorum
neonatorumANTE Due To
CEDENT (b) ...

concurrent neck

Due To
(c) ...OTHER
SIGNIFICANT
CONDITIONS? meningitis
meningitisMajor 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) G. M. Caplan

(Address) 186 Princeton St. E. B.

Date 5-8-52

M. D.

6 Place of Burial or Cremation

Holy Cross

Malden

(City or Town)

DATE OF BURIAL

May 6

1952

7 NAME OF
FUNERAL DIRECTOR

Fidelis J. Magrath

ADDRESS

East Boston

Received and filed

MAY 5 1952

19

(Registrar)

The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD

CERTIFICATE OF DEATH

Registered No.

111

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)

None

PERSONAL AND STATISTICAL PARTICULARS

8 SEX

Female

9 COLOR OR RACE

White

10 SINGLE

(write the word)

MARRIED
WIDOWED
OR DIVORCED

Single

10a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12

AGE

Years

Months

Days

If under 24 hours

d Hours 35 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

Ralph Mirabello

18 BIRTHPLACE OF

FATHER (City)

East Boston

(State or country)

Mass

19 MAIDEN NAME

OF MOTHER

Theresa Failla

20 BIRTHPLACE OF

MOTHER (City)

East Boston

(State or country)

Mass

21

Informant

(Address)

Ralph Mirabello
35 Lamson St. E. BostonI HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:

G. M. Caplan

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

5/5/52

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

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SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

PLACE OF DEATH

SUFFOLK
BOSTON
(County)

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.

4296-112

(City or Town)

No. The Infants Hospital

XXXX (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME JAYNE L HERSEY

(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. 27 Sunset Road,
(Usual place of abode)xxxx 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.

3hrs-50 mins.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH May 5, 1952
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
May 4, 1952, to May 5, 1952
I last saw her alive on May 5, 1952 death is said to
have occurred on the date stated above, at 3:40p.m.DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a) PrematurityINTERVAL BE-
TWEEN ONSET
AND DEATH

1 day

ANTECEDENT (b) Due To Atelectasis bi-
CAUSES lateral, marked

1 day

Due 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) G L Cutz, M. D.
(Address) 300 Longwood Ave Date 5-5 19526 Winthrop Cem. Winthrop
Place of Burial or Cremation (City or Town)

DATE OF BURIAL May 7, 1952

7 NAME OF FUNERAL DIRECTOR A Marsh

ADDRESS Winthrop, Mass.

Received and filed.....19

MAY 13 1952

(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 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 3.....Hours 30 Minutes
If under 24 hours13 Usual Occupation: - - -
(Kind of work done during most of working life)

14 Industry or Business: - - -

15 Social Security No. - - -

16 BIRTHPLACE (City) Winthrop,
(State or country) Mass.

17 NAME OF FATHER Henry Hersey

18 BIRTHPLACE OF FATHER (City) Winthrop, Mass.
(State or country)

19 MAIDEN NAME OF MOTHER Irene C Flaherty

20 BIRTHPLACE OF MOTHER (City) Chelsea
(State or country) Mass.21 Informant Henry Hersey
(Address)

A TRUE COPY

ATTEST:.....
(Registrar of City or Town where death occurred)

DATE FILED May 8, 1952

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 DEATHRegistered No. **113**

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 Baby Ed Levine

(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. 566 Beach
(Usual place of abode)St. Revere
(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 5 1952
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
May 5 1952 to May 5 1952

I last saw him alive on May 5 1952, death is said to

have occurred on the date stated above, at 9:27 P. M.

DISEASE OR CONDITION
DIRECTLY LEADING TO DEATH (a) Still BornINTERVAL BE-
TWEEN ONSET
AND DEATHANTECEDENT CAUSES Due To (b) 5 loops of cord
around the neck.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) *James Siegel* M. D.
(Address) 72 Shurden Ave Date 5.5.19526 Place of Burial or Cremation Revere
(City or Town)

DATE OF BURIAL May 6 1952

7 NAME OF FUNERAL DIRECTOR Herman J. Joff

ADDRESS 15 Washington Ave Chelsea

Received and filed MAY 6 1952 19

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Female 9 COLOR OR RACE White 10 SINGLE (write the word)
~~MARRIED~~
~~WIDOWED~~
~~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: none
(Kind of work done during most of working life)

14 Industry or Business: none

15 Social Security No. none

16 BIRTHPLACE (City) Winthrop, Mass
(State or country)

17 NAME OF FATHER Thomas Levine

18 BIRTHPLACE OF FATHER (City) Revere
(State or country) Mass

19 MAIDEN NAME OF MOTHER Dorothy Calichman

20 BIRTHPLACE OF MOTHER (City) Revere
(State or country) Mass21 Informant Thomas Levine
(Address) 566 Beach St Revere MassI HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:Walter A. Baker
(Signature of Agent of Board of Health or other)Health Officer 5/6/52
(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

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. **114**

PLACE OF DEATH

SUFFOLK
(County)

WINTHROP
(City or Town)

No. **21 HARBOUR VIEW RD**

St. { (If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME **HENRY M. BHIGARD**
(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. **21 HARBOUR VIEW RD**
(Usual place of abode) **Harbor Ave.**

St. **WINTHROP**
(If nonresident, give city or town and State)

Length of stay: In place of death **5** years **5** months **5** days. In place of residence **5** years **5** months **5** days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH **May 6 1952**
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from
May 6 1952 to May 6 1952

I last saw him alive on **May 6 1952** death is said to

have occurred on the date stated above, at **952 H** m.

DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a) **Pulmonary Edema**

INTERVAL BE-
TWEEN ONSET
AND DEATH
6 hrs

ANTE CEDENT (b) Due To **Coronary - sclerotic**
CAUSES **Heart Disease**

Due To **14 yr**
(c)

OTHER SIGNIFICANT CONDITIONS **None**

Major findings: **None**
Of operations: **None**

Date of operation: **None** Was autopsy performed? **None**

What test confirmed diagnosis? **None**

5 Was disease or injury in any way related to occupation of deceased? **None**
If so, specify **Impaired M. Thyr**

(Signed) **Thos. F. Brady** M. D.
(Address) **10 Tower St. Boston 30** Date **May 6 1952**

6 **ST. JOSEPH** **BOSTON**
Place of Burial or Cremation (City or Town)

DATE OF BURIAL **MAY 9 1952**

7 NAME OF FUNERAL DIRECTOR **Thos. F. Brady**

ADDRESS **10 TOWER ST. BOSTON 30**

Received and filed. **May 7 1952** 19

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX **MALE** 9 COLOR OR RACE **WHITE** 10 SINGLE (write the word)
MARRIED
or **WIDOWED** or **DIVORCED** **MARRIED**

10a If married, widowed, or divorced
HUSBAND of **MABEL** **STRANGER**
(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 **72** Months **72** Days **72** Hours **72** Minutes
If under 24 hours

13 Usual Occupation: **BRICK LAYER**
(Kind of work done during most of working life)

14 Industry or Business: **OWN BUSINESS**

15 Social Security No. **NONE**

16 BIRTHPLACE (City) **CANADA**
(State or country) **PRINCE EDWARD ISLAND**

17 NAME OF FATHER **William Bhigard**

18 BIRTHPLACE OF FATHER (City) **MAINE**
(State or country) **HOULTON**
PRINCE EDWARD ISLAND

19 MAIDEN NAME OF MOTHER **COSTIN**
CATHERINE

20 BIRTHPLACE OF MOTHER (City) **CANADA**
(State or country) **PRINCE EDWARD ISLAND**

21 Informant **Mrs Richard & Whiting**
(Address) **17 CASPER ST WEST BOSTON**

I HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:

Heather L. Hayer
(Signature of Agent of Board of Health or other)

Heather L. Hayer **5/7/52**
(Official Designation) (Date of Issue of Permit)

per letter Arthur R. 5/13/52

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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(3) **Medical Examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

301A

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FICATE

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50M (B)-1-51 903586

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.

115

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 Mathilde (Shoneman) Cordeiro

(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT

(Was deceased a
U. S. War Veteran,
if so specify WAR)

(a) Residence. No. 108 Waldemar 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 8 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF
DEATHMay 6 1952
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from

Jan 11, 1952, to May 6, 1952

I last saw her alive on May 6, 1952, death is said to

have occurred on the date stated above, at 1:50 P. M. INTERVAL BE-
TWEEN ONSET
AND DEATHDISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a) general carcinoma 1 yr.ANTE Due To Ca of Breast 4 yrs.
CEDENT (b)

CAUSES

Due To
(c)OTHER
SIGNIFICANT
CONDITIONSArteriosclerosis -
generalized 2 yrs.

Major findings:

Of operations: Carcinoma of Breast

Date of operation: App. 4 yrs. ago. autopsy performed? No.

What test confirmed diagnosis? Pathological exam.

5 Was disease or injury in any way related to occupation of deceased? No.

If so, specify

(Signed)

(Address) 25 Stung St. Winthrop 5/6 1952 M. D.

6 Brookdale Dedham
(City or Town)

Place of Burial or Cremation

DATE OF BURIAL May 8 1952

7 NAME OF
FUNERAL DIRECTOR

ADDRESS

Received and filed May 7, 1952 19

(Registrar)

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 Frederick J Cordeiro

(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12

AGE 83

Years 9

Months 26

Days

If under 24 hours

Hours Minutes

13 Usual

Occupation:

Housewife

(Kind of work done during most of working life)

14 Industry

or Business:

At Home

None

15 Social Security No.

16 BIRTHPLACE (City)

(State or country)

Berlin

Germany

17 NAME OF

FATHER

----- Shoneman

18 BIRTHPLACE OF

FATHER (City)

(State or country)

Unable to obtain

19 MAIDEN NAME

OF MOTHER

Unable to obtain

20 BIRTHPLACE OF

MOTHER (City)

(State or country)

Unable to obtain

21

Informant

(Address)

Ethel Clarke

108 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 L. Baker

(Signature of Agent of Board of Health or other)

Health Officer

(Date of Issue of Permit)

5/7/52

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

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Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

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. 116

No. Winthrop Community Hosp.

(If death occurred in a hospital or institution,
St. { give its NAME instead of street and number)2 FULL NAME Baby (Girl) D'Ovidio
(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. 58
(Usual place of abode)

Selkerk Rd.

St. Brighton

(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 52
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from May 6 1952 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.

Prematurity

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?

5 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) D. D. Pucci

(Address) 172 Bennington St. E. B. Date 5/8 1952

6 Holy Cross Cemetery Malden
Place of Burial or Cremation (City or Town)

DATE OF BURIAL May 9 - 52

7 NAME OF
FUNERAL DIRECTOR Vincent Rapino

ADDRESS 9 Chelsea St. East Boston

Received and filed. 19

May 13, 1952
(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 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

17 NAME OF

FATHER

Alfonso D'Ovidio

18 BIRTHPLACE OF

FATHER (City)

(State or country)

Brooklyn N.Y.

19 MAIDEN NAME

OF MOTHER

Josephine Grosso

20 BIRTHPLACE OF

MOTHER (City)

(State or country)

Boston

21

Informant

(Address)

Alfonso D'Ovidio

58 Selkerk Rd. Brighton

I HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:Matteo J. Baker
(Signature of Agent of Board of Health or other)Matteo Baker
(Official Designation)5/12/52
(Date of Issue of Permit)

301A

ONS
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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 supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had 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. 117

PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)

No. 54 Court Road

St. (If death occurred in a hospital or institution,
give its NAME instead of street and number)2 FULL NAME Ellen J. Sullivan (Hart)
(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. 54 Court 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 40 years.....months.....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH May 6 1952
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
April 19 1952 to May 6 1952
I last saw him alive on May 3, 1952, death is said to

have occurred on the date stated above, at 5:15 P. M.

DISEASE OR CONDITION
DIRECTLY LEADING

TO DEATH (a) Carcinoma

of Colon

INTERVAL BE-
TWEEN ONSET
AND DEATH

1951

ANTECEDENT
CAUSES (b) —Due To
(c) —OTHER
SIGNIFICANT
CONDITIONS

Major findings: Carcinoma of Colon

Date of operation: 1952, 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) J. F. O'Donley M. D.
(Address) 10 Malden St. Date 5-7-52 19526 St. Joseph's Plymouth Mass
Place of Burial or Cremation (City or Town)

DATE OF BURIAL May 9, 1952 19

7 NAME OF FUNERAL DIRECTOR John F. O'Donley

ADDRESS Winthrop Mass

Received and filed May 8, 1952 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 Timothy J. Sullivan
(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: Housewife
(Kind of work done during most of working life)

14 Industry or Business: Own Home

15 Social Security No.

16 BIRTHPLACE (City) Kingston
(State or country) Massachusetts

17 NAME OF FATHER Dennis Hart

18 BIRTHPLACE OF FATHER (City) Cork
(State or country) Ireland

19 MAIDEN NAME OF MOTHER Bridget Prendergast

20 BIRTHPLACE OF MOTHER (City) Ireland
(State or country)21 Informant Margaret Hancock
(Address) 300 Clifton St Malden MassI HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:Walter L. Baker
(Signature of Agent of Board of Health or other)

(Official Designation) Walter L. Baker (Date of Issue of Permit) 5/8/52

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, 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).

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No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

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The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

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(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

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. 118 4380

PLACE OF DEATH

Suffolk

(County)

Boston

(City or Town)

No. Mass. General Hospt.

St. { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Agnes Baker

(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.

6 Jefferson

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 70 years months days.

5 Hrs

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH

May 8/52

(Month)

(Day)

(Year)

4 I HEREBY CERTIFY, That I attended deceased from

May 8

19 52

to May 8

19 52

I last saw her alive on May 8 19 52 death is said to

have occurred on the date stated above, at 10:45PM

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION

DIRECTLY LEADING

TO DEATH (a)

Congestive heart failure

1 Mo.

ANTE CEDENT CAUSES

Due To

(b)

Myocardial infarction

1 Yr Plus

Due To

(c)

Arterio sclerotic heart disease

5 Yrs

OTHER SIGNIFICANT CONDITIONS

Paget's disease

20 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?

If so, specify

(Signed)

(Address)

C. L. Clay

Mass. General Hospt

Date

5-9

M. D. 19

6 Place of Burial or Cremation

(City or Town)

DATE OF BURIAL

May 12/52

19

7 NAME OF FUNERAL DIRECTOR

A B Marsh

ADDRESS

Winthrop Mass.

Received and filed

May 15, 1952

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

(write the word)

Widowed

10a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

Arthur L Baker

(or) WIFE of

(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12

AGE

82

Years

0

Months

0

Days

If under 24 hours

Hours

Minutes

13 Usual Occupation:

Housewife

(Kind of work done during most of working life)

14 Industry or Business:

Own Home

15 Social Security No.

None

16 BIRTHPLACE (City)

England

(State or country)

17 NAME OF FATHER

Peter Barkley

18 BIRTHPLACE OF FATHER (City)

Scotland

(State or country)

19 MAIDEN NAME OF MOTHER

Margaret Trotter

20 BIRTHPLACE OF MOTHER (City)

Scotland

(State or country)

21

Informant

(Address)

D E Baker

A TRUE COPY

ATTEST

(Registrar of City or Town where death occurred)

DATE FILED

May 12/52

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.

119

STANDARD
CERTIFICATE OF DEATH

Registered No.

PLACE OF DEATH

Suffolk
Winthrop
(County)
(City or Town)

No. 19 Lewis Ave

(If death occurred in a hospital or institution,
St. give its NAME instead of street and number)

2 FULL NAME

CHARLES WILLIS

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 19 Lewis Ave
(Usual place of abode)

(If nonresident, give city or town and State)

Length of stay: In place of death. years. months. days. In place of residence 16 years. months. days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF
DEATHMay 8 1952
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from

5/24, 1951 to 5/8, 1952

I last saw him alive on 5/8/52 at 8:25 AM, 1952, death is said to

have occurred on the date stated above, at 9:30 A.M.

DISEASE OR CONDITION

DIRECTLY LEADING

TO DEATH (a) General carcinoma 6 mo.

ANTE
CEDENT
CAUSES

Due To (b) Consumption of prostate 1 yr.

Due To
(c)OTHER
SIGNIFICANT
CONDITIONS

General carcinoma 2 yrs

Major findings:
Of operations...

Date of operation... 1949. Was autopsy performed? h.

What test confirmed diagnosis? Prostatectomy

5 Was disease or injury in any way related to occupation of deceased? no

If so, specify...

(Signed) ... M. D.

(Address) 255 F. ... Date 5/8/52 1952

6 Winthrop Cemetery Winthrop

Place of Burial or Cremation (City or Town)

DATE OF BURIAL May 10 1952

7 NAME OF

FUNERAL DIRECTOR. Harold S. Reynolds

ADDRESS 180 Winthrop St. Winthrop

Received and filed. May 12, 1952 19

(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 Ada Barnett
(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 9 Months 4 Days If under 24 hours
Hours Minutes13 Usual Occupation: Meat Dealer
(Kind of work done during most of working life)

14 Industry or Business: Market

15 Social Security No. none

16 BIRTHPLACE (City) St. John's
(State or country) New Brunswick

17 NAME OF FATHER William Willis

18 BIRTHPLACE OF FATHER (City) Unknown
(State or country) Ireland

19 MAIDEN NAME OF MOTHER Rebecca Willis

20 BIRTHPLACE OF MOTHER (City) Unknown
(State or country) Ireland21 Informant (Address) Ada Willis
19 Lewis 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 5/9/52

(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 remove it 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., (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 an entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had 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. 120

PLACE OF DEATH

Suffolk
(County)
Winthrop
(City or Town)

No. 509 Pleasant St.

(If death occurred in a hospital or institution,
St. give its NAME instead of street and number)

2 FULL NAME

Annie Allison (Mitchell) Blomqvist
(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)

509 Pleasant St.

St.

(If nonresident, give city or town and State)

Length of stay: In place of death. 9 years months days. In place of residence 9 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF
DEATHMay 10 1952
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from

Sept. 10 1948 to May 10 1952

I last saw him alive on May 9 1952, death is said to

have occurred on the date stated above, at 7 A. M.

DISEASE OR CONDITION

DIRECTLY LEADING

TO DEATH (a) Chronic myocarditis

INTERVAL BE-
TWEEN ONSET
AND DEATH

2 yrs

ANTE

CEDENT

CAUSES

Due To

(b)

Hypertension

Due To

(c)

4 yrs

OTHER

SIGNIFICANT

CONDITIONS

Cerebral Hemorrhage

6 mos.

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) Louis F. Salerno

(Address) 125 Pleasant St.

Date May 10 1952

6 Place of Burial or Cremation

Truro, Chantry Truro, N.S.

DATE OF BURIAL

May 14 1952

7 NAME OF

FUNERAL DIRECTOR

Howard S. Reynolds

ADDRESS

180 Winthrop St. Winthrop

Received and filed

May 12 1952

(Registrar)

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

Anders S. Blomqvist
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12

AGE

82 Years 9 Months 1 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 Lowe

15 Social Security No.

None

16 BIRTHPLACE (City)

Amherst

(State or country)

Nova Scotia

17 NAME OF

FATHER

William F. Mitchell

18 BIRTHPLACE OF

FATHER (City)

Wallace

(State or country)

Nova Scotia

19 MAIDEN NAME

OF MOTHER

Sarah Jane Breen

20 BIRTHPLACE OF

MOTHER (City)

St. John's

(State or country)

New Brunswick

21

Informant

(Address)

Wilda Helander

509 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 S. Baker

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

5/12/52

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or 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

The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICSCOPY OF
CERTIFICATE OF DEATH

(City or town making return)

Registered No. 4546121

(County)

(City or Town)

No. Mass. Memorial Hospitals ~~xxxx~~ (If death occurred in a hospital or institution, give its NAME instead of street and number)2 FULL NAME REBECCA KAMINSKY

(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. 41 Washington Ave.

(Usual place of abode)

~~xxxx~~ Winthrop

(If nonresident, give city or town and State)

Length of stay: In place of death 1 years 11 months 11 days. In place of residence 6 years 6 months 6 days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH May 13, 1952
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
Apr. 3, 1952 to May 13, 1952I last saw her alive on May 13, 1952 death is said tohave occurred on the date stated above, at 3:30p m.DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a) UremiaINTERVAL BE-
TWEEN ONSET
AND DEATH
2mos.ANTE DUE TO Nephrosclerosis,
CEDENT (b) benign
CAUSES5yrs.DUE TO Hypertensive arterio-
(c) sclerotic, cardio-
vascular disease7yrsOTHER
SIGNIFICANT
CONDITIONSMajor findings:
Of operations.Date of operation Was autopsy performed? NoWhat test confirmed diagnosis? Lab.-Clinical

5 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. Fuchs M. D.
(Address) M. M. H. Date 5-13 19 526 Mt. Lebanon-Kapigord - W. Rox.
Place of Burial or Cremation (City or Town)DATE OF BURIAL May 14, 19527 NAME OF
FUNERAL DIRECTOR B Birnbach
Dorchester

ADDRESS

Received and filed MAY 26 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 DIVORCED10a If married, widowed, or divorced
HUSBAND of(Give maiden name of wife in full)
Nathan Kaminsky

(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: Housewife
(Kind of work done during most of working life)

14 Industry or Business: - - -

15 Social Security No. - - -

16 BIRTHPLACE (City)
(State or country) Russia17 NAME OF
FATHER Saul Babsky18 BIRTHPLACE OF
FATHER (City)
(State or country) Russia19 MAIDEN NAME
OF MOTHER Miriam - - -20 BIRTHPLACE OF
MOTHER (City)
(State or country) Russia21 Informant S Comins
(Address)

A TRUE COPY

ATTEST: Charles H. ...
(Registrar of City or Town where death occurred)DATE FILED May 16, 1952

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.

122

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

Edward Quinlan

(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)

237 Crescent Ave
3 Hours

St.

Revere Mass

(If nonresident, give city or town and State)

Length of stay: In place of death..... years..... months..... days. In place of residence 25 years..... months..... days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF
DEATHMay 14 1952
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from

1947 to May 14 1952

I last saw him alive on May 14 1952, death is said to

have occurred on the date stated above, at 12:01 A. m.

DISEASE OR CONDITION
DIRECTLY LEADING

TO DEATH (a)

Coronary
ThrombosisINTERVAL BE-
TWEEN ONSET
AND DEATH

7 days

ANTE Due To
CEDENT (b)
CAUSESDue To
(c)OTHER
SIGNIFICANT
CONDITIONSMajor findings:
Of operations

Date of operation

Was autopsy performed?

What test confirmed diagnosis?

5 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

John F. Cronin M. D.
Revere Mass Date 14 May 1952

6 St. Patrick

Place of Burial or Cremation

Lowell, Mass.

(City or Town)

DATE OF BURIAL May 19,

1952

7 NAME OF

FUNERAL DIRECTOR

Michael J. Rosella

ADDRESS 876 Winthrop Ave., Revere, Mass.

Received and filed

19

May 16, 1952

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX

9 COLOR OR RACE

10 SINGLE (write the word)

male

white

MARRIED
WIDOWED
or DIVORCED

single

10a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12

AGE

63

Years

3

Months

6

Days

If under 24 hours

Hours

Minutes

13 Usual

Occupation:

Ret. Salesman

(Kind of work done during most of working life)

14 Industry

or Business:

Dept. Store

15 Social Security No.

011-10-0939

16 BIRTHPLACE (City)

Lowell

(State or country)

Mass.

17 NAME OF

FATHER

John J. Quinlan

18 BIRTHPLACE OF

FATHER (City)

Lowell

(State or country)

Mass

19 MAIDEN NAME

OF MOTHER

Sarah Gallagher

20 BIRTHPLACE OF

MOTHER (City)

Lowell

(State or country)

Mass.

21

Informant

(Address)

Sarah Quinlan

237 Crescent Ave., Revere, Mass

I HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:

Walter J. Ballew

(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).

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No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

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(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

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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 May 7, 1918

DATE OF DISCHARGE March 25, 1919

RANK, RATING U.S.N.R.F.

ORGANIZATION AND OUTFIT U.S. Navy Hingham
Mass. District Supply Office

SERVICE NUMBER 337695

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)

No. 174 Somerset Avenue

STANDARD
CERTIFICATE OF DEATH

Registered No. 123

2 FULL NAME Cora Belle (Lincoln) Spencer
(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. 174 Somerset Avenue
(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 10 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH May 16 1952
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
Jan. 4, 1951, to May 16, 1952
I last saw her alive on May 16, 1952, death is said to

have occurred on the date stated above, at 7:00 A. m.

DISEASE OR CONDITION

DIRECTLY LEADING

TO DEATH (a) Anterior Circulatory
Disease 3 years.INTERVAL BE-
TWEEN ONSET
AND DEATH

ANTECEDENT CAUSES Due To (b) Generalized arteriosclerosis 5 years

Due To
(c)OTHER
SIGNIFICANT
CONDITIONSPericulous atherosclerosis 2 years.
Cerebral arteriosclerosisMajor findings:
Of operations.

None

Date of operation. Was autopsy performed? No

What test confirmed diagnosis? Clinical & Laboratory

5 Was disease or injury in any way related to occupation of deceased? No.

If so, specify

(Signed) Maurice Truett, Jr. M. D.
(Address) 562 Shirley St. Winthrop Date May 16, 19526 Union Street Cemetery Franklin, Mass.
Place of Burial or Cremation (City or Town)

DATE OF BURIAL May 19 1952

7 NAME OF

FUNERAL DIRECTOR Alfred B. Marsh

ADDRESS 174 Winthrop St. Winthrop, Mass.

Received and filed MAY 19 1952

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX female 9 COLOR OR RACE white 10 SINGLE MARRIED (write the word)
WIDOWED WIDOWED
or DIVORCED10a If married, widowed, or divorced
HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of Frank Joseph Spencer
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 83 Years 10 Months 28 Days If under 24 hours
Hours Minutes13 Usual Occupation: retired houseworker
(Kind of work done during most of working life)

14 Industry or Business: own home

15 Social Security No. none

16 BIRTHPLACE (City) Bath
(State or country) Maine

17 NAME OF FATHER Oliver Webb Lincoln

18 BIRTHPLACE OF FATHER (City) Washington
(State or country) Maine

19 MAIDEN NAME OF MOTHER Narcissa Williams

20 BIRTHPLACE OF MOTHER (City) Bath
(State or country) Maine21 Informant Mrs. Charles F. Cammell
(Address) 174 Somerset 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 5/17/52
(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.

124

No. 18 Marshall Street

St. (If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME Edmund Blunt Remick

(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. 18 Marshall Street
(Usual place of abode)

St. (If nonresident, give city or town and State)

Length of stay: In place of death 40 years months days. In place of residence 40 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH May 18 1952
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
9/2 1951 to 5/18 1952
I last saw him alive on 5/18 1952, 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 Occlusion 1/2 hr.

INTERVAL BE-
TWEEN ONSET
AND DEATH

ANTECEDENT CAUSES Due To (b) General arteriosclerosis 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? none.

5 Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed)

(Address) 25 Kings St. Winthrop 5/19 1952 M. D.

6 Woodlawn Wellesley Mass

Place of Burial or Cremation (City or Town)

DATE OF BURIAL May 21 1952

7 NAME OF FUNERAL DIRECTOR Howard S. Reynolds

ADDRESS Winthrop Mass

Received and filed MAY 22 1952

(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 Harriett Corbet

(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 26 Days If under 24 hours
Hours Minutes13 Usual Occupation: Salesman retired
(Kind of work done during most of working life)

14 Industry or Business: Hats

15 Social Security No. None
16 BIRTHPLACE (City) Trenton
(State or country) Maine

17 NAME OF FATHER Remick

18 BIRTHPLACE OF FATHER (City) Trenton
(State or country) Maine

19 MAIDEN NAME OF MOTHER Mary Doane

20 BIRTHPLACE OF MOTHER (City) Maine
(State or country)21 Informant Mary Remick
(Address) 18 Marshall St. WinthropI HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:Walter S. Baker
(Signature of Agent of Board of Health or other)(Official Designation) 5/20/52
(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.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or 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

301A

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g death.

50M (B) 12-49-900722

PLACE OF DEATH

Suffolk County
Winthrop
Paulshuering Home - 125 Cliff Ave WinthropThe 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. 125

2 FULL NAME. Louisa A. Stettbacher
(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. 92 Anguilar
(Usual place of abode)St. Roslindale
(If nonresident, give city or town and State)Length of stay: In place of death 2 years 2 months 18 days. In place of residence 18 years 18 months 18 days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH May 18 1952
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
4/30 1952 to May 18 1952I last saw her alive on May 18 1952, death is said to
have occurred on the date stated above, at 11 PM m.DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a) General carcinomaINTERVAL BE-
TWEEN ONSET
AND DEATH4 mo.ANTECEDENT CAUSES
Due To (b) Carcinoma of bowelDue To
(c)OTHER SIGNIFICANT
CONDITIONS General arteriosclerosisMajor findings:
Of operations noneDate of operation none Was autopsy performed? noWhat test confirmed diagnosis? none5 Was disease or injury in any way related to occupation of deceased? noIf so, specify Myron H. King MD
(Signed) 25 Sturges St. Winthrop M. D.
(Address) 5/18 19526 Forest Hills Crematory Boston
Place of Burial or Cremation (City or Town)DATE OF BURIAL May 21 19527 NAME OF FUNERAL DIRECTOR E. Alfred Holman
ADDRESS Roslindale MassReceived and filed MAY 19 1952 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 Conrad Stettbacher
(Give maiden name of wife in full)(or) WIFE of Conrad Stettbacher
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 78 Years 9 Months 9 Days If under 24 hours
Hours Minutes13 Usual Occupation: housekeeper
(Kind of work done during most of working life)14 Industry
or Business: —15 Social Security No. — one16 BIRTHPLACE (City) Uster
(State or country) Switzerland17 NAME OF FATHER Edward Schneider18 BIRTHPLACE OF FATHER (City) Switzerland
(State or country)19 MAIDEN NAME OF MOTHER Anna Maag20 BIRTHPLACE OF MOTHER (City) Switzerland
(State or country)21 Informant John H. M. Whelan - employer
(Address) 92 Anguilar St. Roslindale MassI HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:Walter L. Baker
(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit) 5/19/52

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

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Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

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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. 126

PLACE OF DEATH

Suffolk
(County)Winthrop
(City or Town)

No. 43 Bellevue Ave

2 FULL NAME Camilla V. Norling Lundberg
(If deceased is a married, widowed or divorced woman, give also maiden name.)(If death occurred in a hospital or institution,
St. give its NAME instead of street and number)

PHYSICIAN — IMPORTANT

(Was deceased a
U. S. War Veteran,
if so specify WAR)(a) Residence. No. 43 Bellevue 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 4 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH May 25 1952
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
May 25 1952 to May 25 1952
I last saw her alive on May 25 1952 death is said to
have occurred on the date stated above, at 2:00 P. M.DISEASE OR CONDITION
DIRECTLY LEADINGTO DEATH (a) Bronchopneumonia-
bilateral-severeINTERVAL BE-
TWEEN ONSET
AND DEATH

4 days

ANTE CEDENT (b)
CAUSESDue To
(c)OTHER
SIGNIFICANT
CONDITIONSGeneralized arteriosclerosis 2 years
ulcer left leg 15 yearsMajor 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) Maurice Truettan Jr. M. D.
(Address) 562 Chapel St. Winthrop May 25 19526 Place of Burial or Cremation Winthrop
(City or Town)

DATE OF BURIAL May 28 1952

7 NAME OF FUNERAL DIRECTOR Maurice J. Baker
ADDRESS 240 Winthrop St. WinthropReceived and filed MAY 27 1952
(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 (Give maiden name of wife in full)

(or) WIFE of Philip Lundberg
(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 Home
(Kind of work done during most of working life)

14 Industry or Business

15 Social Security No.

16 BIRTHPLACE (City) Sweden
(State or country)

17 NAME OF FATHER Carl Norling

18 BIRTHPLACE OF FATHER (City) Sweden
(State or country)

19 MAIDEN NAME OF MOTHER Louise Peterson

20 BIRTHPLACE OF MOTHER (City) Sweden
(State or country)21 Informant (Address) Arthur H. Heston
Atlantic St. WinthropI HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:Walter L. Baker
(Signature of Agent of Board of Health or other)

(Official Designation) (Date of Issue of Permit) 5/27/52

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith 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(Ba)
To be filed for burial permit
with Board of Health
or its Agent.

STANDARD

CERTIFICATE OF DEATH

Registered No.

127

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 George Edwin Floyd

(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 Cross Street
(Usual place of abode)

(If nonresident, give city or town and State)

Length of stay: In place of death years months 11 days. In place of residence 69 years 8 months 16 days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH May 30 1952
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from August 1950 to May 30, 1952

I last saw him alive on May 30, 1952 death is said to

have occurred on the date stated above, at 5:25 A. m.
DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a) Coronary ThrombosisINTERVAL BE-
TWEEN ONSET
AND DEATH

12 days

ANTECEDENT CAUSES (b) Coronary Artery
Heart Disease

1 1/2 yrs

Due To
(c)OTHER
SIGNIFICANT
CONDITIONS

None

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. Winth. 5/30/19526 Winthrop Cemetery, Winthrop, Mass.
Place of Burial or Cremation (City or Town)

DATE OF BURIAL June 2 1952

7 NAME OF FUNERAL DIRECTOR Alfred B. Marsh

ADDRESS 174 Winthrop St., Winthrop, Mass.

Received and filed. JUN 2 1952

(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. Blanche Augusta Burrill
(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 16 Days If under 24 hours
Hours Minutes13 Usual Occupation: retired fireman
(Kind of work done during most of working life)

14 Industry or Business Winthrop Fire Dept.

15 Social Security No. none

16 BIRTHPLACE (City) Winthrop
(State or country) Mass.

17 NAME OF FATHER Ephriam Buck Floyd

18 BIRTHPLACE OF FATHER (City) Winthrop
(State or country) Mass.

19 MAIDEN NAME OF MOTHER Sarah Wyman

20 BIRTHPLACE OF MOTHER (City) East Boston
(State or country) Mass.21 Informant Mrs. George E. Floyd
(Address) 45 Cross St., WinthropI HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:(Signature of Agent of Board of Health or other)
Health Officer 6/2/52

(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).

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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(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease 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

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.)

25m-(c)-11-49-900.475

305

The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

COPY OF
MEDICAL EXAMINER'S
CERTIFICATE OF DEATH

Danvers

(City or town making return)

Registered No. 128

Essex

(County)

Danvers

(City or Town)



PLACE OF DEATH

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 Mary E. O'Neil (Sullivan) (If deceased is a married, widowed or divorced woman, give also maiden name.) (Was deceased a U. S. War Veteran, if so specify WAR)

(a) Residence. No. 88 Brookfield Rd. St. Winthrop (Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death years 1 months 6 days. In place of residence years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH May 20, 1952 (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.)

1. Bronchopneumonia

2/ Myocarditis

3. Fracture of the rt. hip (old)

5 Accident, suicide, or homicide (specify)

Date and hour of injury 19

Where did Injury occur? (City or town and State)

Did injury occur in or about home, on farm, in industrial place, or in public place? (Specify type of place)

Manner of Injury (How did injury occur?)

Nature of Injury

While at work? Was autopsy performed? Yes

6 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Ralph P. McCarthy M. D.

(Address) Peabody, Mass. Date 5/20/19 52

7 St. Mary's Cemetery Lynn Place of Burial, or Cremation. (City or Town)

DATE OF BURIAL May 23, 19 52

8 NAME OF FUNERAL DIRECTOR O'Maley Funeral Home

ADDRESS Winthrop, Mass.

Received and filed JUN 16 1952 19

(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

9 SEX Female 10 COLOR OR RACE White 11 SINGLE (write the word) MARRIED WIDOWED or DIVORCED Wid.

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 75 Years 5 Months 2 Days If under 24 hours Hours Minutes

14 Usual Occupation: Unable to work (Kind of work done during most of working life)

15 Industry or Business

16 Social Security No. Lynn

17 BIRTHPLACE (City) Mass. (State or country)

18 NAME OF FATHER Jeremiah Sullivan

19 BIRTHPLACE OF FATHER (City) Ireland (State or country)

20 MAIDEN NAME OF MOTHER Bridget Davis

21 BIRTHPLACE OF MOTHER (City) Ireland (State or country)

22 Informant Mary E. Sheehan (Address) Hathorne, Mass.

A TRUE COPY.

ATTEST: (Registrar of City or Town where death occurred)

DATE FILED May 23 19 52



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50m-(b)-11-49-070,560

The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICSTo be filed for burial permit
with Board of Health
or its Agent.

STANDARD

CERTIFICATE OF DEATH

Registered No. 129

PLACE OF DEATH

Suffolk
(County)
Winthrop
(City or Town)Newwood
11/10/52

No. Winthrop Community Hosp. (If death occurred in a hospital or institution, give its NAME instead of street and number)

PHYSICIAN - IMPORTANT

(Was deceased a
U. S. War Veteran,
if so specify WAR)2 FULL NAME Baby Girl Cioffi
(If deceased is a married, widowed or divorced woman, give also maiden name.)(a) Residence. No. 4 Columbine Road St. Newwood 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 June 2 1952
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
Jan 19 52 to Jan 19 52
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) StillbornINTERVAL BE-
TWEEN ONSET
AND DEATHANTE Due To 5 1/2 months
CEDENT (b) premature
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 Pina Sales
(Signed) (M. D. 11/19/52)
(Address)6 Place of Burial or Cremation Mortuary
(City or Town)

DATE OF BURIAL June 2 1952

7 NAME OF FUNERAL DIRECTOR Di Pietro & Varga
ADDRESS 11 Henry St. East Boston

Received and filed. JUN 2 1952 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 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 Frank Cioffi

18 BIRTHPLACE OF FATHER (City) East Boston
(State or country) Mass

19 MAIDEN NAME OF MOTHER Sarah A. Colatti

20 BIRTHPLACE OF MOTHER (City) East Boston
(State or country) Mass21 Informant (Address) Frank Cioffi
4 Columbine Rd. NewwoodI 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 6/2/52
(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).

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.

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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.

STANDARD

CERTIFICATE OF DEATH

Registered No. **130**

PLACE OF DEATH

Suffolk
(County)
Wentworth
(City or Town)No. **Wentworth Community Hosp**(If death occurred in a hospital or institution,
St. give its NAME instead of street and number)2 FULL NAME **Paul Desario**

(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 Fairview St**
(Usual place of abode)**Wentworth, Mass**
(If nonresident, give city or town and State)Length of stay: In place of death..... years..... months..... days. In place of residence **2** years..... months..... days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH **June 2 1952**
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
Jan 1949 to **June 2 1952**
I last saw him alive on **June 2 1952**, death is said tohave occurred on the date stated above, at **4:49 P.M.**INTERVAL BE-
TWEEN ONSET
AND DEATHDISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a) **Coronary****4 hrs**ANTE CEDENT CAUSES (b) **Hypertension**
heart disease**4 yrs**Due To (c) **Hypertension**
myocardial**4 yrs**OTHER SIGNIFICANT
CONDITIONS **arteriosclerosis**
generalizedMajor 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) **Dr. Eugene J. G. G. G.**(Address) **70 Wentworth St**

M. D.

Date **June 2 1952**6 **Wentworth Community Hosp**
Place of Burial or Cremation (City or Town)DATE OF BURIAL **June 5 1952**7 NAME OF FUNERAL DIRECTOR **Ernest Pagnano**ADDRESS **147 Wentworth St**Received and filed **JUN 6 1952**

(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 **Caroline E. Lepore**
(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 **10** Months Days Hours Minutes13 Usual Occupation: **Health Inspector**
(Kind of work done during most of working life)14 Industry or Business: **Health Dept**

15 Social Security No.

16 BIRTHPLACE (City) **Boston**
(State or country) **Mass**17 NAME OF FATHER **Gabriel M. Desario**18 BIRTHPLACE OF FATHER (City) **Italy**
(State or country)19 MAIDEN NAME OF MOTHER **Maria Ippolito**20 BIRTHPLACE OF MOTHER (City) **Italy**
(State or country)21 Informant **Alvin A. Miranda**
(Address) **76 Meridian St E.B.**I HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transfer permit was issued:**Walter H. Baker**
(Signature of Agent of Board of Health or other)**Health Officer** **6/3/52**
(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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RULES OF PRACTICE

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(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

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Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

301A

ONS

IFICATE

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sease or
g death.

50M-(D)-5-1-904917

PLACE OF DEATH

Suggs 1K
(County)WINTHROP
(City or Town)

No. 151, Shore Drive

2 FULL NAME William H. Tates
(If deceased is a married, widowed or divorced woman, give also maiden name.)(a) Residence. No. 151, Shore Drive
(Usual place of abode)

Length of stay: In place of death..... years..... months..... days. In place of residence..... years 6 months..... days.

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. 131

{ (If death occurred in a hospital or institution,
give its NAME instead of street and number){ Was deceased a **IMPORTANT**
U. S. War Veteran,
if so specify WAR) 110

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH June 4 1952
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
2/15 1952 to June 4 1952

I last saw him alive on June 4, 1952, death is said to

have occurred on the date stated above, at 10:20 P. M.

DISEASE OR CONDITION

DIRECTLY LEADING

TO DEATH (a) General carcinomatous

INTERVAL BE-
TWEEN ONSET
AND DEATH

4 mo.

ANTE
CEDENT
CAUSES

Due To (b) Carcinoma of stomach

6 mo

Due To
(c)OTHER
SIGNIFICANT
CONDITIONS

Major findings: Ca of stomach

Of operations: Dec 1951 Was autopsy performed? No

Date of operation: Dec 1951 What test confirmed diagnosis? Pathological report

5 Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Myron D. King M. D.
(Address) 25 Sturgis St. Wintrop Date 6/5 19526 Sharon Memorial Park Sharon
Place of Burial or Cremation (City or Town)

DATE OF BURIAL June 5 1952

7 NAME OF FUNERAL DIRECTOR Samuel Levine

ADDRESS 394 Waltham St. Dorchester

Received and filed JUN 6 1952

(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 ann Berman
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 56 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: Meat Dealer

15 Social Security No.

16 BIRTHPLACE (City) Russia
(State or country)

17 NAME OF FATHER Isaac Tates

18 BIRTHPLACE OF FATHER (City) Russia
(State or country)

19 MAIDEN NAME OF MOTHER Tillie (unknown)

20 BIRTHPLACE OF MOTHER (City) Russia
(State or country)21 Informant Rachel Cohen
(Address) 151 Shore Drive WintropI 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)6/5/52
(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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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.

132

No. 142 Pleasant St

(If death occurred in a hospital or institution,
St. { give its NAME instead of street and number)

2 FULL NAME William Wallace Edgar

(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 Jefferson St.

(Usual place of abode)

St. (If nonresident, give city or town and State)

Length of stay: In place of death 6 years 52 months 52 days. In place of residence 52 years 52 months 52 days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH June 7 1952
(Month) (Day) (Year)I HEREBY CERTIFY, That I attended deceased from
Jan 1950 to June 7 1952

I last saw him alive on June 7 1952 death is said to

have occurred on the date stated above, at 11:20 P.m.

DISEASE OR CONDITION

DIRECTLY LEADING

TO DEATH (a)

Carcinoma of large bowel 2 yrs

ANTECEDENT (b)

CAUSES

Generalized 4 yrs

Due To (c) Hypertension 4 yrs

OTHER
SIGNIFICANT
CONDITIONS

Major findings:

Of operations.

Date of operation. Was autopsy performed?

What test confirmed diagnosis?

5 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

Winthrop 6-9 1952

6 Place of Burial or Cremation Winthrop (City or Town)

DATE OF BURIAL June 10 1952

7 NAME OF

FUNERAL DIRECTOR

ADDRESS Winthrop Mass.

Received and filed JUN 11 1952 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.

Edith M Mooney

(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

7 Days

If under 24 hours

Hours

Minutes

13 Usual

Occupation:

Engineer

(Kind of work done during most of working life)

14 Industry

or Business:

Stationary

15 Social Security No.

None

16 BIRTHPLACE (City)

(State or country)

Newton

Mass

17 NAME OF

FATHER

William W Edgar

18 BIRTHPLACE OF

FATHER (City)

(State or country)

England

19 MAIDEN NAME

OF MOTHER

Mary

20 BIRTHPLACE OF

MOTHER (City)

(State or country)

England

21

Informant

(Address)

Edith M Edgar

12 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 S. Baker

(Signature of Agent of Board of Health or other)

(Official Designation)

6/10/52

(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 person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or 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 STATISTICS

STANDARD

CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

133

Registered No.

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. Warren Hamilton Belcher
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT

(Was deceased a
U. S. War Veteran,
if so specify WAR)(a) Residence. No. 230 Lincoln St.
(Usual place of abode)

(If nonresident, give city or town and State)

Length of stay: In place of death... years 1 months 4 days. In place of residence 76 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH June 9 1952
(Month) (Day) (Year)I HEREBY CERTIFY, That I attended deceased from
June 2 1952 to June 9 1952
I last saw him alive on June 8 1952 death is said to

have occurred on the date stated above, at 4:00 AM.

DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a) Carcinoma of
Gastro Intestinal TractINTERVAL BE-
TWEEN ONSET
AND DEATHKnown
2 monthsANTE Due To
CEDENT (b) —
CAUSESDue To
(c) —OTHER
SIGNIFICANT
CONDITIONS noneMajor findings: none
Of operations —

Date of operation. — Was autopsy performed? no

What test confirmed diagnosis? X Ray Studies

5 Was disease or injury in any way related to occupation of deceased? no

If so, specify —

(Signed) John F. Collins

(Address) Kenner Mass Date June 9 1952 M. D.

6 Winthrop Cem. Winthrop
Place of Burial or Cremation (City or Town)

DATE OF BURIAL June 11 1952

7 NAME OF FUNERAL DIRECTOR Alfred B. Marsh

ADDRESS 174 Winthrop St. Winthrop

Received and filed June 11 1952

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Male 9 COLOR OR RACE white 10 SINGLE (write the word)
MARRIED MARRIED Widowed
WIDOWED or DIVORCED10a If married, widowed, or divorced
HUSBAND of Ella May Kennear
(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 9 Months 23 Days If under 24 hours
Hours Minutes13 Usual Occupation: Retired Fire Chief
(Kind of work done during most of working life)

14 Industry or Business: Town of Winthrop Fire Dept.

15 Social Security No. no

16 BIRTHPLACE (City) East Boston
(State or country) Mass.

17 NAME OF FATHER Warren Emerson Belcher

18 BIRTHPLACE OF FATHER (City) Winthrop
(State or country) Mass.

19 MAIDEN NAME OF MOTHER Elizabeth Hamilton

20 BIRTHPLACE OF MOTHER (City) Truro
(State or country) Mass.21 Informant Eldridge F. Belcher
(Address) 230 Lincoln St.I HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:Walter J. Baker
(Signature of Agent of Board of Health or other)
Health Officer (Official Designation) 6/11/52
(Date of Issue of Permit)

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhumate a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

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No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

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.

134

PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)

No.

221 Revere Street

(If death occurred in a hospital or institution,
St. { give its NAME instead of street and number)

2 FULL NAME

Mrs. MARIA BRUNINI Tosi

(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.

321 Revere ST.

St.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of stay: In place of death 30 years months days. In place of residence years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF
DEATH

June 18, 1952

(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 5 A. m.

INTERVAL BE-
TWEEN ONSET
AND DEATHDISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a)

Natural causes

ANTE
CEDENT
CAUSES

Due To

(b)

Sudden heart failure

Due To

(c)

Arteriosclerotic 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)

(Address)

Arthur C. Murray
Winthrop Board of Health
Old Calvary Cem. 19 Jun 1952

6 Place of Burial or Cremation

(City or Town)

DATE OF BURIAL

June 21

1952

7 NAME OF
FUNERAL DIRECTOR

J.S. Waterman & Sons

ADDRESS

Boston

Received and filed

19.

JUN 19 1952

(Registrar)

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

Charles Tosi

(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12

AGE

84

Years

6

Months

3

Days

If under 24 hours

Hours

Minutes

13 Usual

Occupation:

AT HOME

(Kind of work done during most of working life)

14 Industry

or Business:

15 Social Security No.

16 BIRTHPLACE (City)
(State or country)

LUCCA ITALY

17 NAME OF
FATHER

Alexander Brunini

18 BIRTHPLACE OF

FATHER (City)

(State or country)

ITALY

19 MAIDEN NAME

OF MOTHER

CAROL C.N.B.L.

20 BIRTHPLACE OF

MOTHER (City)

(State or country)

ITALY

21

Informant

(Address)

Henry J. Tosi

131 Hudson St 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 L. Baker

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

6/19/52

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section: forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have "taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or 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

Suffolk

(County)

Winthrop

(City or Town)



STANDARD

CERTIFICATE OF DEATH

Registered No.

135

No. Winthrop Community Hospital

{(If death occurred in a hospital or institution,
St. { give its NAME instead of street and number)

2 FULL NAME. John Thornton Reed

(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 Court Road

(Usual place of abode)

St.

(If nonresident, give city or town and State)

Length of stay: In place of death..... years..... months 18..... days. In place of residence 33..... years..... months..... days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH JUNE 23, 1952.
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
June 5, 1952 to June 23, 1952
I last saw him alive on June 23, 1952, death is said to

have occurred on the date stated above, at 9:50 A. M.

DISEASE OR CONDITION

DIRECTLY LEADING TO DEATH (a) Cerebral Embolism

INTERVAL BE-
TWEEN ONSET
AND DEATH
24 hrs.ANTE
CEDENT
CAUSESDue To (b) Acute myocardial
infarction

3 weeks

Due 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)

Marjorie Trautman, Jr.
562 Cherry St. Winthrop

M. D.

Date June 23, 1952

6 Woodlawn Crematory

(City or Town) Everett

DATE OF BURIAL

June 25, 1952

7 NAME OF
FUNERAL DIRECTOR

Howard S. Reynolds

ADDRESS

1001 1st Mass

Received and filed

JUN 27 1952

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 Mabel 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

73

Years

8

Months

15

Days

If under 24 hours

Hours

Minutes

13 Usual

Occupation:

Buyer

(Kind of work done during most of working life)

14 Industry

or Business:

Department store

15 Social Security No.

022-01-3806

16 BIRTHPLACE (City)

(State or country)

Boston

Mass

17 NAME OF

FATHER

John T Reed

18 BIRTHPLACE OF

FATHER (City)

Unable to obtain

(State or country)

19 MAIDEN NAME

OF MOTHER

E. Houston

20 BIRTHPLACE OF

MOTHER (City)

Unable to obtain

(State or country)

21

Informant

(Address)

Mabel Reed

12 Court Rd. Winthrop, Mass

I HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:

Walter J. Baker

(Official Designation)

(Date of Issue of Permit) 6/25/52

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or 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.

STANDARD

CERTIFICATE OF DEATH

Registered No.

136

PLACE OF DEATH

Suffolk
County
Hingham
City or Town

No. Hingham Community Hospital

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Harold U. Bergstrom

(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)

WWI

(a) Residence No. 56 Princeton
(Usual place of abode)St. East Boston
(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 June 25, 1952
(Month) (Day) (Year)4 I HEREBY CERTIFY, that I attended deceased from June 12, 1952, to June 25, 1952.
I last saw him alive on June 25, 1952, death is said to have occurred on the date stated above, at 1 P.M.DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a) Pneumonia - BronchitisINTERVAL BETWEEN ONSET AND DEATH
1 DayANTECEDENT CAUSES Due To Chronic Myocarditis
(b)Due To Hypertension
(c)

OTHER SIGNIFICANT CONDITIONS Replaced Appendicitis and Prostatectomy

Major findings: Replaced Appendicitis
Of operations: 6/17/52

Date of operation: 6/17/52 Was autopsy performed? No

What test confirmed diagnosis? Operation

5 Was disease or injury in any way related to occupation of deceased? No

(Signed) Sign. H. H. Schwartz M. D.
(Address) 19 Princeton St. East Boston Date 6/25, 19526 Woodlawn Everett
Place of Burial or Cremation (City or Town)

DATE OF BURIAL June 28, 1952

7 NAME OF FUNERAL DIRECTOR Fredrick J. Magrath

ADDRESS East Boston

Received and filed. JUN 27 1952

(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 55 Years Months Days If under 24 hours Hours Minutes

13 Usual Occupation: Division Supervisor
(Kind of work done during most of working life)

14 Industry or Business Boston Edison Co.

15 Social Security No.

16 BIRTHPLACE (City) East Boston (State or country) Mass

17 NAME OF FATHER Oscar L. Bergstrom

18 BIRTHPLACE OF FATHER (City) Stockholm (State or country) Sweden

19 MAIDEN NAME OF MOTHER Annie Young

20 BIRTHPLACE OF MOTHER (City) Cape Breton (State or country) Nova Scotia

21 Informant Regina Bergstrom
(Address) 19 Princeton 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:

H. C. Baker
(Signature of Agent of Board of Health or other official)
(Date of Issue of Permit) 6/26/52

X

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

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No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.

Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

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(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

3 Sept. 1918

DATE OF DISCHARGE

4 Dec. 1918

RANK, RATING

Pvt.

ORGANIZATION AND OUTFIT

U. S. Army Depot Brigade

SERVICE NUMBER

4-192-341

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. 137

PLACE OF DEATH

Suffolk
(County)Winthrop
(City or Town)

No. 80 Sagamore Ave

(If death occurred in a hospital or institution,
St. { give its NAME instead of street and number)2 FULL NAME George Weissberg
(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. 80 Sagamore Ave
(Usual place of abode)

(If nonresident, give city or town and State)

Length of stay: In place of death 7 years 0 months 0 days. In place of residence 30 years 0 months 0 days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH June 28, 1952
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
June 5, 1951 to June 28, 1952

I last saw him alive on June 28, 1952 death is said to

have occurred on the date stated above, at 3:55 P.M.

DISEASE OR CONDITION

DIRECTLY LEADING

TO DEATH (a) Cardiac
DecompositionINTERVAL BE-
TWEEN ONSET
AND DEATH

2 yrs

ANTE Due To (b) Arteriosclerosis
CEDENT CAUSES Heart diseaseDue 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) A. M. Caplan M.D.
(Address) 9 Malmale and Waverley Date 6-29-19526 Agudas Achaim of Malden, Melrose
Place of Burial or Cremation (City or Town)

DATE OF BURIAL June 30, 1952

7 NAME OF FUNERAL DIRECTOR Hyman J. Toif

ADDRESS 151 Washington Ave. Chelsea

Received and filed JUN 30 1952 19

(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 Mary Davis
(Give maiden name of wife in full)(or) WIFE of
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12

AGE 67

Years

Months

Days

If under 24 hours

Hours

Minutes

13 Usual

Occupation

Floor Finisher

(Kind of work done during most of working life)

14 Industry

or Business

Building trade

15 Social Security No

022-12-0300

16 BIRTHPLACE (City)

(State or country)

New York, N.Y.

17 NAME OF

FATHER

Martin Weissberg

18 BIRTHPLACE OF

FATHER (City)

(State or country)

Austria

19 MAIDEN NAME

OF MOTHER

Annie (C. B. L.)

20 BIRTHPLACE OF

MOTHER (City)

(State or country)

Austria

21 Informant

(Address)

Mary Weissberg

80 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:

M. G. Baker

(Signature of Agent of Board of Health or other)

H.C. Baker

(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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(3) **Medical Examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had 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)

NEWTON

(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

NEWTON

(City or town making return)

138

Registered No.

No. **Celia Berger** St. { (If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME (Was deceased a **No**
(If deceased is a married, widowed or divorced woman, give also maiden name.) U. S. War Veteran,
49 Sagamore Ave. Winthrop, Mass.

(a) Residence. No. **25** St. (If nonresident, give city or town and State)
(Usual place of abode)

Length of stay: In place of death years months days. In place of residence years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH
(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
Myocardial infarction injury was involved, state fully.)

Coronary Infarct

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 **No** **No**

While at work? Was autopsy performed? **No**

6 Was disease or injury in any way related to occupation of deceased?

If so, specify **F. Morton Gallagher**

(Signed) **Newton, Mass.** **6/1/ M. 52**

(Address) **Puritan Cem., W. Roxbury** Date 19

7 Place of Burial, or Cremation, **June 3, 1952** (City or Town)

DATE OF BURIAL **Erwin L. Levine** 19

8 NAME OF FUNERAL DIRECTOR **470 Harvard St., Brookline, Mass.**

ADDRESS **June 9, 1952**

Received and filed **JUL 14 1952** 19

(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

9 SEX Female	10 COLOR OR RACE White	11 SINGLE (write the word) MARRIED WIDOWED or DIVORCED Married
------------------------	----------------------------------	---

11a If married, widowed, or divorced
HUSBAND of **Benjamin Berger** (name of wife in full)

(or) WIFE of
(Husband's name in full)

12 IF STILLBORN, enter that fact here.

13 **56**
AGE Years Months Days If under 24 hours
Hours Minutes

14 Usual Occupation: **Housewife**
(Kind of work done during most of working life)

15 Industry or Business: **None**

16 Social Security No. **Boston**

17 BIRTHPLACE (City) **Mass.**
(State or country)

18 NAME OF FATHER **Samuel Shapiro**

19 BIRTHPLACE OF FATHER (City) **Russia**
(State or country)

20 MAIDEN NAME OF MOTHER **Miriam (Unknown)**

21 BIRTHPLACE OF MOTHER (City) **Russia**
(State or country)

22 Informant (Address) **Benjamin Berger**
49 Sagamore Ave., Winthrop, Mass.

A TRUE COPY.
ATTEST: **L. M. Berger**
(Registrar of City or Town where death occurred)

DATE FILED 19

✓

The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS
COPY OF
CERTIFICATE OF DEATH

Middlesex

(County)

Waltham

(City or Town)

Waltham

(City or town making return)

Registered No. 301

139

No. Murphy Army Hospital

(If death occurred in a hospital or institution,
St. { give its NAME instead of street and number)

2 FULL NAME Irma Volkman Best

(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. Quarters #25 Fort Banks

(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 June 13, 1952
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
June 13, 1952, to June 13, 1952I last saw her alive on June 13, 1952 death is said to
have occurred on the date stated above, at 8:48AMDISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a) Hodgkins DiseaseINTERVAL BE-
TWEEN ONSET
AND DEATHANTE CEDENT
CAUSES Due To
(b)Due To
(c)OTHER
SIGNIFICANT
CONDITIONSMajor findings:
Of operations.....

Date of operation..... Was autopsy performed? yes

What test confirmed diagnosis?.....

5 Was disease or injury in any way related to occupation of deceased? no

If so, specify.....

(Signed) Louis C. Cirus M. D.
(Address) Waltham, Mass. Date 6-13-19526 Resthaven Sharonville, Ohio
Place of Burial or Cremation (City or Town)

DATE OF BURIAL June 18 1952

7 NAME OF FUNERAL DIRECTOR Alfred B. Marsh
ADDRESS Winthrop, Mass.

Received and filed JUL 14 1952 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 George Harold Best
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 51 Years 2 Months 26 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) Cincinnati
(State or country) Ohio

17 NAME OF FATHER Augustus C. Volkman

18 BIRTHPLACE OF FATHER Cincinnati
(City) Ohio
(State or country)

19 MAIDEN NAME OF MOTHER Bertha Nord

20 BIRTHPLACE OF MOTHER Louisville
(City) Kentucky
(State or country)21 Informant Lt. Col. George H. Best
(Address) Winthrop, Mass.

A TRUE COPY

ATTEST:.....
(Registrar of City or Town where death occurred)

DATE FILED June 18 1952

PLACE OF DEATH

Suffolk
(County)Revere
(City or Town)

The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICSCOPY OF
CERTIFICATE OF DEATHRevere
(City or town making return)

Registered No. 140

No. Revere Memorial Hospital (If death occurred in a hospital or institution, St. { give its NAME instead of street and number)

2 FULL NAME Mary Dooley (Sheridan)
(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 Sagamore Ave. St. Winthrop
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death years 1 months days. In place of residence 4 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH June 14, 1952
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from May 12, 1952, to June 14, 1952

I last saw her alive on June 14, 1952 death is said to have occurred on the date stated above, at 6:05 A. m.

DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a) Cerebral EmbolusINTERVAL BE-
TWEEN ONSET
AND DEATH

1 da

ANTE CEDENT CAUSES Due To Chronic Myocarditis 1 mo

Due To General Arterio-
(c) sclerosis yrsOTHER
SIGNIFICANT
CONDITIONSMajor findings: Ventral Hernia
Of operations.

Date of operation May 21, 1952 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) Mary J. Dooley Date 6/14/52
(Address) Holy Cross Malden6 Holy Cross Malden
Place of Burial or Cremation (City or Town)

DATE OF BURIAL June 17 52

7 NAME OF FUNERAL DIRECTOR Frederick J. Magrath
ADDRESS 98 Hayre St., E. Boston

Received and filed JUL 29 1952 19

(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Female 9 COLOR OR RACE White 10 SINGLE (write the word) MARRIED WIDOWED or DIVORCED Widowed

10a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full)

(or) WIFE of John J. Dooley
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 83 Years 10 Months 22 Days If under 24 hours Hours Minutes

13 Usual Occupation: Housewife
(Kind of work done during most of working life)

14 Industry or Business: Own Home

15 Social Security No. Harbor Grace

16 BIRTHPLACE (City) Newfoundland
(State or country)

17 NAME OF FATHER John Sheridan

18 BIRTHPLACE OF FATHER (City) Harbor Grace
(State or country) Newfoundland

19 MAIDEN NAME OF MOTHER Ellen Thompson

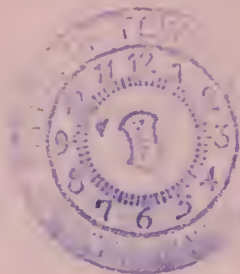
20 BIRTHPLACE OF MOTHER (City) Harbor Grace
(State or country) Newfoundland21 Informant. Helen M. Gillen
(Address) 57 Overlook Rd., Randolph

A TRUE COPY

ATTEST: (Registrar of City or Town where death occurred)

DATE FILED June 16 1952

RECEIVED



JUL 29 AM

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. 141

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 Annie Louise Morgan (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. 90 Fremont St. Winthrop (Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death. 4 years. 8 months. 12 days. In place of residence. years. months. days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH June 16, 1952 (Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from April 10, 1950, to June 16, 1952

I last saw her alive on June 16, 1952 death is said to have occurred on the date stated above, at 12:10 a.m.

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Arteriosclerotic heart disease

INTERVAL BETWEEN ONSET AND DEATH

yrs.

ANTE CEDENT CAUSES (b)

Due To (c)

OTHER SIGNIFICANT CONDITIONS Bronchial Asthma yrs

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) Andrew Nichols 3rd, M. D. (Address) Danvers, Mass. Date 6/20/1952

6 Place of Burial or Cremation Winthrop Cemetery (City or Town)

DATE OF BURIAL June 16, 1952

7 NAME OF FUNERAL DIRECTOR Howard S. Reynolds

ADDRESS Winthrop, Mass.

Received and filed JUL 1 6 1952 19

(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Female 9 COLOR OR RACE White 10 SINGLE (write the word) MARRIED WIDOWED or DIVORCED Single

10a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 83 Years 6 Months 0 Days If under 24 hours Hours Minutes

13 Usual Occupation: Unable to work (Kind of work done during most of working life)

14 Industry or Business:

15 Social Security No.

16 BIRTHPLACE (City) (State or country) England

17 NAME OF FATHER Samuel Morgan

18 BIRTHPLACE OF FATHER (City) (State or country)

19 MAIDEN NAME OF MOTHER England Ellen Seario

20 BIRTHPLACE OF MOTHER (City) (State or country)

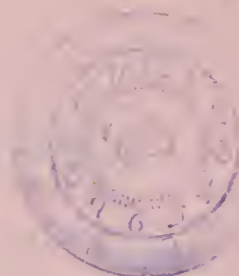
21 Informant Mary E. Sheehan (Address) Hathorne, Mass.

A TRUE COPY

ATTEST: Arthur W. Gay (Registrar of City or Town where death occurred)

DATE FILED June 23, 1952

RECEIVED



JUL 16 1967

death occurred in a hospital or institution, give its NAME instead of street and number) (If nonresident, give city or town and State) (See Chap. 46, Sec. 12, G. L.)

25m-(b)-11-49-900,475

PLACE OF DEATH

Middlesex
(County)

Tewksbury, Mass.
(City or Town)



The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

COPY OF CERTIFICATE OF DEATH

TEWKSBURY STATE HOSPITAL
AND INFIRMARY
(City or town making return)

Registered No. 162-142

No. TEWKSBURY STATE HOSPITAL and INFIRMARY

St. { (If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME Frank E. Edwards
(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 Plummer Avenue St. Winthrop
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death 14 years 0 months 23 days. In place of residence years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH June 30 1952
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from
June 7, 1938, to June 30, 1952

I last saw him alive on June 30, 1952, death is said to
have occurred on the date stated above, at 3 p.m.

DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a) Arteriosclerotic
Heart Disease

INTERVAL BE-
TWEEN ONSET
AND DEATH

Yrs.

ANTECEDENT CAUSES Due To Generalized
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) H. B. Grainger M.D.
(Address) T.S.H. and I, Tewksbury Date 7/1/1952

6 Place of Burial or Cremation Winthrop Winthrop
(City or Town)

DATE OF BURIAL July 11 1952

7 NAME OF FUNERAL DIRECTOR John F. O'Maley
ADDRESS Winthrop, Mass.

Received and filed JUL 31 1952 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 Minnie Hannah
(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 8 Months 15 Days If under 24 hours
Hours Minutes

13 Usual Occupation Locksmith
(Kind of work done during most of working life)

14 Industry
or Business

15 Social Security No. None

16 BIRTHPLACE (City) Chelsea
(State or country) Mass.

17 NAME OF FATHER Charles O. Edwards

18 BIRTHPLACE OF FATHER (City) Boston
(State or country) Mass.

19 MAIDEN NAME OF MOTHER Louis Glines

20 BIRTHPLACE OF MOTHER (City) Gray
(State or country) Maine

21 Informant Hospital Records
(Address)

A TRUE COPY

ATTEST: (Registrar of City or Town where death occurred)

DATE FILED June 30 1952

RECEIVED



JUL 31 1952 AM

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. 143

No. Winthrop Community Hop St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME William Larkin (If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT

(Was deceased a
U. S. War Veteran,
if so specify WAR)

(a) Residence. No. 97 Woodside Ave St. (If nonresident, give city or town and State)

Length of stay: In place of death years months 13 days. In place of residence 40 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH July 1 1952
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from Sept. 1951 to July 1 1952.

I last saw him alive on June 30, 1952 death is said to have occurred on the date stated above, at 5:20 A.M.

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Coronary Thrombosis

INTERVAL BETWEEN ONSET AND DEATH

10 hrs

ANTECEDENT CAUSES (b) Myocardial heart disease

4 yrs

(c) Coronary insufficiency

4 yrs

OTHER SIGNIFICANT CONDITIONS

Major findings: Of operations.

Date of operation. Was autopsy performed?

What test confirmed diagnosis?

5 Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Joseph E. Egan M. D.

(Address) 277 Washington St. Date 7-1-1952

6 Place of Burial or Cremation Winthrop Winthrop (City or Town)

DATE OF BURIAL July 3 1952 19

7 NAME OF FUNERAL DIRECTOR John F. Moley

ADDRESS 79 Atlantic St

Received and filed JUL 7 1952 19

(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 Adelaide L. 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 68 Years Months Days If under 24 hours Hours Minutes

13 Usual Occupation Guard (Kind of work done during most of working life)

14 Industry or Business: Bank

15 Social Security No. 020-14-3277

16 BIRTHPLACE (City) East Boston (State or country) Mass

17 NAME OF FATHER Michael

18 BIRTHPLACE OF FATHER (City) East Boston (State or country) Mass

19 MAIDEN NAME OF MOTHER Elizabeth McLareⁿ

20 BIRTHPLACE OF MOTHER East Boston (State or country) Mass

21 Informant Adelaide Larkin (Address) 97 Woodside 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)

Health Officer (Official Designation) 7/1/52 (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 reinsertion. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Centenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. — General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. — Chap. 114, Sec. 46, G. L., (Centenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

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. 144

PLACE OF DEATH

(County)

(City or Town)

No. 104 Highland Ave. Rest Home St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME. Mary A. De Costa (Costa)

(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT

(Was deceased a
U. S. War Veteran,
if so specify WAR)

(a) Residence. No. 47 Court Rd. St. (If nonresident, give city or town and State)

Length of stay: In place of death years months 14 days. In place of residence 25 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH July 2 1952
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from Jan. 10, 1947 to July 2, 1952
I last saw her alive on July 1, 1952, death is said to

have occurred on the date stated above, at 8 A.M.

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION
DIRECTLY LEADINGTO DEATH (a) Acute Cormary
Thrombosis 1 hr.ANTE Due To Angina Pectoris 2 yrs.
CEDENT (b) CAUSESDue To Arteriosclerotic
(c) heart disease 3 yrsOTHER
SIGNIFICANT
CONDITIONSMajor findings: none
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) Jacob J. Higgins, M.D. 7/3/52

(Address) 522 Shirley St. Date 7/3/52

6 Place of Burial or Cremation (City or Town) Holy Cross Mortuary

DATE OF BURIAL July 5 1952

7 NAME OF FUNERAL DIRECTOR: Marjorie H. Huber

ADDRESS: 210 Highland St. Mattapoisett

Received and filed. 1952

(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

(Give maiden name of wife in full)

(or) WIFE of. Leandrea Costa
(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: (Kind of work done during most of working life)

14 Industry or Business: Home

15 Social Security No.

16 BIRTHPLACE (City) (State or country) Brockton Mass.

17 NAME OF FATHER Manuel Costa

18 BIRTHPLACE OF FATHER (City) (State or country) Gales

19 MAIDEN NAME OF MOTHER Jessie Cabral

20 BIRTHPLACE OF MOTHER (City) (State or country) Gales

21 Informant (Address) Manuel A. Costa
47 Court Rd.

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Walter J. Baker
(Signature of Agent of Board of Health or Chief Health Officer)

(Official Designation)

(Date of Issue of Permit) 7/3/52

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, acids, alkalis, thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

Copies of returns of deaths which occurred in your city or town in case the deceased resided in another city or town at the time of death should be transmitted on Form R-302 to the clerk of the city or town in which the deceased resided as soon as possible after the close of the month in which the death occurred. (See Chap. 46, Sec. 12, G. L.)

25m-(b)-11-49-900,475

R-302

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. 6175

145

No. Mass. Memorial Hospt.

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

John W Matthews

(If deceased is a married, widowed or divorced woman, give also maiden name.)

17 Irwin St

(a) Residence. No.

(Usual place of abode)

St.

Winthrop Mass.

(If nonresident, give city or town and State)

Length of stay: In place of death..... years..... months..... days. In place of residence..... years..... months..... days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH

July 4/52

(Month)

(Day)

(Year)

4 I HEREBY CERTIFY, That I attended deceased from

June 20, 19 52, to July 4, 19 52

I last saw him alive on July 4, 19 52, death is said to

have occurred on the date stated above, at 12:30P m.

DISEASE OR CONDITION

DIRECTLY LEADING

TO DEATH (a)

Broncho pneumonia

INTERVAL BETWEEN ONSET AND DEATH

5 Days

ANTE DUE TO
CEDENT (b)
CAUSES

Arterio sclerotic
heart disease

10 Yrs

Due To

(c)

OTHER
SIGNIFICANT
CONDITIONS

Papilloma of urinary
bladder

1 Yr.

Major findings:
Of operations

Papilloma

Date of operation

6-20-52

Was autopsy performed? No

What test confirmed diagnosis? Cystoscopy, xray, E K G

5 Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed)

P. B. Metcalf Jr.

(Address)

Boston Mass.

Date 7-4

M 52

6 Place of Burial or Cremation

July 7/52

(City or Town)

DATE OF BURIAL

19

7 NAME OF

FUNERAL DIRECTOR

J F O'Maley

Winthrop Mass.

ADDRESS

Received and filed

JUL 21 1952

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 Margaret Hines

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12

AGE 79

Years

Months

Days

If under 24 hours

Hours

Minutes

13 Usual

Occupation:

Floor Layer

(Kind of work done during most of working life)

14 Industry

or Business:

Construction

15 Social Security No.

None

16 BIRTHPLACE (City)

(State or country)

Prince Edward Island

17 NAME OF FATHER

Donald Matthews

18 BIRTHPLACE OF

FATHER (City)

(State or country)

Prince Edward Island

19 MAIDEN NAME

OF MOTHER

Sarah Rogers

20 BIRTHPLACE OF

MOTHER (City)

(State or country)

England

21

Informant

(Address)

Ruth Brothers

101 Elm St Somerville

Mass.

A TRUE COPY

ATTEST

Charles H. Mackie
(Registrar of City or Town where death occurred)

July 9/52

DATE FILED

19

PLACE OF DEATH

SUFFOLK
BOSTON

(County)

(City or Town)

No. Mass General Hospital

2 FULL NAME IRVING MOORE
(If deceased is a married, widowed or divorced woman, give also maiden name.)

179 Pauline

(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...17...days. In place of residence...5...years.....months.....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH July 4, 1952
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
6/17, 1952, to 7/4, 1952I last saw him alive on 7/4, 1952 death is said to
have occurred on the date stated above, at 4:50 a.m.DISEASE OR CONDITION - Pneumonia, sec-
ONDARY TO as-
DIRECTLY LEADING piration of
TO DEATH (a) vomitusINTERVAL BE-
TWEEN ONSET
AND DEATH

6 days

ANTE CEDENT CAUSES Due To Mesenteric thrombosis
(b) infarction of cecum
and terminal ileumDue To Arteriosclerosis
(c) Coronary artery dis-
easeOTHER SIGNIFICANT CONDITIONS Diabetes Mellitus-pulm. T.B.
Arrested old CVA-Jack-
sonian epilepsy-old spinal fracture

Major findings: Infarction of cecum & terminal ileum

Date of operation 6/30/52 Was autopsy performed? YES

What test confirmed diagnosis? Autopsy-Operation

5 Was disease or injury in any way related to occupation of deceased? No

If so, specify.

(Signed)

(Address)

E Dunn

M G H

Date

7/4, 1952

Winthrop

Place of Burial or Cremation

(City or Town)

DATE OF BURIAL July 7, 1952

7 NAME OF FUNERAL DIRECTOR H Reynolds

ADDRESS Winthrop, Mass.

Received and filed JUL 21 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

BOSTON

(City or town making return)

Registered No.

6115 146

(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.

Winthrop, Mass.

(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX

M

9 COLOR OR RACE

W

10 SINGLE

MARRIED

(write the word)

WIDOWED

or DIVORCED

Married

10a If married, widowed, or divorced

HUSBAND of

Katherine A Smith

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12

AGE 67 Years 6 Months 23 Days

If under 24 hours

Hours Minutes

13 Usual

Occupation: Jobber

(Kind of work done during most of working life)

14 Industry

or Business:

Industrial Rubber

15 Social Security No. 011-10-1573

16 BIRTHPLACE (City)

(State or country)

Boston

Mass.

17 NAME OF

FATHER

Irving Moore

18 BIRTHPLACE OF

FATHER (City)

(State or country)

England

19 MAIDEN NAME

OF MOTHER

Hannah Sullivan

20 BIRTHPLACE OF

MOTHER (City)

(State or country)

-unable to learn-

21

Informant

(Address)

K Moore

A TRUE COPY

ATTEST:

(Registrar of City or Town where death occurred)

DATE FILED

July 8,

1952

X



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.

6158147

No. U.S. Public Health Service Hospt.

St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Philip Fleischer

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(Was deceased a U. S. War Veteran, if so specify WAR) VA 11

(a) Residence. No. 5 Irwin 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.....5.....days. In place of residence 1 years.....months.....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH July 7/52

(Month)

(Day)

(Year)

4 I HEREBY CERTIFY, That I attended deceased from July 2, 19 52, to July 7, 19 52

I last saw him alive on July 7, 19 52, death is said to

have occurred on the date stated above, at 8:45A. m.

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Cerebral thrombosis

ANTE CEDENT CAUSES Due To (b) Arteriosclerosis

Due To (c)

OTHER SIGNIFICANT CONDITIONS No

Major findings: Of operations Craniotomy-negative

Date of operation 7-4-52 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)

M D Manning

U.S. Public Health Serv. Hospt. 7-2-52

6 Place of Burial or Cremation American Austrian Woburn Mass.

(City or Town)

DATE OF BURIAL July 8/52

19

7 NAME OF FUNERAL DIRECTOR B Birnbach

Dorchester Mass.

ADDRESS

Received and filed JUL 21 1952

(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX M 9 COLOR OR RACE W 10 SINGLE (write the word) MARRIED Married WIDOWED or DIVORCED

10a If married, widowed, or divorced HUSBAND of Mary Dasey

(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 11 Months 3 Days If under 24 hours Hours Minutes

13 Usual Occupation: Lawyer (Kind of work done during most of working life)

14 Industry or Business: Himself

15 Social Security No. None

16 BIRTHPLACE (City) Boston Mass. (State or country)

17 NAME OF FATHER Morris Fleischer

18 BIRTHPLACE OF FATHER (City) Austria (State or country)

19 MAIDEN NAME OF MOTHER Ada Ferrar

20 BIRTHPLACE OF MOTHER (City) Austria (State or country)

21 Informant (Address) Clinical Records 77 Warren St Brighton

A TRUE COPY ATTEST: Charles J. Mackie (Registrar of City or Town where death occurred)

DATE FILED July 9/52

Entered Service 10-28-42 Discharged 10-27-1945

Cpl. 160th AAF Service No. 11114675

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. 6185 148

No. The Children's Hospital

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME BARBARA E MC KEON

(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. 56 Locust
(Usual place of abode)St. Wintthrop, Mass.
(If nonresident, give city or town and State)

Length of stay: In place of death.....years.....months 17 days. In place of residence 3 years.....months.....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH July 7, 1952
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
6/20, 1952, to 7/7, 1952

I last saw her alive on 7/7, 1952 death is said to

have occurred on the date stated above, at 4:30a.m.

DISEASE OR CONDITION

DIRECTLY LEADING

TO DEATH (a) acute leukemia

INTERVAL BE-
TWEEN ONSET
AND DEATH

11 mos.

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? Bone marrow

5 Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) A Cox

(Address) 390 Longwood Ave

Date 7/7

19 52

6 Winthrop Winthrop
Place of Burial or Cremation (City or Town)

DATE OF BURIAL July 9, 19 52

7 NAME OF FUNERAL DIRECTOR R C Kirby

ADDRESS Boston

Received and filed JUL 25 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
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 3 Years 10 Months 4 Days If under 24 hours
Hours Minutes13 Usual Occupation: At home
(Kind of work done during most of working life)

14 Industry or Business: - - -

15 Social Security No. - - -

16 BIRTHPLACE (City) Boston, Mass.
(State or country)

17 NAME OF FATHER Robert F McKeon

18 BIRTHPLACE OF FATHER (City) Boston, Mass.
(State or country)

19 MAIDEN NAME OF MOTHER Mildred Stanton

20 BIRTHPLACE OF MOTHER (City) Winthrop, Mass.
(State or country)21 Informant Mrs. McKeon
(Address)

A TRUE COPY

ATTEST: Charles J. McKeon
(Registrar of City or Town where death occurred)

DATE FILED July 10, 19 52

RECEIVED



JUL 25 AM

PLACE OF DEATH

SUFFOLK
BOSTON
(County)



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)

6189 149

Registered No.

(City or Town)

No. **Infants Hospital**

XXXXX (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME **STEPHEN 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. **17 Cliff Ave.,**
(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.

7hrs-15mins.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH **July 8, 1952**
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from
7/7, 19**52**, to **7/8**, 19**52**

I last saw him alive on **7/8**, 19**52**, death is said to
have occurred on the date stated above, at **4:00a.** m.

DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a) **pneumonia**

INTERVAL BETWEEN ONSET AND DEATH

ANTE CEDENT (b) Due To
CAUSES

Due To
(c)

OTHER SIGNIFICANT CONDITIONS **prematurity**

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? **No**

If so, specify

(Signed) **L. Kruger**, M. D.
(Address) **300 Longwood Ave**, Date **1952**

6 **Winthrop** **Winthrop**
Place of Burial or Cremation (City or Town)

DATE OF BURIAL **July 9, 1952**

7 NAME OF FUNERAL DIRECTOR **J. O'Maley**

ADDRESS **Winthrop, Mass.**

Received and filed **JUL 25 1952** 19**52**

(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
1 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 Flannery**

18 BIRTHPLACE OF FATHER (City) **East Boston**
(State or country) **Mass.**

19 MAIDEN NAME OF MOTHER **Mary Doherty**

20 BIRTHPLACE OF MOTHER (City) **Winthrop, Mass.**
(State or country)

21 Informant **J. Flannery**
(Address)

A TRUE COPY

ATTEST **Charles H. Tracie**
(Registrar of City or Town where death occurred)

DATE FILED **July 10, 1952**

RECEIVED



JUL 25 AM

PLACE OF DEATH

Suffolk
(County)Winthrop
(City or Town)

No. Winthrop Community Hospital

2 FULL NAME Lalla Foster (Gardner) Burrill
(If deceased is a married, widowed or divorced woman, give also maiden name.)(a) Residence. No. 84 St. Stephen St. Boston, Mass.
(Usual place of abode)

Length of stay: In place of death .. years .. months. 6 days. In place of residence 6 years .. months .. days.

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.

150

{(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 July 12 1952
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
July 3 1952 to July 12 1952
I last saw her alive on July 12 1952 death is said to
have occurred on the date stated above at 6 p.m.DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a) Multilocular
cyst of left ovary (malignant)
Interval between onset and death 1 year
(b) General
carcinomatous
6 mosANTE
CEDENT
CAUSESDue To (c) Massive
ascites
4 mosOTHER
SIGNIFICANT
CONDITIONS Uremia
48 hoursMajor findings: none
Of operations.

Date of operation. Was autopsy performed? Yes

What test confirmed diagnosis? Clinical & Lab

5 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Jacob J. Abrams M.D.

(Address) 562 Stanley St. Boston, Mass.

6 Winthrop Cemetery Winthrop, Mass.
Place of Burial or Cremation (City or Town)

DATE OF BURIAL July 15, 1952

7 NAME OF FUNERAL DIRECTOR Alfred B. Marsh

ADDRESS 174 Winthrop St. Winthrop, Mass.

Received and filed JUL 15 1952

(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 Nelson Gancelo Burrill
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 73 years 0 Months 11 Days
If under 24 hours
Hours Minutes13 Usual Occupation: housewife
(Kind of work done during most of working life)

14 Industry or Business: own home

15 Social Security No. none

16 BIRTHPLACE (City) Brooklyn
(State or country) Nova Scotia

17 NAME OF FATHER Nathan Gardner

18 BIRTHPLACE OF FATHER (City) Brooklyn
(State or country) Nova Scotia

19 MAIDEN NAME OF MOTHER Syretha McLeod

20 BIRTHPLACE OF MOTHER (City) Brooklyn
(State or country) Nova Scotia21 Informant Nelson G. Burrill
(Address) 84 St. Stephen St. BostonI HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with the BEFORE the burial or transit permit was issued:Walter S. Baker
(Signature of Agent of Board of Health or other)Health Officer
(Official Designation)7/15/52
(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 for the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons, who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had 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. 151

No. 125 Cliff Ave. St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Jennie Alberta Janvrin
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT

(Was deceased a
U. S. War Veteran,
if so specify WAR)(a) Residence. No. 125 Cliff Ave. St. (If nonresident, give city or town and State)
(Usual place of abode)

Length of stay: In place of death..... years..... months..... days. In place of residence 5 years..... months..... days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH July 13 1952
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from June 12 1950 to July 13 1952
I last saw her alive on July 13 1952, death is said to

have occurred on the date stated above, at 8:40 A. m.

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Acute Coronary Occlusion 1/2 hr.

INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES Due To (b) Arteriosclerotic Heart Disease 3 yrs.

Due To (c)

OTHER SIGNIFICANT CONDITIONS Amputation rt. leg - gangrene 2 mo.

Major findings: Of operations.

Date of operation. Was autopsy performed?

What test confirmed diagnosis?

5 Was disease or injury in any way related to occupation of deceased? no

If so, specify (Signed) James N. Janvrin M. D.
(Address) 28 Huntington St. Winthrop Date July 14 19526 EXETER N.H.
Place of Burial or Cremation EXETER (City or Town)

DATE OF BURIAL July 15 1952

7 NAME OF FUNERAL DIRECTOR Edward S. Reynolds

ADDRESS Winthrop, Mass.

Received and filed JUL 14 1952 19

(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 88 Years 3 Months 19 Days If under 24 hours Hours Minutes

13 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) Exeter
(State or country) New Hampshire

17 NAME OF FATHER Albert Janvrin

18 BIRTHPLACE OF FATHER (City) Exeter
(State or country) New Hampshire

19 MAIDEN NAME OF MOTHER Sarah Willey

20 BIRTHPLACE OF MOTHER (City) Exeter
(State or country) New Hampshire21 Informant (Address) Harold C Janvrin
66 Fenway 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 L. Baker
(Signature of Agent of Board of Health or other)

(Official Designation) (Date of Issue of Permit) 7/14/52 X

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or 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 STATISTICS

(City or town making return)

STANDARD

CERTIFICATE OF DEATH

Registered No.

152

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 Richard Joseph Godfrey
(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 Bellevue Ave.
(Usual place of abode)

(If nonresident, give city or town and State)

Length of stay: In place of death. 7 hrs. In place of residence. 12 years. months. days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH July 14 1952
(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 2 A. m.

DISEASE OR CONDITION

DIRECTLY LEADING

TO DEATH (a) Natural causes

INTERVAL BE-
TWEEN ONSET
AND DEATHANTE
CEDENT
CAUSESDue To
(b)Due To
(c)Arterio-sclerotic
heart disease yearsOTHER
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
Winthrop Board of Health, M. D.
July 14 19526 Winthrop Cemetery Winthrop
Place of Burial or Cremation (City or Town)

DATE OF BURIAL July 16, 1952

7 NAME OF
FUNERAL DIRECTOR

ADDRESS 174 Winthrop St., Winthrop

Received and filed JUL 15 1952

(Registrar)

A TRUE COPY ATTEST:

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 Sarah Ann Barr
(Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12

AGE 77 Years 9 Months 5 Days

If under 24 hours

Hours Minutes

13 Usual

Occupation: Retired painter

(Kind of work done during most of working life)

14 Industry

or Business:

Foundry

15 Social Security No.

011-10-3948

16 BIRTHPLACE (City)

(State or country)

Devonshire
England

17 NAME OF

FATHER

George Godfrey

18 BIRTHPLACE OF

FATHER (City)

(State or country)

Devonshire
England

19 MAIDEN NAME

OF MOTHER

Mary Wyatt

20 BIRTHPLACE OF

MOTHER (City)

(State or country)

England

21

Informant

(Address)

Mrs. Richard Godfrey

20 Bellevue Ave.

I HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:Walter J. Baker
(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit) 7/15/52

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

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No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six 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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- (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 STATISTICSCOPY OF
CERTIFICATE OF DEATH

Boston

(City or town making return)

Registered No.

153 6456

PLACE OF DEATH

Suffolk

(County)

Boston

(City or Town)

No.

Boston City Hospital

(Suzanne)

Susannah Perkins Coffin

2 FULL NAME

(If deceased is a married, widowed or divorced woman, give also maiden name.)

104 Highland Ave.

(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)

(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.....7.....days. In place of residence.....1.....years.....months.....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF
DEATH

July 15/52

(Month)

(Day)

(Year)

4 I HEREBY CERTIFY, That I attended deceased from
July 8, 1952, to July 15, 1952

I last saw h. --- alive on ---, 19---, death is said to

have occurred on the date stated above, at 11:15 AM

INTERVAL BE-
TWEEN ONSET
AND DEATH

DISEASE OR CONDITION

DIRECTLY LEADING
TO DEATH (a)Cerebro vascular
embolism

96 Hrs

ANTE Due To
CEDENT (b)
CAUSESFracture left hip
pt. fell at home

7 Days

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)

M. W. O'Connell

M. D.

(Address)

Boston City Hosp

Date

1952

6

Place of Burial or Cremation

Woodlawn Cem-Everett Mass.

(City or Town)

DATE OF BURIAL

July 18/52

19

7 NAME OF

FUNERAL DIRECTOR

H S Reynolds

Winthrop Mass.

ADDRESS

Received and filed

July 1, 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
or DIVORCED

Single

10a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

11 IF STILLBORN, enter that fact here.

AGE

8 1/2

Years

8

Months

15

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)

Prince Edward Island

17 NAME OF
FATHER

William Coffin

18 BIRTHPLACE OF

FATHER (City)

(State or country)

Prince Edward Island

19 MAIDEN NAME

OF MOTHER

Elizabeth Dingwell

20 BIRTHPLACE OF

MOTHER (City)

(State or country)

Prince Edward Island

21

Informant
(Address)

L M Hunter

A TRUE COPY

ATTEST:

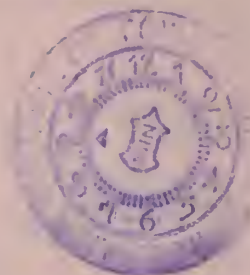
(Registrar of City or Town where death occurred)

July 21/52

DATE FILED

19

RECEIVED



AUG 2

11

PLACE OF DEATH

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

To be filed for burial permit
with Board of Health
or its Agent.

Registered No. **154**

1 PLACE OF DEATH *Waters of Short Beach* St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME *John Hoffman* (If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence No. *190 Lincoln St. Winthrop* (Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death *16* years *16* months *16* days. In place of residence *16* years *16* months *16* days.

PHYSICIAN — IMPORTANT

(Was deceased a
U. S. War Veteran,
if so specify WAR)

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH *July 15 1952*
(Month) (Day) (Year)

4 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows: (If an injury was involved, state fully.)

Asphyxia due to drowning - accidental

5 Accident, suicide, or homicide (specify) *Accident*

Date and hour of injury *July 15 1952*

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? *Short Beach*
(Specify type of place)

Manner of injury *Drowning while swimming*
(How did injury occur?)

Nature of injury *Asphyxia*

While at work? *no* Was autopsy performed? *no*

Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *Michael J. Thompson* M. D.

(Address) *55 Shattuck St. Boston* Date *7/15/52*

7 *Mt. Wollaston Quincy Mass.*
Place of Burial, or Cremation. (City or Town)

DATE OF BURIAL *July 18 1952*

8 NAME OF FUNERAL DIRECTOR *John F. O'Malley*

ADDRESS *Winthrop Mass.*

Received and filed *JUL 17 1952*

(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 *16* Years *10* Months *11* Days If under 24 hours
Hours Minutes

14 Usual Occupation: *Student*
(Kind of work done during most of working life)

15 Industry or Business: *School*

16 Social Security No.

17 BIRTHPLACE (City) *Winthrop*
(State or country) *Mass*

18 NAME OF FATHER *Carl Hoffman*

19 BIRTHPLACE OF FATHER (City) *Winthrop*
(State or country) *Mass*

20 MAIDEN NAME OF MOTHER *Helen J. Rowan*

21 BIRTHPLACE OF MOTHER (City) *Ireland*
(State or country)

22 Informant *Carl Hoffman*
(Address) *190 Lincoln St*

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Walter F. Baker
(Signature of Agent of Board of Health or other)
Health Officer (Official Designation) *7/17/52* (Date of Issue of Permit)

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L. as amended by Chap. 48, Acts of 1927 and Chap. 414, Acts of 1931.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.....Chap. 114, Sec. 46, G. L., as amended.

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

.....The medical examiner certifies the cause and manner of death to the best of his knowledge and belief.

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

STATEMENT OF CAUSE OF DEATH

Medical Examiners in certifying to a death will state the cause and manner thereof, and will specify: (1) Under cause the nature of an injury and of its consequences; and (2) under manner the mode of its production together with the circumstances when these are known. For example: "Compound fracture of the femur with ensuing septicemia (gas bacillus) caused by a steam railway accident." "Pistol shot wound of the chest with associated hemorrhage, homicidal." "Asphyxiation by suspension, suicidal." "Syncope while under the influence of ether administered as a surgical anaesthetic." "Fracture of the skull with associated internal injury sustained under circumstances unknown."

If disease or injury was related to occupation, specify. If investigation shows the death to have been due to disease, specify: (1) Under cause its known or presumable nature; and (2) under manner, indicate the circumstances leading to medico-legal inquiry. For example: "Hemorrhage spontaneous of the brain (basal ganglia) (found dead in bed)." "Heart disease, presumably coronary sclerosis. (Sudden death)."

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

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.

155

Registered No.

PLACE OF DEATH

Suffolk
(County)Winthrop
(City or Town)

No. 193 Main St.

(If death occurred in a hospital or institution,
St. { give its NAME instead of street and number)2 FULL NAME *Martha Ann Illingworth*
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT

(Was deceased a
S. War Veteran,
If so specify War)(a) Residence. No. *193 Main St.*
(Usual place of abode)St. *Winthrop 32 Mass.*
(If nonresident, give city or town and State)Length of stay: In place of death years months days. In place of residence *35* years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH *July 17 1952*
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
July 1 1945 to July 17 1952
I last saw him alive on *July 15 1952* death is said to
have occurred on the date stated above, at *7 A.M.*DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a) *Acute Coronary
thrombosis*ANTE Due To
CEDENT (b) *Arteriosclerotic
Heart Disease*
CAUSESDue To
(c) *Arteriosclerosis*OTHER
SIGNIFICANT
CONDITIONS *Senility*Major findings:
Of operations *none*Date of operation: Was autopsy performed? *yes*What test confirmed *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.*(Address) *562 Shirley St.* Date *7/17/52*6 *Winthrop* *Winthrop 32 Mass*
Place of Burial or Cremation (City or town and State)DATE OF BURIAL *July 19 1952*7 NAME OF FUNERAL DIRECTOR *Howard S. Reynolds*ADDRESS *Winthrop Mass*Received and filed *JUL 18 1952* 19.....

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX *Female* 9 COLOR OR RACE *White* 10 SINGLE (write the word)
MARRIED
WIDOWED
or DIVORCED *Wido*10a If married, widowed, or divorced
HUSBAND of
(Give maiden name of wife in full)(or) WIFE of *Alfred Illingworth*
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 *89* *88*
AGE 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) *Bradford*
(State or country) *England*17 NAME OF FATHER *Howard*
*Unable to obtain*18 BIRTHPLACE OF FATHER (City) *Unable to obtain*
(State or country) *England*19 MAIDEN NAME OF MOTHER *Unable to obtain*20 BIRTHPLACE OF MOTHER (City) *Unable to obtain*
(State or country) *England*21 Informant *Percy Illingworth*
(Address) *193 Main 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 J. Baker*
(Signature of Agent of Board of Health or other)*Health Officer* *7/18/52*
(Official Designation) (Date of Issue of Permit)

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteen, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . General Laws, Chap. 38, Sec. 6.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

PLACE OF DEATH

Suffolk
(County)
Winthrop
(City or Town)



The Commonwealth of Massachusetts
EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

To be filed for burial permit
with Board of Health
or its Agent.

Registered No. **156**

MEDICAL EXAMINER'S
CERTIFICATE OF DEATH

1 **15** *Wilshire St., Winthrop* (City or Town) (If death occurred in a hospital or institution, give its NAME instead of street and number)
No. **15** *Wilshire St., Winthrop* St. (If death occurred in a hospital or institution, give its NAME instead of street and number)
2 FULL NAME **Mary E. Gray (Grady)**
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(a) Residence. No. **15** *Wilshire St., Winthrop* (City or Town) (If nonresident, give city or town and State)
(Usual place of abode)
Length of stay: In place of death **25** years months days. In place of residence **25** years months days.

PHYSICIAN — IMPORTANT
(Was deceased a U. S. War Veteran, if so specify WAR) **No**

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH **July 17 1952**
(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.)
Intestinal bleeding heart disease

5 Accident, suicide, or homicide (specify) **420**

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) *Richard C. Kirby* M. D.

(Address) *25 South St., Boston* Date **7/17/52**

7 **Holy Cross Cemetery, Malden**
Place of Burial, or Cremation. (City or Town)

DATE OF BURIAL **July 21st 1952**

8 NAME OF FUNERAL DIRECTOR **Richard C. Kirby**

ADDRESS **Boston, Mass.**

Received and filed **JUL 22 1952** 19

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

9 SEX **Female** 10 COLOR OR RACE **White** 11 SINGLE (write the word) **Widowed**
MARRIED
WIDOWED
OR DIVORCED

11a If married, widowed or divorced HUSBAND of **Edward R. Gray**
(Give maiden name of wife in full)

(or) WIFE of **Mary E. Grady**
(Husband's name in full)

12 IF STILLBORN, enter that fact here.

13 AGE **78** Years Months Days If under 24 hours Hours Minutes

14 Usual Occupation: **At home**
(Kind of work done during most of working life)

15 Industry or Business: **Housewife**

16 Social Security No. **None**

17 BIRTHPLACE (City) **Boston**
(State or country) **Mass.**

18 NAME OF FATHER (CBL) **Grady**

19 BIRTHPLACE OF FATHER (City) **Boston**
(State or country) **Mass.**

20 MAIDEN NAME OF MOTHER **Catherine (CBL)**

21 BIRTHPLACE OF MOTHER (City) **Boston**
(State or country) **Mass.**

22 Informant **Mr. Robert N. Daley-nephew**
(Address) **33 Broad 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:

(Signature of Agent of Board of Health or other)

44459 **JUL 26 1952**
(Official Designation) (Date of Issue of Permit)

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

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death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., 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 records of deaths occurring 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)-11-51-905807

The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

COPY OF
CERTIFICATE OF DEATH

Suffolk

(County)

Boston

(City or Town)

Boston

(City or town making return)

Registered No.

157644

No. The Infant's Hosp.

St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

Baby Boy Winterton

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 NAME)

(a) Residence. No. 53 Lewis 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.

1 Day 12 Hrs

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH

July 17/52

(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from

July 16, 1952 to July 17, 1952

I last saw him alive on July 17, 1952 death is said to

have occurred on the date stated above, at 9:20P m.

DISEASE OR CONDITION
DIRECTLY LEADING

TO DEATH (a) Atelectasis

INTERVAL BETWEEN ONSET AND DEATH
LifetimeANTECEDENT CAUSES
Due To (b)

Prematurity

Lifetime

Due To (c)

OTHER SIGNIFICANT CONDITIONS

Major findings:
Of operations

Date of operation..... Was autopsy performed? No

What test confirmed diagnosis? No

5 Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) R MacLean Date 7-18-52 M. 52

(Address) 300 Longwood Ave. Oak Grove Medford Mass.

6 Place of Burial or Cremation Cem. (City or Town)

DATE OF BURIAL July 18/52 19

7 NAME OF FUNERAL DIRECTOR E L Kelleher

ADDRESS Somerville Mass.

Received and filed Aug. 1, 1952 19

(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX

M

9 COLOR OR RACE

W

10 SINGLE (write the word)

MARRIED

WIDOWED

or DIVORCED

Single

10a If married, widowed, or divorced

HUSBAND of (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12

AGE.....Years.....Months.....1 Days

If under 24 hours

Hours.....Minutes

13 Usual

Occupation: (Kind of work done during most of working life)

14 Industry or Business:

15 Social Security No.

16 BIRTHPLACE (City) Boston Mass.
(State or country)

17 NAME OF FATHER

John T Winterton

18 BIRTHPLACE OF FATHER (City)

Virginia

(State or country)

19 MAIDEN NAME OF MOTHER

Janet Snow

20 BIRTHPLACE OF MOTHER (City)

Somerville Mass.

(State or country)

21

Informant J T Winterton

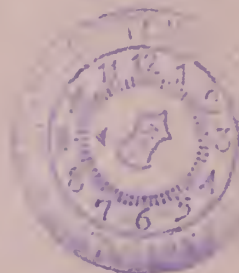
(Address)

A TRUE COPY

ATTEST: (Registrar of City or Town where death occurred)

DATE FILED July 21/52 19

RECEIVED



AUG-1

11

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.

158

STANDARD
CERTIFICATE OF DEATH

Registered No.

PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)

No. 49 Hermon St

(If death occurred in a hospital or institution,
St. { give its NAME instead of street and number)2 FULL NAME Albert J. Mulrey
(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. 49 Hermon 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 30 years. months. days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH 7 19 1952
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
June 1952 to July 1952
I last saw him alive on July 12, 1952, death is said to
have occurred on the date stated above at 8 P. M.DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a) Cancer of
ProstateINTERVAL BE-
TWEEN ONSET
AND DEATH
1 y.ANTE Due To
CEDENT (b)
CAUSESDue To
(c)OTHER
SIGNIFICANT
CONDITIONSMajor findings: Cancer of prostate -
Of operations.

Date of operation Jan. 1952 Was autopsy performed? No

What test confirmed diagnosis? Pathological Examination

5 Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Walter S. Kerr Jr. M. D.
(Address) Mass. General Hosp Date 7/20 19526 St. Josephs Boston
Place of Burial or Cremation (City or Town)

DATE OF BURIAL July 22 1952 19

7 NAME OF FUNERAL DIRECTOR John F. O'Keley
ADDRESS Winthrop

Received and filed JUL 22 1952 19

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Male 9 COLOR OR RACE White 10 SINGLE (write the word)
MARRIED
WIDOWED
DIVORCED10a If married, widowed, or divorced
HUSBAND of Julia F. Wilson
(Give maiden name of wife in full)(or) WIFE of
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 59 Years Months Days If under 24 hours
Hours Minutes13 Usual Occupation Interior Decorator
(Kind of work done during most of working life)

14 Industry or Business: Decorator

15 Social Security No. 029-03-6502

16 BIRTHPLACE (City) Boston Mass
(State or country)

17 NAME OF FATHER John R.

18 BIRTHPLACE OF FATHER (City) Boston
(State or country) Mass

19 MAIDEN NAME OF MOTHER Marie Kelley

20 BIRTHPLACE OF MOTHER (City) England
(State or country)21 Informant Julia Mulrey
(Address) 49 Hermon StI HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:Walter S. Kerr Jr.
(Signature of Agent of Board of Health or other)

(Official Designation) (Date of Issue of Permit) 7/21/52

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or 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.STANDARD
CERTIFICATE OF DEATH

Registered No. 159

PLACE OF DEATH

Suffolk
(County)
Winthrop
(City or Town)

No. 30 Sagamore

{ (If death occurred in a hospital or institution,
St. { give its NAME instead of street and number)

2 FULL NAME

Martrude E McEachern

(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. 30 Sagamore

(Usual place of abode)

St.

(If nonresident, give city or town and State)

Length of stay: In place of death 6 years months days. In place of residence 6 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF
DEATHJuly 23 1952
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from

June 19 49 to July 23 1952

I last saw h. e. alive on July 23 1952, death is said to

have occurred on the date stated above, at 7 P. m.

INTERVAL BE-
TWEEN ONSET
AND DEATHDISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a)

Chronic Bronchitis

1946

ANTE Due To
CEDENT (b)
CAUSESDue To
(c)OTHER
SIGNIFICANT
CONDITIONS

Chronic Colitis

1952

Major findings:
Of operations.

Date of operation. Was autopsy performed? W

What test confirmed diagnosis? X-Ray

5 Was disease or injury in any way related to occupation of deceased? W

If so, specify

(Signed)

(Address)

Randy Galt
624 Bunker
Date 7-24 19526 Winthrop Cemetery
(City or Town)

DATE OF BURIAL

July 26, 1952

7 NAME OF
FUNERAL DIRECTOR

Maurice W. Kirby

ADDRESS

210 Winthrop St.

Received and filed. JUL 26 1952

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX

F

9 COLOR OR RACE

White

10 SINGLE

MARRIED

WIDOWED

or DIVORCED

(write the word)

Married

10a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

Herman McEachern

(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12

AGE

41

Years

Months

Days

If under 24 hours

Hours

Minutes

13 Usual

Occupation:

Clerk

(Kind of work done during most of working life)

14 Industry

or Business:

Drug Store

15 Social Security No.

16 BIRTHPLACE (City).

(State or country)

Cambridge Mass.

17 NAME OF

FATHER

Jeremiah Wells

18 BIRTHPLACE OF

FATHER (City)

(State or country)

Cambridge

Mass.

19 MAIDEN NAME

OF MOTHER

Rosalie Dickinson

20 BIRTHPLACE OF

MOTHER (City)

(State or country)

Winchester

Mass.

21

Informant

(Address)

Herman McEachern

30 Sagamore St.

I HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:

Walker J. Flakke

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

7/26/52

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

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No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

Copies of returns of deaths which occur 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)-11-51-905807

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.

6659-160

2 FULL NAME ABRAHAM WARSHOFSKY
(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. 26 Seafoam Ave.,
(Usual place of abode)xx Winthrop, Mass.
(If nonresident, give city or town and State)

Length of stay: In place of death.....years.....months 15.....days. In place of residence 10.....years 1.....months 5.....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH July 23, 1952
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That we attended deceased from 7/8, 1952 to 7/23, 1952.

We last saw him alive on 7/23, 1952, death is said to

have occurred on the date stated above, at 10:50a.m.

DISEASE OR CONDITION

DIRECTLY LEADING

TO DEATH (a) cerebral thrombosis

INTERVAL BETWEEN ONSET AND DEATH

15 days

ANTECEDENT CAUSES Due To arteriosclerotic cardiovascular disease
(b) vascular disease

8 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?

If so, specify

(Signed) E Neumann

(Address) M G H

Date 7/23, 1952

M. D.

6 Jewish Cem.
Place of Burial or CremationNew York, N.Y.
(City or Town)

DATE OF BURIAL July 25, 1952

7 NAME OF FUNERAL DIRECTOR H Torf

ADDRESS Chelsea, Mass.

Received and filed AUG 7 1952

(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 Married (write the word)

10a If married, widowed or divorced, HUSBAND of Rebecca Silverman

(Give maiden name of wife in full)

(or) WIFE of..... (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 67 Years Months Days If under 24 hours Hours Minutes

13 Usual Occupation: Carpenter (Kind of work done during most of working life)

14 Industry or Business: Carpenter Construction

15 Social Security No. 109-05-1190A

16 BIRTHPLACE (City) (State or country) Russia

17 NAME OF FATHER D Warshofsky

18 BIRTHPLACE OF FATHER (City) (State or country) Russia

19 MAIDEN NAME OF MOTHER Fannie - - -

20 BIRTHPLACE OF MOTHER (City) (State or country) Russia

21 Informant (Address) D Warshofsky

A TRUE COPY

ATTEST: (Registrar of City or Town where death occurred)

DATE FILED July 25, 1952

RECEIVED



AUG-17 21



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. **161**

1 PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)

No. **480 Pleasant St.**

St. { (If death occurred in a hospital or institution,
give its NAME instead of street and number) }

2 FULL NAME **Adolfo Anzalone**
(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. **480 Pleasant St.**
(Usual place of abode)

St. (If nonresident, give city or town and State)

Length of stay: In hospital or institution. years months days. In this community yrs. mos. days.
(Before death) (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX **Male** 4 COLOR OR RACE **White** 5 SINGLE (write the word) **MARRIED**
MARRIED **MARRIED**
WIDOWED
or DIVORCED

5a If married, widowed or divorced
HUSBAND of **Anna (DeLorio)**
(Give maiden name of wife in full)
(or) WIFE of (Husband's name in full)

6 Age of husband or wife if alive. **70** years

7 IF STILLBORN, enter that fact here.

8 AGE **57** Years Months Days If less than 1 day
Hours Minutes

Usual
9 Occupation: **Insurance Agent**

Industry
10 or Business:

11 Social Security No.

12 BIRTHPLACE (City) **ITALY**
(State or Country)

13 NAME OF FATHER **Mathews Anzalone**

14 BIRTHPLACE OF FATHER (City) **Italy**
(State or Country)

15 MAIDEN NAME OF MOTHER **Antonette**

16 BIRTHPLACE OF MOTHER (City) **Italy**
(State or Country)

17 Informant **Anna (DeLorio) wife** (Relation, if any)
(Address) **480 Pleasant St., Winthrop**

I HEREBY CERTIFY that a satisfactory standard certificate of death
was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH **July 24, 1952**
(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 **2:30 A.** m.

Duration

Immediate cause of death

IMPORTANT

Natural Causes

Due to **Presumably**

Due to **Coronary Occlusion**

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

IMPORTANT

Physician

Date of

Underline
the cause to
which death
should be
charged statistically.

Of autopsy

What test confirmed diagnosis?

20 Was disease or injury in any way related to occupation of deceased? **no**
If so, specify **Working in a health**

(Signed) **Winthrop Board of Health** M. D.
(Address) **July 24, 1952**

21 **Holy Cross** **Malden**
Place of Burial, Cremation or Removal **July 28, 1952**
DATE OF BURIAL (City or Town)

22 NAME OF FUNERAL DIRECTOR **William E. Pepi**
ADDRESS **971 Saratoga St. E.B.**

Received and Filed **JUL 28 1952** 19

(Registrar)

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required

by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE _____

DATE OF DISCHARGE _____

RANK, RATING _____

ORGANIZATION AND OUTFIT _____

SERVICE NUMBER _____

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICSCOPY OF
CERTIFICATE OF DEATH

(City or town making return)

Registered No. 162

PLACE OF DEATH

(County)

(City or Town)

No.

(If death occurred in a hospital or institution,
St. { give its NAME instead of street and number)2 FULL NAME **EDITH LILLIAN DOREY**
(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. St.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death.....years.....months.....days. In place of residence.....years.....months.....days.

MEDICAL CERTIFICATE OF DEATH

PERSONAL AND STATISTICAL PARTICULARS

3 DATE OF DEATH **May 19 1952**

8 SEX

9 COLOR OR RACE

10 SINGLE (write the word)
MARRIED
WIDOWED
OR DIVORCED

4 I HEREBY

NON RESIDENTCERTIFICATE OF DEATH
FLORIDA

STATE FILE NO. 13155

REGISTRAR'S NO.

I last saw h.....

have occurred on t
DISEASE OR CO
DIRECTLY LEA
TO DEATH (a)ANTECEDENT
CAUSESOTHER
SIGNIFICANT
CONDITIONSMajor findings:
Of operations.....

Date of operation.....

What test confirmed

5 Was disease or inju

If so, specify.....

(Signed)

(Address)

6 Place of Burial

DATE OF BURIAL

7 NAME OF FUNERAL DIR

ADDRESS

Received and filed.....

BIRTH NO.		CODE NO.		2. USUAL RESIDENCE (Where deceased lived, if institution, give name and address)	
PLACE OF DEATH a. COUNTY Pinellas		b. CITY OR TOWN St. Petersburg		c. CITY OR TOWN Winthrop	
d. FULL NAME OF DECEASED (Type or Print) Edith Lillian Dorey		e. LENGTH OF STAY in this place 2 mos.		f. STREET ADDRESS 90 Cottage Avenue	
g. SEX Female		h. COLOR OR RACE White		i. DATE OF DEATH (Month) (Day) (Year) May 19, 1952	
j. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED Widowed		k. DATE OF BIRTH Mar. 3, 1871		l. AGE 81	
m. USUAL OCCUPATION (Give brief of work, if none, give if retired) housewife		n. KIND OF BUSINESS OR INDUSTRY own home		o. BIRTHPLACE Boston, Massachusetts	
p. CITIZEN OF WHAT COUNTRY? US		q. MOTHER'S MAIDEN NAME Mary Dunbar		r. INFORMANT'S SIGNATURE Charles H. Whitney	
s. FATHER'S NAME Charles Whitney		t. SOCIAL SECURITY NO. none		u. ADDRESS Winthrop, Massachusetts	
v. WAS DECEASED EVER IN U. S. ARMED FORCES? no		w. CAUSE OF DEATH Carcinoma of the Breast		x. MEDICAL CERTIFICATION 18 mos.	
y. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Carcinoma of the Breast		z. ANTECEDENT CAUSES 2 metastasis to the lungs		aa. INTERVAL BETWEEN ONSET OF DISEASE 12 mos.	
bb. OTHER SIGNIFICANT CONDITIONS Marked conditions, if any, giving rise to the above causes (a) showing the underlying cause last.		cc. DATE OF OPERATION Dec 6, 1950		dd. AUTOPSY? YES	
ee. MAJOR FINDINGS OF OPERATION Carcinoma of the Breast (left) (Dr. Owen)		ff. PLACE OF INJURY Home, North, Boston, street, other (b) etc.		gg. CITY OR TOWN Winthrop	
hh. INJURY OCCURRED WHILE AT WORK		ii. HOW DID INJURY OCCUR AT WORK		jj. DATE WHEN 5/19/52	
kk. SIGNATURE N. M. Rogers		ll. ADDRESS Winthrop, Mass.		mm. DATE WHEN 5/20/52	
nn. NAME OF CEMETERY OR CREMATORY Winthrop		oo. LOCATION (City, town, or county) Winthrop, Mass.		pp. FUNERAL DIRECTOR'S SIGNATURE St. Petersburg, Fla.	

ATTEST:

(Registrar of City or Town where death occurred)

DATE FILED

(Registrar of City or Town where deceased resided)



CONNECTICUT STATE DEPARTMENT OF HEALTH
Bureau of Vital Statistics — Hartford, Connecticut, U. S. A.

Certificate of Death

COPY

102

1. PLACE OF DEATH:

(a) State of Connecticut: (b) County Hartford
(c) Town Hartford (d) Length of stay in town 3 ~~months~~
(If not in hospital give street no. or location)
(e) Name of Hospital or Institution Hartford

2. USUAL RESIDENCE OF DECEASED:

(a) State Massachusetts (b) County Suffolk
(c) Town Winthrop (d) (City or Borough)
(e) Street Number 31 Cross Street (If rural, give location)

3. NAME OF DECEASED (First) (Middle) (Last)
(Type or print) Julia Brooks

4. SOCIAL SECURITY NUMBER

PERSONAL AND STATISTICAL PARTICULARS

5. SEX female 6. RACE White 7. STATUS Widowed
8. IF MARRIED, WIDOWED OR DIVORCED, GIVE MAIDEN NAME OF WIFE OR HUSBAND Julia Brooks

9. DATE OF DEATH (Month) (Day) (Year)
July 12 1952

10. DATE OF BIRTH Age (in years last birthday) If under 1 year If under 1 day
July 12 77 Months Days Hours Mins.

11. BIRTH PLACE (City or town) (State or foreign country)
Ireland

12. (a) USUAL OCCUPATION (Give kind of work done during most of working life even if retired)
Housewife

(b) Industry or Business

13. (a) WAS DECEASED A VETERAN? Yes or No NO

(b) If yes, give war
Unit or Ship

14. NAME Michael Rogers (City or town) (State or foreign country)

15. BIRTHPLACE Ireland

16. MAIDEN NAME Widgat ? (City or town) (State or foreign country)

17. BIRTHPLACE Ireland

18. INFORMANT'S NAME

MEDICAL CERTIFICATION

22. CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c))

(a) DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury or complication which caused death

INTERVAL BETWEEN ONSET AND DEATH
5 yrs
1 yr

Carcinoma of Breast
metastases to skull, brain
of liver

ANTECEDENT CAUSES.

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE (b) TO.....

DUE (c) TO.....

23. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death

24. OPERATION, DATE AND MAJOR FINDINGS

AUTOPSY (Yes or No)
Yes

25. IF DEATH WAS DUE TO EXTERNAL CAUSES, FILL IN THE FOLLOWING:

(a) Accident, suicide, homicide (specify) (b) Date of occurrence
(c) City or Town and State Where injury occurred
(d) Did injury occur in or about home, factory, farm, office, street, etc.? (e) While at work?
(f) How did it occur?

Registrar.

ms.

Rec'd Aug. 15, 1952

RECEIVED



AUG 15, 1952 AM

"This copy of Certificate received for record at _____
this _____ day of _____ 19____.

Registrar."

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.

164

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 Herbert Morrill

(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 Beal
(Usual place of abode)

St. Winthrop

(If nonresident, give city or town and State)

Length of stay: In place of death.....years.....2 months.....21 days. In place of residence.....years.....months.....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH July 16, 1952
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
April 25, 1952, to July 16, 1952

I last saw him alive on July 16, 1952, death is said to

have occurred on the date stated above, at 8:20 a. m.

DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a)

Paget's Disease

INTERVAL BE-
TWEEN ONSET
AND DEATH

years

ANTE Due To
CEDENT (b)
CAUSESDue To
(c)OTHER
SIGNIFICANT
CONDITIONSMajor findings:
Of operations

Date of operation..... Was autopsy performed? No

What test confirmed diagnosis? Clinical & Laboratory

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 7/18/ 19526 Franklin Cemetery Franklin
Place of Burial or Cremation (City or Town)

DATE OF BURIAL July 19, 1952

7 NAME OF FUNERAL DIRECTOR Howard S. Reynolds
ADDRESS Winthrop, Mass.

Received and filed AUG 12 1952

19

(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Male 9 COLOR OR RACE White 10 SINGLE (write the word)
MARRIED
WIDOWED
or DIVORCED Single

10a If married, widowed, or divorced

HUSBAND of (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 74 Years 6 Months 2 Days If under 24 hours
Hours Minutes13 Usual Occupation: Stage Hand
(Kind of work done during most of working life)14 Industry
or Business:

15 Social Security No.

16 BIRTHPLACE (City) Chelsea
(State or country) Mass.

17 NAME OF FATHER William W. Morrill

18 BIRTHPLACE OF FATHER (City) Mass.
(State or country)

19 MAIDEN NAME OF MOTHER Charlotte Stone

20 BIRTHPLACE OF MOTHER (City) Mass.
(State or country)21 Informant Mary E. Sheehan
(Address) Hathorne, Mass.

A TRUE COPY

ATTEST: (Registrar of City or Town where death occurred)

DATE FILED July 21, 1952

RECEIVED



AUG 12

AM

PLACE OF DEATH

SUFFOLK
BOSTON (County)

(City or Town)

Boston City Hospital

No.

The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICSCOPY OF
CERTIFICATE OF DEATH

BOSTON

(City or town making return)

Registered No.

6794

165

2 FULL NAME

John L Oakes

(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.

102 Bayswater

(Usual place of abode)

East Boston Mass.

(If nonresident, give city or town and State)

Length of stay: In place of death.....years.....months.....2.....days. In place of residence.....48.....years.....months.....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF
DEATH

July 27/52

(Month)

(Day)

(Year)

4 I HEREBY CERTIFY, That I attended deceased from

July 25 19 52

to

July 27 19 52

I last saw him.....alive on.....19....., death is said to

have occurred on the date stated above, at.....3:35A.....m.

DISEASE OR CONDITION

DIRECTLY LEADING

TO DEATH (a)

Gastric ulcer

INTERVAL BE-
TWEEN ONSET
AND DEATH
Wks to
Mos.ANTE Due To
CEDENT (b)
CAUSES

Cirrhosis of liver

Yrs.

Due To
(c)OTHER
SIGNIFICANT
CONDITIONSMajor findings:
Of operations

Date of operation.....Was autopsy performed?

What test confirmed diagnosis? autopsy

5 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

M W O'Connell

(Address)

Boston City Hospt

Date

7-27 19 52

6

Place of Burial or Cremation

Winthrop Cem-Winthrop Mass.

(City or Town)

DATE OF BURIAL

July 30/52

19

7 NAME OF

FUNERAL DIRECTOR

R C Kirby

Boston Mass.

ADDRESS

Received and filed

AUG 12 1952

19

(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX

M

9 COLOR OR RACE

W

10 SINGLE

MARRIED

WIDOWED

or DIVORCED

(write the word)

Single

10a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12

AGE

48

Years

1

Months

20

Days

If under 24 hours

Hours

Minutes

13 Usual

Occupation:

Laborer

(Kind of work done during most of working life)

14 Industry

or Business:

Road Construction

15 Social Security No.

None

16 BIRTHPLACE (City)

(State or country)

East Boston Mass.

17 NAME OF
FATHER

Henry J Oakes

18 BIRTHPLACE OF

FATHER (City)

(State or country)

Arashat N.S.

19 MAIDEN NAME

OF MOTHER

Mary A Ryan

20 BIRTHPLACE OF

MOTHER (City)

(State or country)

Arashat N.S.

21

Informant

(Address)

C G Oakes Brother

A TRUE COPY;

ATTEST:

(Registrar of City or Town where death occurred)

DATE FILED

July 30/52

19

RECEIVED



AUG 12

AM

Entered Service Aug.27,1942 Boston Mass.

Discharged April 6,1943 Camp Beale California
Private Co.D Quartermaster Bakery Battalion
Service No. 11087495

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 DEATHRegistered No. **166**

PLACE OF DEATH

(County)

(City or Town)

No.

(If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME

(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT

(Was deceased a
U. S. War Veteran,
if so specify WAR)(a) Residence. No. **111 St. Andrew Rd**
(Usual place of abode)St. **East Boston, Mass.**
(If nonresident, give city or town and State)Length of stay: In place of death... years... months **20** days. In place of residence ... years... months ... days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF
DEATH**Aug 4 1952**
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from

July 1, 1952 to Aug 4, 1952
I last saw him alive on **Aug 2, 1952** death is said tohave occurred on the date stated above, at **8:30 A.M.**
DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a) **Gulmonary**
EmphysemaINTERVAL BE-
TWEEN ONSET
AND DEATH**5 min**ANTE
CEDENT
CAUSESDue To (b) **Diabetic gangrene**Due To (c) **Diabetes Mellitus**OTHER
SIGNIFICANT
CONDITIONS**Arteriosclerosis (gen)
sensibility**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)

Joseph Gregorie M. D.
100 Washington St. Date 8-4-52 19526 **Holy Cross Cemetery Malden**
Place of Burial or Cremation (City or Town)DATE OF BURIAL **Aug. 6, 1952**7 NAME OF
FUNERAL DIRECTOR **William E. Pepi**ADDRESS **971 Saratoga St. East Boston,**Received and filed **AUG 5 1952**

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX

Female

9 COLOR OR RACE

White

10 SINGLE (write the word)

MARRIED Widower
WIDOWED
or DIVORCED

10a If married, widowed, or divorced

HUSBAND of. (Give maiden name of wife in full)

(or) WIFE of **Jack D'Ambrosio**
(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: **Home**

(Kind of work done during most of working life)

14 Industry

or Business:

None

15 Social Security No.

None16 BIRTHPLACE (City)
(State or country)**Italy**17 NAME OF
FATHER**Giacchino (Clavella)**

18 BIRTHPLACE OF

FATHER (City)

Italy

(State or country)

19 MAIDEN NAME

OF MOTHER

Unknown

20 BIRTHPLACE OF

MOTHER (City)

Unknown

(State or country)

21

Informant

(Address)

John D'Ambrosio**109 St Andrew Rd.**I HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:**Walter F. Baker**
(Signature of Agent of Board of Health or other)**Health Officer**
(Official Designation)**8/5/52**
(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 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 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.

Suffolk

(County)

Winthrop

(City or Town)

STANDARD
CERTIFICATE OF DEATH

Registered No. 167

No. 19 Thornton Street

St. (If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME Mary Ann MacKenzie

(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. 19 Thornton St
(Usual place of abode)

St. (If nonresident, give city or town and State)

Length of stay: In place of death 4 years... months... days. In place of residence 4 years... months... days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH AUG 4 1952
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
June 6, 1952, to Aug 4, 1952
I last saw her alive on Aug 1, 1952, death is said tohave occurred on the date stated above, at 6:30 A. M.
DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a) Congestive heart failureINTERVAL BE-
TWEEN ONSET
AND DEATH

6 months

ANTE Due To
CEDENT (b)
CAUSESDue To
(c)OTHER
SIGNIFICANT
CONDITIONSMajor findings:
Of operations

Date of operation Was autopsy performed? No

What test confirmed diagnosis? X-Ray of chest

5 Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) 447 Shirley M. D.
(Address) Winthrop Date Aug 4 19526 Winthrop Winthrop
Place of Burial or Cremation (City or Town)

DATE OF BURIAL August 6 1952

7 NAME OF FUNERAL DIRECTOR Edward S. Reynolds
ADDRESS Winthrop, Mass.

Received and filed AUG 5 1952 19

(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 75 Years 7 Months 6 Days If under 24 hours
Hours Minutes13 Usual Occupation: Nurse (Retired)
(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) Nova Scotia

17 NAME OF FATHER George MacKenzie

18 BIRTHPLACE OF FATHER (City)
(State or country) Nova Scotia

19 MAIDEN NAME OF MOTHER Isabell MacDonald

20 BIRTHPLACE OF MOTHER (City)
(State or country) Nova Scotia21 Informant Jennie Howatt
(Address) 19 Thornton St WinthropI HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:Walter H. Baker
(Signature of Agent of Board of Health or other)
Health Officer
(Official Designation)8/5/52
(Date of Issue of Permit)

EXTRACTS
FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46 Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

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No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.

Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had 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*Winthrop*
(City or town making return)STANDARD
CERTIFICATE OF DEATHRegistered No. **168**

PLACE OF DEATH

Suffolk
(County)

Winthrop

(City or Town)

No. **55 Orlando Ave.**St. { (If death occurred in a hospital or institution,
give its NAME instead of street and number)2 FULL NAME **Adelaide Blanche Whittimore**

(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. **55 Orlando 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 **65** years.....months.....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH **August 6 1952**
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
January 10 1940 to **August 6 1952**
I last saw her alive on **August 6 1952**, death is said tohave occurred on the date stated above, at **8 P.M.**

DISEASE OR CONDITION

DIRECTLY LEADING

TO DEATH (a) **Acute Coronary****thrombosis**INTERVAL BE-
TWEEN ONSET
AND DEATH**1 hr.**ANTE
CEDENT
CAUSES

Due To

(b)

CAUSES

Due To

(c)

OTHER
SIGNIFICANT
CONDITIONS**none**

Major findings:

Of operations: **none**Date of operation: **none**

Was autopsy performed?

What test confirmed diagnosis?

5 Was disease or injury in any way related to occupation of deceased? **No**

If so, specify

(Signed) **Jacob J. Chaus**(Address) **562 Broadway, New York, N.Y.**6 **Winthrop Cemetery** **Winthrop**
Place of Burial or Cremation (City or Town)DATE OF BURIAL **August 9 1952**7 NAME OF
FUNERAL DIRECTOR**Alfred B. Marsh**

ADDRESS

174 Winthrop St.

Received and filed

AUG 8 1952

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 **Almon Everett Whittimore**
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12

AGE **74** Years **11** Months **10** Days

If under 24 hours

Hours .. Minutes

13 Usual

Occupation:

at home

(Kind of work done during most of working life)

14 Industry

or Business:

housewife

15 Social Security No.

no

16 BIRTHPLACE (City)

(State or country)

Boston,**Mass.**

17 NAME OF

FATHER

James G. Walker

18 BIRTHPLACE OF

FATHER (City)

(State or country)

New Hampshire

19 MAIDEN NAME

OF MOTHER

Carrie Martha Harvey

20 BIRTHPLACE OF

MOTHER (City)

(State or country)

Unknown

21

Informant

(Address)

Almon E. Whittimore**55 Orlando 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. Walker*
(Signature of Agent of Board of Health or other)
Health Officer
(Official Designation) **8/8/52**
(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 home, or from a person appointed 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
TOWN OF
11 12 1
RULES OF PRACTICE
The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:
(1) General Physicians will certify to such deaths only as those of persons to whom they have been in the care during a last illness from disease unrelated to any form of injury.
(2) Medical Examiners will certify to such deaths only as those of persons who have been so treated by recognized disease unrelated to any form of injury, and who have not had medical attendance or whose physician is absent from home when the cause 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 death of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

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100M-(D)-10-48-24858

PLACE OF DEATH

Suffolk
(County)
Winthrop
(City or Town)

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICSSTANDARD
CERTIFICATE OF DEATHTo be filed for burial permit
with Board of Health
or its Agent.

Registered No. 169

1 NAME OF DECEASED
2 FULL NAME. Robert C. Anderson (Fraser)
(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. 49 Marshall St St. (If nonresident, give city or town and State)Length of stay: In place of death 2 years 0 months 0 days. In place of residence 40 years 0 months 0 days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH Aug 7 1952
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
Aug 4 1952 to Aug 7 1952I last saw him alive on Aug 4 1952, death is said to
have occurred on the date stated above, at 9:45 A.M.DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a) Cerebral HemorrhageINTERVAL BE-
TWEEN ONSET
AND DEATH

3 mo

ANTE CEDENT CAUSES
Due To (b) Chronic intermittent heart disease

5 yrs

Due To (c) Hypertension

5 yrs

OTHER SIGNIFICANT
CONDITIONS Senile psychosis

4 yrs

Major findings: noneDate of operation: — Was autopsy performed? noWhat test confirmed diagnosis? —5 Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) Major J. King M. D.(Address) 45 W. 5th St. Winthrop Date 8/8/526 Place of Burial or Cremation Winthrop (City or Town)DATE OF BURIAL Aug 1 19527 NAME OF FUNERAL DIRECTOR Marques W. KirbyADDRESS 710 Winthrop StReceived and filed AUG 8 1952

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Male 9 COLOR OR RACE White 10 SINGLE MARRIED WIDOWED or DIVORCED Widowed10a If married, widowed, or divorced, HUSBAND of C. Parker Fraser Anderson(or) WIFE of C. Parker Fraser Anderson
(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: Home
(Kind of work done during most of working life)14 Industry or Business: none15 Social Security No. none16 BIRTHPLACE (City) East Boston
(State or country) Mass17 NAME OF FATHER James Fraser18 BIRTHPLACE OF FATHER (City) Bona Scotia
(State or country)19 MAIDEN NAME OF MOTHER Mabel Sentner20 BIRTHPLACE OF MOTHER (City) Nova Scotia
(State or country)21 Informant: Mrs. J. J. Vessey
(Address) 49 Marshall St. WinthropI HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:Wallace S. Wakers
(Signature of Agent of Board of Health or other)(Official Designation) Health Officer (Date of Issue of Permit) 8/8/52

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which he has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. . . G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body or remove it from a town, from one cemetery to another, or from one grave to another than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . General Laws, Chap. 38, Sec. 6.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance 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. 170

No. Winthrop Community Hospital

St. { (If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME. John Edward Rogers

(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT

(Was deceased a
U. S. War Veteran,
if so specify WAR)(a) Residence. No. 63 Beacon St.
(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 35 years..... months..... days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH August 8 1952
(Month) (Day) (Year)I HEREBY CERTIFY, That I attended deceased from
July 15, 1951, to Aug 8, 1952

I last saw him alive on Aug 8, 1952 death is said to

have occurred on the date stated above, at 7:30 a.m.

DISEASE OR CONDITION

DIRECTLY LEADING

TO DEATH (a) Chronic Myocarditis 4 years

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? Cholesterol Sign

5 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Dr. W. S. Reynolds M. D. Date 8/8/52

(Address) Winthrop Winthrop

6 Place of Burial or Cremation (City or Town)

DATE OF BURIAL Aug. 11 1952

7 NAME OF
FUNERAL DIRECTOR

ADDRESS

Received and filed. AUG 8 1952

(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 Gertrude Thomas
(Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

11 IF STILLBORN, enter that fact here.

AGE 61 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: General Electric

15 Social Security No. 019-14-6544

16 BIRTHPLACE (City) Boston
(State or country) Mass

17 NAME OF FATHER Anthony Rogers

18 BIRTHPLACE OF FATHER (City) Unable to obtain
(State or country)19 MAIDEN NAME
OF MOTHER Mary Rose20 BIRTHPLACE OF MOTHER (City) Unable to obtain
(State or country)21 Informant Gertrude Rogers
(Address) 63 Beacon 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)

8/8/52
(Date of Issue of Permit)

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. . . General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.

Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

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(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had 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.

171

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 Mary Finnegan E. Boudreau
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT

(Was deceased a
U. S. War Veteran,
or specify WAR)(a) Residence. No. 30 Waldemar Ave
(Usual place of abode)St. Winthrop 52, Mass
(If nonresident, give city or town and State)

Length of stay: In place of death. years. months. days. In place of residence. 7 years. months. days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH Aug 9 1952
(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 4 P. m.

DISEASE OR CONDITION

DIRECTLY LEADING

TO DEATH (a)

Acute Coronary
ThrombosisINTERVAL BE-
TWEEN ONSET
AND DEATH

20 min.

ANTE
CEDENT
CAUSES

Due To (b) Angina Pectoris

3-5
yearsDue To
(c)OTHER
SIGNIFICANT
CONDITIONSMajor findings:
Of operations.

Date of operation. Was autopsy performed? No

What test confirmed diagnosis? Chucul

5 Was disease or injury in any way related to occupation of deceased?

If so, state:

(Signature)

(Address)

Joseph J. O'Connell, Jr.
Winthrop Board 8/9/52
Oak Hill, Gloucester

6 Place of Burial or Cremation (City or Town)

DATE OF BURIAL Aug 12 1952

7 NAME OF
FUNERAL DIRECTOR

ADDRESS Winthrop

Received and filed AUG 11 1952 19

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX 9 COLOR OR RACE 10 SINGLE (write the word)

Female White MARRIED

10a If married, widowed, or divorced WIDOWED

HUSBAND of.

(Give maiden name of wife in full)

(or) WIFE of William P Boudreau

(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 75 Years Months Days If under 24 hours
Hours Minutes13 Usual Occupation Housewife
(Kind of work done during most of working life)

14 Industry or Business: Own Home

15 Social Security No.

16 BIRTHPLACE (City) Gloucester
(State or country) Mass

17 NAME OF FATHER Patrick Finnegan

18 BIRTHPLACE OF FATHER (City) Ireland
(State or country)

19 MAIDEN NAME OF MOTHER Mary O'Connor

20 BIRTHPLACE OF MOTHER (City) Ireland
(State or country)21 Informant Daniel J. Boudreau
(Address) 30 Waldemar AveI HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:Walter L. Baker
(Signature of Agent of Board of Health or other)(Official Designation) 8/11/52
(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

PLACE OF DEATH

SUFFOLK
BOSTON
(County)

The Commonwealth of Massachusetts

BOSTON

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

(City or town making return)

COPY OF
CERTIFICATE OF DEATH

Registered No.

7719172

(City or Town)

No. 750 Harrison Ave.

xxx (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME BENJAMIN CONNORS
(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. 128 River Road,
(Usual place of abode)xx Winthrop, Mass.
(If nonresident, give city or town and State)

Length of stay: In place of death.....1 months.....days. In place of residence.....years.....months.....40 days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH August 9, 1952
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from 7/8, 1952, to 8/9, 1952

I last saw him alive on 8/9, 1952, death is said to have occurred on the date stated above, at 1:45p. m.

DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a) Generalized acute
peritonitis, post-op.

INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES Due To Carcinoma of colon, post-op.

Due To (c)

OTHER SIGNIFICANT CONDITIONS Cirrhosis of liver 4yrs.

Major findings: Carcinoma of colon, cirrhosis of liver

Date of operation 7/19/52 Was autopsy performed? Yes

What test confirmed diagnosis? Autopsy

5 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) P. Metcalf M. D.
(Address) 750 Harrison Ave. Date 8/9, 19526 Winthrop Winthrop
Place of Burial or Cremation (City or Town)

DATE OF BURIAL August 12, 1952

7 NAME OF FUNERAL DIRECTOR M Kirby
ADDRESS Winthrop, Mass.

Received and filed SEP 3 1952 19

(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 Married (write the word)

10a If married, widowed or divorced HUSBAND of Florence Touchet
(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 Pharmacist
(Kind of work done during most of working life)

14 Industry or Business Drugs

15 Social Security No. - - -

16 BIRTHPLACE (City) Pittsfield, Mass.
(State or country)

17 NAME OF FATHER Michael Connors

18 BIRTHPLACE OF FATHER (City) Pittsfield, Mass.
(State or country)

19 MAIDEN NAME OF MOTHER Jane Riely

20 BIRTHPLACE OF MOTHER (City) St. Albans, Vt.
(State or country)21 Informant Mrs. B. Connors
(Address)A TRUE COPY Charles H. Mackie
ATTEST: (Registrar of City or Town where death occurred)

DATE FILED August 13, 1952

RECEIVED



SEP-3 1962 AM

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICSTo be filed for burial permit
with Board of Health
or its AgentSTANDARD
CERTIFICATE OF DEATHRegistered No. **173**

PLACE OF DEATH

No. **42 Main St**

(City or Town)

2 FULL NAME

(If deceased is a married, widowed or divorced woman, give also maiden name.)
Jeannette (McDonald) Murray(a) Residence No. **42 Main St**

(Usual place of abode)

{(If death occurred in a hospital or institution,
St. { give its NAME instead of street and number)**PHYSICIAN — IMPORTANT**{(Was deceased a
U. S. War Veteran,
if so specify WAR) **No**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 **August 9, 1952**
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
March 26, 1952, to August 9, 1952I last saw him alive on **August 6, 1952** death is said tohave occurred on the date stated above, at **3:30 A. m.**DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a) **Acute Coronary thrombosis**INTERVAL BE-
TWEEN ONSET
AND DEATH
15 min.ANTECEDENT CAUSES
Due To (b) **Hypertensive cardio-
sclerotic heart disease****2 years**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) **Lawrence J. Tranter** M. D.
(Address) **56 2nd St., Waltham, Mass. 02154**6 **Waltham** (City or Town)DATE OF BURIAL **Aug 12, 1952**7 NAME OF FUNERAL DIRECTOR **Walter L. Baker**ADDRESS **Waltham**Received and filed. **AUG 11 1952**

(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 **Edmond J. Murray**
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE **52** Years Months Days If under 24 hours
Hours .. Minutes13 Usual Occupation **Home**
(Kind of work done during most of working life)

14 Industry or Business:

15 Social Security No. **None**16 BIRTHPLACE (City) **North Scotia**
(State or country)17 NAME OF FATHER **David McDonald**18 BIRTHPLACE OF FATHER (City) **North Scotia**
(State or country)19 MAIDEN NAME OF MOTHER **Margaret McLean**20 BIRTHPLACE OF MOTHER (City) **North Scotia**
(State or country)21 Informant (Address) **Edmond J. Murray**
42 Main StI 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) **8/11/52**

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body or remove it from a town, from one cemetery to another, or from one grave or tomb to other than the receiving tomb to another in the same cemetery until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued unless there shall have been delivered to such board, agent or clerk, as the case may be, there a satisfactory written statement containing the facts required to be returned and recorded, which shall be accompanied, in case of an exhumation, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith 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 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, and sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important so that the relative healthfulness of various pursuits can be known. Make an entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had 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.

792174

No. Boston City Hospital

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME. CHARLES W VENEDAM

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(Was deceased a
U. S. War Veteran,
if so specify WAR)

104 Highland Ave.,

(a) Residence. No.

(Usual place of abode)

xxxx Winthrop, Mass.

(If nonresident, give city or town and State)

Length of stay: In place of death.....years.....months.....days. In place of residence.....years.....months.....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH August 15, 1952
(Month) (Day) (Year)4 I HEREBY CERTIFY, That ~~was~~ deceased from
8/14, 1952, to 8/15, 1952I last saw him.....alive on....., 19....., death is said to
have occurred on the date stated above, at 3:35p.m.DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a) metastatic carcinoma
or rectumINTERVAL BE-
TWEEN ONSET
AND DEATH
2 1/2
yrs.ANTECEDENT (b) primary site rectum
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?.....

If so, specify

(Signed)

(Address)

H Negro

Date

8/15

M. D.

1952

6 Holy Cross

Place of Burial or Cremation

(City or Town)

Malden

DATE OF BURIAL August 18, 1952

7 NAME OF FUNERAL DIRECTOR F Magrath

ADDRESS E Boston

Received and filed. SEP 11 1952

(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 Alice Feely
(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 Carpenter
(Kind of work done during most of working life)

14 Industry or Business Self-employed

15 Social Security No. - - - Boston

16 BIRTHPLACE (City) Mass.
(State or country)

17 NAME OF FATHER Charles Venedam

18 BIRTHPLACE OF FATHER (City) Canada
(State or country)

19 MAIDEN NAME OF MOTHER Mary J Durant

20 BIRTHPLACE OF MOTHER (City) Canada
(State or country)21 Informant A Venedam
(Address)

A TRUE COPY Charles H. Mackis

ATTEST: (Registrar of City or Town where death occurred)

DATE FILED August 19, 1952

RECEIVED



11
SEP 10 1951

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. **175**

PLACE OF DEATH

Suffolk (County)
Smithrop (City or Town)No. **Smithrop Community Hospital** St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME.

(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT

(Was deceased a
U. S. War Veteran,
if so specify WAR)(a) Residence. No. **33**

(Usual place of abode)

Magoun Ave

St.

Medford

(If nonresident, give city or town and State)

Length of stay: In place of death..... years..... months **12** days. In place of residence. **2** years..... months..... days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF
DEATH**August 16 1952**
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from

Oct. 27 1948 to **Aug. 16 1952**I last saw her alive on **Aug. 16 1952** death is said tohave occurred on the date stated above, at **11 A. m.**DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a)**Cerebral
Hemorrhage**INTERVAL BE-
TWEEN ONSET
AND DEATH**3 wks**ANTE DUE TO
CEDENT (b)**Arteriosclerosis****1 year**

DUE TO

Senility**1 year**OTHER
SIGNIFICANT
CONDITIONS**Bilateral otitis
media****6 mos.**Major findings:
Of operations.....**none**Date of operation..... Was autopsy performed? **No**What test confirmed diagnosis **clinical & X-ray**5 Was disease or injury in any way related to occupation of deceased? **No**

If so, specify

(Signed) **Jacob J. Adams**(Address) **562 Shirley St. 8/16/52**

6 Place of Burial

Holy Cross Cemetery

DATE OF BURIAL

August 19 1952

7 NAME OF

FUNERAL DIRECTOR

Fredrick Magoun

ADDRESS

East BostonReceived and filed **AUG 18 1952**

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX

Female

9 COLOR OR RACE

White10 SINGLE
MARRIED
WIDOWED
or DIVORCED(write the word)
Married

10a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

Edward Merchant

(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12

AGE **79** Years..... Months..... Days

If under 24 hours

Hours..... Minutes

13 Usual

Occupation:

Housework

(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)

Sordways**Nova Scotia**

17 NAME OF

FATHER

Patrick Brand

18 BIRTHPLACE OF

FATHER (City)

Sordways**Nova Scotia**

19 MAIDEN NAME

OF MOTHER

Margula Landry

20 BIRTHPLACE OF

MOTHER (City)

Sordways**Nova Scotia**

21

Informant

(Address)

Thomas C MerchantI 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) **8/18/52**

COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith 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 fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting 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

01A

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death.

100M.(D)-10-48-24856

PLACE OF DEATH

Suffolk
(County)
North of
(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. 176

No.

(If death occurred in a hospital or institution,
St. give its NAME instead of street and number)

2 FULL NAME

Ellen Norman (Lucy)

(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)

27 Lumen St.

St.

Brighton

(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 18 1952
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from

May 19 1952 to August 18 1952

I last saw her alive on Aug. 18 1952 death is said to

have occurred on the date stated above, at 9:45 P.M.

DISEASE OR CONDITION

DIRECTLY LEADING

TO DEATH (a) Coronary Thrombosis

INTERVAL BE-
TWEEN ONSET
AND DEATHabout
2 hoursANTE DUE TO
CEDENT (b)

Arteriosclerosis

Due To
(c)about
18 yrs.OTHER
SIGNIFICANT
CONDITIONSMay 29, 1952 she was
suffering from con-
gestive heart failure.

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)

Sybilie W. Robinson

(Address)

Walden, Mass

Date

Aug. 19, 1952

6

Place of Burial

Holyhood Cemetery Brookline

(City or Town)

DATE OF BURIAL

August 22

1952

7 NAME OF

FUNERAL DIRECTOR

Kathleen A. Birmingham

ADDRESS

471 Washington St. Brighton

Received and filed

AUG 20 1952

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

John Norman

(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12

AGE 77 Years 9 Months 4 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)

County Cork

(State or country)

Ireland

17 NAME OF

FATHER

Jeremiah Lucy (Lucy)

18 BIRTHPLACE OF

FATHER (City)

(State or country)

Ireland

19 MAIDEN NAME

OF MOTHER

Catherine Kelleher

20 BIRTHPLACE OF

MOTHER (City)

(State or country)

Ireland

21

Informant

(Address)

John J. Norman (son)

3228 Myrtle Ave. Springfield

I HEREBY CERTIFY that a satisfactory standard certificate of death was

filed with me BEFORE the burial or transit permit was issued:

Walter F. Baker

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

8/19/52

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith 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 STATISTICSTo be filed for burial permit
with Board of Health
or its Agent.Suffolk
(County)

Winthrop

(City or Town)

No. Winthrop Community Hospital

STANDARD
CERTIFICATE OF DEATH

Registered No. 177

2 FULL NAME.

Baby Girl Mulloy

(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. 8 Pleasant St.

Winthrop

St.

(If nonresident, give city or town and State)

Length of stay: In place of death years months days. In place of residence. years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF
DEATHAug 22 1952
(Month) (Day) (Year)

4 I HEREBY CERTIFY

That I attended deceased from

Aug 22 1952 at 8:00 AM to Aug 22 1952

I last saw her alive on Aug 22 1952, death is said to

have occurred on the date stated above, at 1:45 P. m.

DISEASE OR CONDITION
DIRECTLY LEADING

TO DEATH (a) Prematurity

INTERVAL BE-
TWEEN ONSET
AND DEATH

3 3/4 hrs.

ANTE Due To
CEDENT (b)
CAUSESDue To
(c)OTHER
SIGNIFICANT
CONDITIONSMajor findings:
Of operations. none

Date of operation. Was autopsy performed? no.

What test confirmed diagnosis? none

5 Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) Myron H. King

(Address) 21 Sturges St.

Date 8/23

M. D.

1952

6 Winthrop Cemetery, Winthrop, Mass.

DATE OF BURIAL August 25, 1952

7 NAME OF
FUNERAL DIRECTOR

Alfred B. Marsh

ADDRESS 174 Winthrop St., Winthrop, Mass.

Received and filed

AUG 25 1952

(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

Years

Months

Days

If under 24 hours

3-4

Hours

45 Minutes

13 Usual

Occupation:

none

(Kind of work done during most of working life)

14 Industry

or Business:

"

15 Social Security No.

"

16 BIRTHPLACE (City)

Winthrop Mass.

(State or country)

17 NAME OF

FATHER

Frank Lewis Mulloy

18 BIRTHPLACE OF

FATHER (City)

Winthrop

(State or country)

Mass.

19 MAIDEN NAME

OF MOTHER

Claire Rita Schwamb

20 BIRTHPLACE OF

MOTHER (City)

East Boston

(State or country)

Mass.

21

Informant

(Address)

Frank L. Mulloy

8 Pleasant Street, Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with the BEFORE the burial or transfer permit was issued:

Signature of Agent of Board of Health or other

Walter G. Baker

(Official Designation)

(Date of Issue of Permit)

8/25/52

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "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

301A

FICATE

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but not
ease or
death.

50M (B)-1-51 903566

PLACE OF DEATH

b 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 Elisa Cirone (Di Berto)
(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. 250 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. 15 days. In place of residence 30 years. months. days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH Aug 24, 1952
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
Aug 8, 1952 19 to Aug 24, 1952I last saw her alive on Aug 23, 1952 death is said to
have occurred on the date stated above at 5:30 A. m.DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a) Coronary ThrombosisINTERVAL BE-
TWEEN ONSET
AND DEATH

15 days

ANTE Due To
CEDENT (b)
CAUSESDue To
(c)OTHER
SIGNIFICANT
CONDITIONSPulmonary Infarct.
RightMajor findings:
Of operations.

Date of operation. Was autopsy performed? no

What test confirmed diagnosis? Electrocardiogram

5 Was disease or injury in any way related to occupation of deceased?

If so, specify.

(Signed)

(Address) 186 Lincoln St. Date 8-24-1952

6 Holy Cross Malden
Place of Burial or Cremation (City or Town)

DATE OF BURIAL Aug. 27 1952 19

7 NAME OF
FUNERAL DIRECTOR Vincent Rapino
ADDRESS 9 Chelsea St. East Boston

Received and filed. 19

AUG 26 1952

(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 Ricardo Cirone

(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: 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) Italy
(State or country)

17 NAME OF FATHER Camillo Di Berto

18 BIRTHPLACE OF FATHER (City) Italy
(State or country)

19 MAIDEN NAME OF MOTHER Agnes Floia

20 BIRTHPLACE OF MOTHER (City) Italy
(State or country)21 Informant Ricardo Cirone
(Address) 250 Webster St East BostonI HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:Walter G. Baker
(Signature of Agent of Board of Health or other)H.O.
(Official Designation)Aug. 26, 52
(Date of Issue of Permit)To be filed for burial permit
with Board of Health
or Its Agent

Registered No. 178

The Commonwealth of Massachusetts
EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICSSTANDARD
CERTIFICATE OF DEATHBoston
9/8/52

EXTRACT
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or 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)
Wentham
(City or Town)



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. **179**

No. *141 Loring Rd.* (If death occurred in a hospital or institution,
St. { give its NAME instead of street and number)

2 FULL NAME *Bertha Phinney*
(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. *141 Loring Rd.*
(Usual place of abode) *Wentham Mass*
(If nonresident, give city or town and State)

Length of stay: In place of death *6* years.....months.....days. In place of residence *10* years.....months.....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH *August 24, 1952*
(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
General debility

5 Accident, suicide, or homicide (specify)

Date and hour of injury.....*19*.....

Where did
injury occur?.....
(City or town and State)

Did injury occur in or about home, on farm, in industrial place, or in public
place?.....

(Specify type of place)

Manner of
injury.....

(How did injury occur?)

Nature of
injury.....

While at work?..... Was autopsy performed? *no*

6 Was disease or injury in any way related to occupation of deceased?

If so, specify.....

(Signed) *Michael J. Phinney* M. D.

(Address) *25 Shattuck St.* Date *8/24/52*

Wentham
Place of Burial, or Cremation. (City or Town)

DATE OF BURIAL *Aug 26* 1952

8 NAME OF FUNERAL DIRECTOR *Harold S. Ryndel*

ADDRESS *180 Wentham St.*

Received and filed.....19.....

AUG 26 1952

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

9 SEX *Female* 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 *Samuel A. Phinney*
(Husband's name in full)

12 IF STILLBORN, enter that fact here.

13 AGE *76* Years.....Months *11* Days *21* If under 24 hours
Hours.....Minutes

14 Usual Occupation: *Housewife*
(Kind of work done during most of working life)

15 Industry or Business: *at home*

16 Social Security No.....

17 BIRTHPLACE (City). *Syme*
(State or country) *Mass.*

18 NAME OF FATHER *Samuel Gale*

19 BIRTHPLACE OF FATHER (City) *Syme*
(State or country) *Mass.*

20 MAIDEN NAME OF MOTHER *Eliza Churchill*

21 BIRTHPLACE OF MOTHER (City) *Wentham to Otis*
(State or country)

22 Informant *Marion E. Phinney*
(Address) *141 Loring Rd. Wentham, 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. Capen
(Signature of Agent of Board of Health or other)

Official Designation

(Date of Issue of Permit) *8/26/52*

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L. 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.....

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.

130

No. Winthrop Community Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME. Frank Santarpio

(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. 187 Shore Drive
(Usual place of abode)

(If nonresident, give city or town and State)

Length of stay: In place of death..... years..... months. 2..... days. In place of residence 20 years..... months..... days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH August 24 1952
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from Jan 1951 to Aug 24 1952
I last saw him alive on Aug 24 1952, death is said toDISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a) Anemia -INTERVAL BE-
TWEEN ONSET
AND DEATH

3 days

ANTECEDENT CAUSES Due To (b) Arterio-sclerotic heart
Disease with congestive heart failure

8 mo

Due To (c) Diabetes mellitus

8 yrs

OTHER SIGNIFICANT CONDITIONS Left thigh amputation
sclerotic

2 mo

Major findings: None
Of operations: None

Date of operation: None. Was autopsy performed? No

What test confirmed diagnosis? Blood tests

5 Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Physician H. O. Baker M. D.
(Address) 25 Sturges St. Winthrop Date Aug 24 19526 Holy Cross Malden
Place of Burial or Cremation (City or Town)

DATE OF BURIAL Aug. 28 1952 19

7 NAME OF FUNERAL DIRECTOR Vincent Rapino

ADDRESS 9 Chelsea st. East Boston

Received and filed. AUG 26 1952 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 Michelina Ferra
(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: Baker
(Kind of work done during most of working life)

14 Industry or Business: Self Employed

15 Social Security No. none

16 BIRTHPLACE (City) Italy
(State or country)17 NAME OF FATHER Enrico
-Reese Santarpio18 BIRTHPLACE OF FATHER (City) Italy
(State or country)

19 MAIDEN NAME OF MOTHER Vincenza Mosca

20 BIRTHPLACE OF MOTHER (City) Italy
(State or country)21 Informant Louise Reardon
(Address) 187 Shore Drive WinthropI HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:

Walter G. Baker.

(Signature of Agent of Board of Health or other)

H. O.
(Official Designation)Aug 26, 52
(Date of Issue of Permit)

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. . . General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.

. . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

301A

ONS
IFICATE

EATH

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ach
nd (c)ol mean
ng, such
asthenia,
e disease,
s whichditions.
se to the
stating
causecontrib-
but not
sease or
g death.

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)

No. Bayview Rest Home

STANDARD
CERTIFICATE OF DEATH

Registered No.

181

2 FULL NAME. Mary M. Dearing (Tinsley)
(If deceased is a married, widowed or divorced woman, give also maiden name.){ (If death occurred in a hospital or institution,
St. { give its NAME instead of street and number)

PHYSICIAN — IMPORTANT

{ (Was deceased a
U. S. War Veteran,
if so specify WAR) No(a) Residence. No. 23 Waldemar Avenue, Winthrop St.
(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 25 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH August 30 1952
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
Aug 26, 1952, to Aug 30, 1952
I last saw h. or alive on Aug 30, 1952 death is said tohave occurred on the date stated above, at 6:30 P.M.
DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a) Bronchial PneumoniaINTERVAL BE-
TWEEN ONSET
AND DEATH

24 hours

ANTE Due To Chronic Myocarditis 5 years
CEDENT (b)
CAUSESDue To
(c)OTHER
SIGNIFICANT
CONDITIONSMajor findings: none
Of operations.

Date of operation: none Was autopsy performed? no

What test confirmed diagnosis? Clinical Signs

5 Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed)

(Address)

M. D. W. J. O'Brien, Jr. S. Winthrop Date Aug 30 1952

6 Winthrop Cemetery, Winthrop

Place of Burial or Cremation (City or Town)

DATE OF BURIAL September 2nd 19 52

7 NAME OF FUNERAL DIRECTOR Richard C. Kirby

ADDRESS Boston, Mass.

Received and filed. SEP 3 1952 19

(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 Alfred J. Dearing
(Husband's name in full)11 IF STILLBORN, enter that fact here.
12 AGE 77 Years 0 Months 26 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) Portland
(State or country) Maine

17 NAME OF FATHER Thomas Tinsley

18 BIRTHPLACE OF FATHER (City) Richmond
(State or country) Virginia

19 MAIDEN NAME OF MOTHER Eliza J. Clawson

20 BIRTHPLACE OF MOTHER (City) Portland
(State or country) Maine21 Informant H. Edward Dearing-son
(Address) 68 W. Cedar St., Boston, MassI HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued.H. E. Baker
(Signature of Agent of Board of Health or other)
Ho. (Official Designation) Sept 2/52
(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 failure to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "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 to do so from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried. The funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

- (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, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance 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. 182

PLACE OF DEATH

SUFFOLK
(County)WINTHROP
(City or Town)

No. 1079 SHIRLEY

St. (If death occurred in a hospital or institution,
give its NAME instead of street and number)2 FULL NAME SARAH (NORMAN) NEIL
(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. 1079 SHIRLEY ST. WINTHROP
(Usual place of abode)

(If nonresident, give city or town and State)

Length of stay: In place of death 5 years months days. In place of residence 5 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH August 30 1952.
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
August 10 1952 to August 30 1952

I last saw her alive on August 30 1952 death is said to

have occurred on the date stated above, at 6:45 AM

DISEASE OR CONDITION

DIRECTLY LEADING

TO DEATH (a)

Carcinoma of

Vagina (primary)

ANTE
CEDENT
CAUSES

Due To

(b)

General

Carcinomatosis

Due To

(c)

Uremia

OTHER
SIGNIFICANT
CONDITIONSGeneralized
Arteriosclerosis

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)

J. J. Chappas M.D.
662 Shirley St. 2/30/52

6

Place of burial or cremation

WINTHROP 2/30/52

DATE OF BURIAL

S. EPT. 21

1952

7 NAME OF

FUNERAL DIRECTOR

Wendell W. Chapman

ADDRESS

23 Gary Ave Chelsea

Received and filed.

SEP 3 1952

19

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX

9 COLOR OR RACE

10 SINGLE

(write the word)

FEMALE WHITE

MARRIED
WIDOWED
or DIVORCED WIDOW

10a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full!)

(or) WIFE of JACOB NEIL

(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12

AGE 85 Years

Months

Days

If under 24 hours

Hours Minutes

13 Usual

Occupation:

RETIRED HOUSEWIFE

(Kind of work done during most of working life)

14 Industry

or Business:

OWN HOME

15 Social Security No.

16 BIRTHPLACE (City).

BAY ROBERTS

(State or country)

N. F.

17 NAME OF

FATHER

UNKNOWN (NORMAN)

18 BIRTHPLACE OF

FATHER (City)

(State or country)

"

19 MAIDEN NAME

OF MOTHER

ANNIE FRENCH

20 BIRTHPLACE OF

MOTHER (City)

(State or country)

NEWFOUNDLAND

21

Informant

(Address)

FREDERICK NEAL

1079 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.W. E. Baker
(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or 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 to do so from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. — Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

1. **Attending Physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

2. **Board of Health physicians** will certify to such deaths only as those of persons who are either disabled by recognized disease unrelated to any form of injury, or are found dead without recent medical attendance or whose physician is absent at the time 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

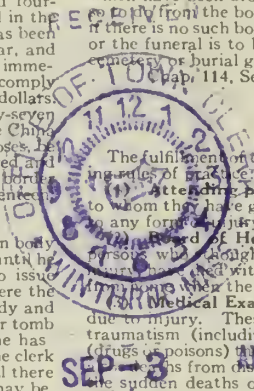
DATE OF ENTERING MILITARY SERVICE.

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. 183

PLACE OF DEATH

Suffolk
(County)Winthrop
(City or Town)

No. 26 Lincoln St.

(If death occurred in a hospital or institution,
St. { give its NAME instead of street and number)

FULL NAME

Donato Paulino
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT

(Was deceased a
U. S. War Veteran,
if so specify WAR)(a) Residence. No. 26 Lincoln 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 20 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH Aug. 30, 1952
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
Jan. 1950 to Aug. 30, 1952
I last saw him alive on Aug. 29, 1952, death is said tohave occurred on the date stated above, at 8:20 a. m.
DISEASE OR CONDITION
DIRECTLY LEADING TO DEATH (a) Cerebral HemorrhageINTERVAL BE-
TWEEN ONSET
AND DEATH

8/23/52

ANTECEDENT CAUSES Due To (b) Hypertension & Hypertension
Heart Disease 1950

Due To (c) Parkinsonian Disease 1948

OTHER
SIGNIFICANT
CONDITIONSMajor findings:
Of operations

Date of operation Was autopsy performed? -

What test confirmed diagnosis? Clin. & Path.

5 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) P. Cantone M. D.
(Address) 236 River St. Date 8/30/52

6 Place of Burial or Cremation Holy Cross Cemetery (City or Town)

DATE OF BURIAL Sept 2 - 52 19

7 NAME OF FUNERAL DIRECTOR Universal Funeral Home

ADDRESS 7 Cambridge St. Boston

Received and filed SEP 3 1952 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 Ersola Rocchia
(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: Carpenter
(Kind of work done during most of working life)

14 Industry or Business: Retired

15 Social Security No. none

16 BIRTHPLACE (City) Italy
(State or country)

17 NAME OF FATHER Pasquale Paulino

18 BIRTHPLACE OF FATHER (City) Italy
(State or country)

19 MAIDEN NAME OF MOTHER Donata Rocchia

20 BIRTHPLACE OF MOTHER (City) Italy
(State or country)21 Informant (Address) Pasquale Paulino
26 Lincoln 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)

(Date of Issue of Permit)

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COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

RECEIVED

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 diseased by a recognizable disease, or when any person is found dead. — General Laws, Chap. 38, Sec. 6, as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. — Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

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- (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, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance 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

3
1959
302
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

(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.

7528-184

No. Peter Bent Brigham Hospital (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME HARRY HURST
(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. 296 River St. Winthrop, Mass.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death 3 days. In place of residence 3 days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH August 25, 1952
(Month) (Day) (Year)

WE HEREBY CERTIFY, That I attended deceased from 8/22 19 to 8/25 1952
We last saw him alive on 8/25 1952 death is said to

have occurred on the date stated above, at 2:25p.m.

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Spontaneous pneumo-thorax & broncho-pleural fistula

ANTECEDENT CAUSES Due To (b)

Due To (c)

OTHER SIGNIFICANT CONDITIONS Arteriosclerotic heart disease

Major findings: Of operations Bronchoscopy
Date of operation 8/25/52 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 V. Cass
(Signed) P. B. B. H. M. D.
(Address) Date 8/25 1952

6 Wall St. Cem. Woburn
Place of Burial or Cremation (City or Town)

DATE OF BURIAL August 26 1952

7 NAME OF FUNERAL DIRECTOR H J Torf

ADDRESS Chelsea, Mass.

Received and filed. SEP 22 1952 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 Rebecca Surman
(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: Stitcher
(Kind of work done during most of working life)

14 Industry or Business: Clothing

15 Social Security No. - - -

16 BIRTHPLACE (City) Russia
(State or country)

17 NAME OF FATHER Peter Hurst

18 BIRTHPLACE OF FATHER (City) Russia
(State or country)

19 MAIDEN NAME OF MOTHER Tillie - - -

20 BIRTHPLACE OF MOTHER (City) Russia
(State or country)

21 Informant A Sherman
(Address)

A TRUE COPY Charles A. Mackin

ATTEST: (Registrar of City or Town where death occurred)

DATE FILED August 27 1952

RECEIVED



SEP 22

AM

PLACE OF DEATH
1

Middlesex

(County)

Cambridge

(City or Town)

No. Holy Ghost Hospital



The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH

DIVISION OF VITAL STATISTICS

COPY OF

CERTIFICATE OF DEATH

Cambridge

(City or town making return)

1268

185

Registered No.

{(If death occurred in a hospital or institution,
St. { give its NAME instead of street and number)2 FULL NAME Michael O'Toole
(If deceased is a married, widowed or divorced woman, give also maiden name.){(Was deceased a
U. S. War Veteran,
if so specify WAR)(a) Residence. No. 50 Moore 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 14 months 14 days. In place of residence. 1 years 14 months 14 days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH August 28, 1952
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
July 14, 1952, to August 28, 1952.I last saw him alive on August 27, 1952 death is said to
have occurred on the date stated above, at 12.50 A.M.

DISEASE OR CONDITION

DIRECTLY LEADING
TO DEATH (a)

Carcinoma of stomach

INTERVAL BE-
TWEEN ONSET
AND DEATH

10 mos.

ANTE Due To
CEDENT (b)
CAUSESDue To
(c)OTHER
SIGNIFICANT
CONDITIONSMajor findings:
Of operations.

Date of operation. Was autopsy performed? no

What test confirmed diagnosis? biopsy

5 Was disease or injury in any way related to occupation of deceased?

If so, specify.

(Signed) George C. Branche, Jr. M.D.
(Address) Holy Ghost Hosp. Date 8-28-19526 Place of Burial or Cremation New Calvary Cem. Boston, Mass.
(City or Town)

DATE OF BURIAL August 30, 1952 19

7 NAME OF FUNERAL DIRECTOR F.J. Higgins

ADDRESS Roslindale, Mass.

Received and filed SEP 22 1952 19

(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX male 9 COLOR OR RACE white 10 SINGLE (write the word)
MARRIED WIDOWED or DIVORCED single

10a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 78 Years - Months - Days If under 24 hours
Hours - Minutes13 Usual Occupation: city of Boston
(Kind of work done during most of working life)

14 Industry or Business: City of Boston

15 Social Security No. none

16 BIRTHPLACE (City) Ireland
(State or country)

17 NAME OF FATHER James O'Toole

18 BIRTHPLACE OF FATHER (City) Ireland
(State or country)

19 MAIDEN NAME OF MOTHER Helen (Unknown)

20 BIRTHPLACE OF MOTHER (City) Ireland
(State or country)21 Informant May M. Healy
(Address) 15 Jewett St. Roslindale

A TRUE COPY Frederick N. Burke

ATTEST: (Registrar of City or Town where death occurred)

DATE FILED August 28, 1952 19

RECEIVED



SEP 22

AM

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 DEATHBOSTON
(City or town making return)

Registered No. 8129 186

No. Beth Israel Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Baby Bronstein (If deceased is a married, widowed or divorced woman, give also maiden name.) (Was deceased a U. S. War Veteran, if so specify WAR)

(a) Residence. No. 38 Beach 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 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH September 1, 1952 (Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from Sept. 1, 1952, to Sept. 1, 1952. I last saw him alive on Sept. 1, 1952, death is said to have occurred on the date stated above, at 1:47 a.m.

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Prematurity

15 min.

ANTE CEDENT (b) Due To CAUSES

Due To (c)

OTHER SIGNIFICANT CONDITIONS

Major findings: Of operations.

Date of operation. Was autopsy performed? no

What test confirmed diagnosis?

5 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) A.M. Baker M. D. (Address) Beth Israel Date 9/1 19 52

6 Mt. Lebanon Workmen Circle, W.R. (Place of burial or cremation) (City or town)

DATE OF BURIAL Sept 3, 1952 19

7 NAME OF FUNERAL DIRECTOR Aaron Golov ADDRESS Dorchester, Mass.

Received and filed. Sept 18, 1952 OCT 2 1952

(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX male 9 COLOR OR RACE white 10 SINGLE (write the word) MARRIED WIDOWED or DIVORCED single

10a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE Years Months Days If under 24 hours Hours 15 Minutes

13 Usual Occupation: (Kind of work done during most of working life)

14 Industry or Business:

15 Social Security No.

16 BIRTHPLACE (City) (State or country) Boston, Mass.

17 NAME OF FATHER Eugene Bronstein

18 BIRTHPLACE OF FATHER (City) (State or country) Cambridge, Mass.

19 MAIDEN NAME OF MOTHER Fay Scheenfëin

20 BIRTHPLACE OF MOTHER (City) (State or country) Winthrop, Mass.

21 Informant (Address) Father Winthrop, Mass.

A TRUE COPY

ATTEST: (Registrar of City or Town where death occurred)

DATE FILED Charles A. [Signature] 19

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OCT-2 1952 AM

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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. 187

No. Mayflower Rest Home 39 Grovers Ave (If death occurred in a hospital or institution, give its NAME instead of street and number)

PHYSICIAN — IMPORTANT

(Was deceased a U. S. War Veteran, if so specify WAR) No

(a) Residence. No. 33 St. Andrew Rd. St. (East) Boston (Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death years months 14 days In place of residence years months days

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH Sept. 1 1952 (Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from June 1, 1952 to Sept. 1, 1952 I last saw him alive on Sept. 1, 1952 death is said to

DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a) Chronic myocarditisINTERVAL BE-
TWEEN ONSET
AND DEATH

5 yrs

ANTECEDENT CAUSES

Due To (c)

OTHER SIGNIFICANT CONDITIONS

Major findings:
Of operations.

Date of operation. Was autopsy performed?

What test confirmed diagnosis?

5 Was disease or injury in any way related to occupation of deceased? No

If so, specify MORRIS CLAYMAN (Signed) M. D. (Address) 1952

6 Holy Cross Place of Burial or Cremation (City or Town)

DATE OF BURIAL Sept. 4, 1952

7 NAME OF FUNERAL DIRECTOR Michael J. Porcella

ADDRESS 876 Winthrop Ave. Revere, Mass.

Received and filed. SEP 3 1952

(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 Rose Helen Cicco (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 Retired - Laundry Manager (Kind of work done during most of working life)

14 Industry or Business:

15 Social Security No. 022-07-5098

16 BIRTHPLACE (City) Boston (State or country) Mass.

17 NAME OF FATHER Michael Solari

18 BIRTHPLACE OF FATHER (City) Italy (State or country)

19 MAIDEN NAME OF MOTHER Mary Brickett

20 BIRTHPLACE OF MOTHER (City) Italy (State or country)

21 Informant Mrs. Rose H. Solari (Address) 33 St. Andrew Rd. 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 G. Baker (Signature of Agent of Board of Health or other) H.O. (Official Designation) Sept. 21 1952 (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 who 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. 138) 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 from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

RULES OF PRACTICE

The purpose of these laws calls for the observance of the following rules:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to injury.

(2) **Medical examiners** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance 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
BOSTON

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. 7796 188

(City or Town) Mass General Hospital St. { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME ALYS DEMPSEY { (Was deceased a U. S. War Veteran, if so specify WAR)

(a) Residence. No. 183 Winthrop 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 35 years.....months.....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH September 2, 1952
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That we attended deceased from 8/10 1952 to 9/2 1952

We last saw her alive on 9/2 1952, death is said to

have occurred on the date stated above, at 12:13a.m.

DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a) Cerebral hemorrhage-8 days

INTERVAL BE-
TWEEN ONSET
AND DEATH

ANTE Due To Aplastic anaemia
CEDENT (b) 8wks.
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) M G Clay M. D. Date 9/2 1952
(Address)

6 Winthrop Winthrop
Place of Burial or Cremation (City or Town)

DATE OF BURIAL Sept. 4 1952

7 NAME OF FUNERAL DIRECTOR M Kirby
ADDRESS Winthrop, Mass.

Received and filed SEP 29 1952 1952

(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 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 56 Years.....Months.....Days If under 24 hours
Hours.....Minutes

13 Usual Occupation: Secretary
(Kind of work done during most of working life)

14 Industry or Business: Used paper junk

15 Social Security No.

16 BIRTHPLACE (City) New Hartford, Conn.
(State or country)

17 NAME OF FATHER Peter J Dempsey

18 BIRTHPLACE OF FATHER (City) New Haven, Conn.
(State or country)

19 MAIDEN NAME OF MOTHER Margaret Nolan

20 BIRTHPLACE OF MOTHER (City) New Haven Conn.
(State or country)

21 Informant Mrs. H. French
(Address)

A TRUE COPY

ATTEST Charles H. Mackie
(Registrar of City or Town where death occurred)

DATE FILED Sept. 5, 1952

RECEIVED



SEP 29

AM

Suffolk

(County)

Winthrop

(City or Town)

No. 106 Bellevue Ave.

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

(City or town making return)

STANDARD
CERTIFICATE OF DEATH

Registrar's No.

189

St. { (If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME William H Beeching

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 106 Bellevue 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 40 yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Male

4 COLOR OR RACE

White

5 SINGLE (write the word)

MARRIED
WIDOWED
or DIVORCED

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 97 Years 6 Months 20 Days

If less than 1 day

Hours Minutes

9 Usual Occupation: Retired

10 Industry or Business: Mechanical Engineer

11 Social Security No.

12 BIRTHPLACE (City)
(State or country) East Boston
Mass13 NAME OF
FATHER

William Beeching

14 BIRTHPLACE OF
FATHER (City)
(State or country)

Unable to obtain

15 MAIDEN NAME
OF MOTHER

Caroline -----

16 BIRTHPLACE OF
MOTHER (City)
(State or country)

Unable to obtain

17 Informant Harold G Ray

Relation, if any

(Address) 16 Cora St. Winthrop

(None)

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
DEATHSeptember 5 1952
(Month) (Day) (Year)19 I HEREBY CERTIFY, That I attended deceased from
_____, 19____, to _____, 19____I last saw him alive on _____, 19____, death is said to
have occurred on the date stated above, at 9:30 P. M.

Immediate cause of death.

Natural Causes,
presumably

Due to Coronary Occlusion

Arterio-sclerotic Heart Disease 2 hours

Due to Generalized Arterio-sclerosis years

Duration
IMPORTANTOther conditions _____
(Include pregnancy within 3 months of death)

IMPORTANT

Major findings:
Of operations _____

Physician

Date of _____

Of autopsy none

Underline
the cause to
which death
should be
charged statistically.

What test confirmed diagnosis? _____

20 Was disease or injury in any way related to occupation of deceased? No

If so, specify Arthur C. Murray M. D.
(Signed) Winthrop Board of Health
(Address) 11 Davis St. 1952

21 Woodlawn

Everett

Place of Burial, Cremation or Removal. (City or Town)

DATE OF BURIAL Sept 8 19 52

22 NAME OF FUNERAL DIRECTOR J. J. Reynolds

ADDRESS 11 Davis St. 11 Davis St.

Received and filed. SEP 10, 1952 19

(Registrar)

A TRUE COPY ATTEST:

CV

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required

by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith 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 whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners will investigate and certify to all deaths supposed to be due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

PLACE OF DEATH

Suffolk

(County)

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.

7848 190

No.

Boston City Hospital

St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

John H O'Connor

2 FULL NAME

(If deceased is a married, widowed or divorced woman, give also maiden name.)

175 Main St

(Was deceased a U. S. War Veteran, if so specify WAR)

Winthrop Mass.

(a) Residence. No.

(Usual place of abode)

St.

(If nonresident, give city or town and State)

Length of stay: In place of death.....years.....months.....days. In place of residence.....years.....months.....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH

Sept. 5/52

(Month)

(Day)

(Year)

4 I HEREBY CERTIFY, That I attended deceased from

Sept. 5 19 52, to Sept. 5 19 52

I last saw him.....alive on....., 19....., death is said to

have occurred on the date stated above, at 8:07AM.

INTERVAL BETWEEN ONSET AND DEATH

1 Hr

DISEASE OR CONDITION

DIRECTLY LEADING

TO DEATH (a) Myocardial infarction

ANTE CEDENT CAUSES

Due To

(b)

Arteriosclerotic heart disease

3 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?

If so, specify

(Signed)

(Address)

M W O'Connell

Boston City Hospt

Date

9-5

M 52

Winthrop Gen-Winthrop Mass.

6 Place of Burial or Cremation

(City or Town)

DATE OF BURIAL

Sept. 8/52

19

7 NAME OF FUNERAL DIRECTOR

A B Marsh

ADDRESS

Winthrop Mass.

Received and filed

SEP 29 1952

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

Kathryn A Cassidy

(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 1

Months 18

Days

If under 24 hours

Hours.....

Minutes

13 Usual Occupation:

Foreman

(Kind of work done during most of working life)

14 Industry or Business:

Mass. Transit Authority

15 Social Security No.

024-10-2188

16 BIRTHPLACE (City) (State or country)

Boston Mass.

17 NAME OF FATHER

Charles O'Connor

18 BIRTHPLACE OF FATHER (City)

Digby N.S.

(State or country)

19 MAIDEN NAME OF MOTHER

Catherine Cahill

20 BIRTHPLACE OF MOTHER (City)

Ireland

(State or country)

21

Informant (Address)

Mrs J H O'Connor

A TRUE COPY

ATTEST

Charles J. Mackie

(Registrar of City or Town where death occurred)

DATE FILED

19

RECEIVED



SEP 29

AM

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. 191

PLACE OF DEATH

Suffolk
(County)
Winthrop
(City or Town)No. Winthrop Community Hospital St. (If death occurred in a hospital or institution,
give its NAME instead of street and number)

PHYSICIAN — IMPORTANT

(Was deceased a
U. S. War Veteran,
if so specify WAR) No.2 FULL NAME Nellie Layton
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 140 Cottage Park 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 45 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH September 10 1952
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
August 28 1952, to September 10 1952
I last saw her alive on September 10 1952 death is said to

have occurred on the date stated above, at 7:40 P.m.

DISEASE OR CONDITION
DIRECTLY LEADING

TO DEATH (a) Broncho pneumonia

INTERVAL BE-
TWEEN ONSET
AND DEATH
7 daysANTECEDENT CAUSES Due To
(b) Arteriosclerotic Heart
Disease with auricular fibrillation
and cardiac enlargement
(c)OTHER SIGNIFICANT
CONDITIONS Secondary AnemiaMajor findings: No
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) Dorothy Cheney Appleton M. D.
(Address) 197 Woodside Avenue Date Sept 10 19526 Winthrop Cemetery, Winthrop, Mass.
Place of Burial or Cremation (City or Town)

DATE OF BURIAL September 13 1952 19

7 NAME OF FUNERAL DIRECTOR Alfred B. Marsh

ADDRESS 174 Winthrop St. Winthrop, Mass.

Received and filed. SEP 12 1952 19

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX female 9 COLOR OR RACE white 10 SINGLE (write the word)
MARRIED
WIDOWED single
or DIVORCED

10a If married, widowed, or divorced

HUSBAND of (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 85 Years 2 Months 7 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) Liverpool England
(State or country)

17 NAME OF FATHER unable to obtain

18 BIRTHPLACE OF FATHER (City)
(State or country) Scotland

19 MAIDEN NAME OF MOTHER unable to obtain

20 BIRTHPLACE OF MOTHER (City)
(State or country) EnglandInformant Atty. Edward R. Thomas
(Address) 54 Devonshire St. BostonI HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:Walter G. Baker
(Signature of Agent of Board of Health or other)H.O.
(Official Designation)Sept. 12/52
(Date of Issue of Permit)

301A

ONS

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G DEATH

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50m-(b)-11-49-090,560

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).

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 (trauma, including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths (some disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons **STRIPPED**).

Statement of Cause of Death.—Physicians: see explanatory instructions on the standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

PLACE OF DEATH

Suffolk
(County)Winthrop
(City or Town)

Winthrop Community Hospital

2 FULL NAME

Joshua Stevens Wheeler

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 255 Pleasant Street
(Usual place of abode)

(If death occurred in a hospital or institution, St. { give its NAME instead of street and number)

PHYSICIAN — IMPORTANT

(Was deceased a
U. S. War Veteran,
if so specify WAR)

(If nonresident, give city or town and State)

Length of stay: In place of death... years... months 20 days. In place of residence 6 years... months... days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF
DEATHSept. 12 1952
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from

Oct 51 to Sept 12 1952

I last saw him alive on Sept 12 1952, death is said to

have occurred on the date stated above, at 10:35 P. M.

DISEASE OR CONDITION

DIRECTLY LEADING

TO DEATH (a)

Cerebral hemorrhage
with left hemiplegiaINTERVAL BE-
TWEEN ONSET
AND DEATH

18 days

ANTE
CEDENT
CAUSES

Due To

(b)

Hypertension and
arteriosclerotic Heart Dis

Due To

(c)

OTHER
SIGNIFICANT
CONDITIONS

Major findings:

Of operations

Date of operation

Was autopsy performed?

What test confirmed diagnosis?

Clinical

5 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

Myron J. King
35 Shingler Street
Winthrop

6

Place of Burial or Cremation

(City or Town)

DATE OF BURIAL

Sept 15

1952

7 NAME OF

FUNERAL DIRECTOR

ADDRESS

Edward S. Ryan
Winthrop

Received and filed

SEP 15 1952

19

(Registrar)

The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD

CERTIFICATE OF DEATH

Registered No.

192

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

Louise M Davy

(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

3

Months

27

Days

If under 24 hours

Hours

Minutes

13 Usual

Occupation:

Machinest

(Kind of work done during most of working life)

14 Industry

or Business:

Shoe Machinery

15 Social Security No.

015-28-6319A

16 BIRTHPLACE (City)

(State or country)

Wellfleet
Mass

17 NAME OF

FATHER

John Wheeler

18 BIRTHPLACE OF

FATHER (City)

Wellfleet

(State or country)

Mass

19 MAIDEN NAME

OF MOTHER

Sarah Gould

20 BIRTHPLACE OF

MOTHER (City)

Unable to obtain

(State or country)

21

Informant

(Address)

Carl R Wheeler

163 Buchanan St. Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:

Walter S. Baker

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

9/15/52

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until the same shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or 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. . . Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent and without the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (disinfectants), thermal or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had 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. 193

PLACE OF DEATH

Suffolk
(County)
Wentworth
(City or Town)

No. 75 Crest Ave

(If death occurred in a hospital or institution,
St. { give its NAME instead of street and number)

2 FULL NAME. Oliver C. Perry

(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT

(Was deceased a
U. S. War Veteran,
if so specify WAR) no

(a) Residence. No. 75 Crest Ave

(Usual place of abode)

St.

(If nonresident, give city or town and State)

Length of stay: In place of death years months days. In place of residence 30 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH September 13 1952
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
Mar 30 1951 to Sept 13 1952

I last saw him alive on Sept 12 1952, death is said to

have occurred on the date stated above, at 12:40 A. M.

INTERVAL BE-
TWEEN ONSET
AND DEATH

DISEASE OR CONDITION

DIRECTLY LEADING

TO DEATH (a) Arteriosclerotic
Heart Disease 1 yearANTE CEDENT
CAUSES (b) Generalized
Arteriosclerosis over
2 yearsDue To
(c)OTHER
SIGNIFICANT
CONDITIONS noneMajor findings:
Of operations none

Date of operation none

Was autopsy performed? no

What test confirmed diagnosis? none

5 Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) John F. Celine

(Address) Revere Mass

Date 13 Sept 52

6 Place of Burial or Cremation

(City or Town) Everett

DATE OF BURIAL Sept 14 1952

7 NAME OF

FUNERAL DIRECTOR

ADDRESS

Received and filed

SEP 15 1952

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Male

9 COLOR OR RACE W-C

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

71

Years

Months

Days

If under 24 hours

Hours

Minutes

13 Usual

Occupation:

Clerk

(Kind of work done during most of working life)

14 Industry

or Business:

W. S. Malt

15 Social Security No.

16 BIRTHPLACE (City)

(State or country)

17 NAME OF
FATHER Walter D

18 BIRTHPLACE OF

FATHER (City)

(State or country)

19 MAIDEN NAME

OF MOTHER Anne R (Chickens)

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 Malt

Walter Malt

(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 the certificate of death has been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith 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.

Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to the result of injury.

Clerks of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, died without recent medical attendance or whose physician is absent and no other certificate of death is needed.

Medical Examiners will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also sudden death from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had 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. 68 Hermon St.

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

(City or town making return)

STANDARD
CERTIFICATE OF DEATH

Registrar's No.

194

St. { (If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME

Robert Gordon MacGillvray

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No.

68 Hermon St.

St.

(If nonresident, give city or town and State)

Length of stay: In hospital or Institution

(Before death)

(Specify whether)

years 6 months days.

In this community

yrs. 6 mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Male

4 COLOR OR RACE

White

5 SINGLE (write the word)

MARRIED
WIDOWED
or DIVORCED Single

5a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

6 Age of husband or wife if alive

years

7 IF STILLBORN, enter that fact here.

8

AGE Years 6 Months 1 Days

If less than 1 day

Hours Minutes

Usual

9 Occupation:

Industry

10 or Business:

11 Social Security No.

12 BIRTHPLACE (City)
(State or country)

Boston

Mass

13 NAME OF
FATHER

Gordon MacGillvray

14 BIRTHPLACE OF
FATHER (City)
(State or country)

Boston

Mass

15 MAIDEN NAME
OF MOTHER

Doris Calderbank

16 BIRTHPLACE OF
MOTHER (City)
(State or country)

Boston

Mass

17 Informant
(Address)Gordon MacGillvray Father
1111 N Main St Randolph MassI HEREBY CERTIFY that a satisfactory standard certificate of death
was filed with me BEFORE the burial or transit permit was issued:(Signature of Agent of Board of Health or other)
Health Officer

(Date of Issue of Permit) 9/16/52

MEDICAL CERTIFICATE OF DEATH

18 DATE OF
DEATHSeptember 14, 1952
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from

July 16, 1952, to Sept. 14, 1952

I last saw him alive on Sept. 10, 1952, death is said to

have occurred on the date stated above, at 12: noon.

Immediate cause of death

Hydrocephaly - marked

Duration
IMPORTANT

6 mos.

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Spina Bifida

6 mos.
IMPORTANTMajor findings:
Of operations

None

Date of

Of autopsy

None

What test confirmed diagnosis? Clinical & Lab

Physician

Underline
the cause to
which death
should be
charged sta-
tistically.

20 Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Maurice Trautman, M. D.
(Address) 50 Cherry St, W. Boston, Mass 02119

21

Place of Burial, Cremation or Removal. Winthrop Winthrop
(City or Town)

DATE OF BURIAL

Sept. 16, 1952

22 NAME OF

FUNERAL DIRECTOR

ADDRESS

Received and filed

SEP 16 1952

19

A TRUE COPY ATTEST:

(Registrar)

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required

by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including falling, suffocation, and by the action of chemical (drugs or poison) 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.—Cause of death means the disease, or complication which causes death, or the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had 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 DEATHRegistered No. **195**

PLACE OF DEATH

Suffolk
(County)
Winthrop
(City or Town)No. **Winthrop Community Hosp.**(If death occurred in a hospital or institution,
St. { give its NAME instead of street and number)2 FULL NAME. **Arthur J. Nicolas Sr**

(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 Grover Ave**
(Usual place of abode)St. **Winthrop**
(If nonresident, give city or town and State)Length of stay: In place of death... years... months... **2 1/2** hours... days. In place of residence... **22** years... months... days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH **September 14 1952**
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
Sept 13 1952 to **Sept 14 1952**I last saw him alive on **Sept 14 1952** death is said to
have occurred on the date stated above, at **3.00 A** m.DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a) **Coronary
Thrombosis**INTERVAL BE-
TWEEN ONSET
AND DEATH
**12
hours**ANTE CEDENT
CAUSESDue To (b) **Coronary
Heart Disease**Due To (c) **Several
years**OTHER
SIGNIFICANT
CONDITIONS **None**Major findings:
Of operations **None**Date of operation **None**Was autopsy performed? **No**What test confirmed diagnosis? **None**5 Was disease or injury in any way related to occupation of deceased? **No**If so, specify **John F. O'Brien M.D.**(Signed) **Winthrop Mass**(Address) **Sept 14 1952**6 **Winthrop****Winthrop**

Place of Burial or Cremation

(City or Town)

DATE OF BURIAL **Sept. 17, 1952**

19

7 NAME OF
FUNERAL DIRECTOR **Michael J. Ponella**ADDRESS **876 Winthrop Ave., Revere**Received and filed **SEP 17 1952**

19

(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 **Elizabeth Henrichs**

(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: **Sheet metal worker**

(Kind of work done during most of working life)

14 Industry

or Business: **Shop**15 Social Security No. **030-09-3024**

16 BIRTHPLACE (City)

Cambridge

(State or country)

Mass.

17 NAME OF

FATHER

Henry Nicolas

18 BIRTHPLACE OF

FATHER (City)

(State or country)

Holland

19 MAIDEN NAME

OF MOTHER

Louise Simmons

20 BIRTHPLACE OF

MOTHER (City)

(State or country)

Cambridge**Mass.**

21

Informant

(Address)

Mrs. Elizabeth Nicolas**15 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 L. Baker**
(Signature of Agent of Board of Health or other)**Health Officer**
(Official Designation)**9/16/52**
(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 other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or 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:

(2) **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.

(3) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance 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)

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. 8178-196

Beth Israel Hospt.

No. (If death occurred in a hospital or institution, give its NAME instead of street and number)

 2 FULL NAME Irving Alexander
 (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 Hutchinson St. Winthrop Mass.
 (Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death 3 years 50 months 50 days. In place of residence 50 years 50 months 50 days.

MEDICAL CERTIFICATE OF DEATH

 3 DATE OF DEATH Sept. 17/52
 (Month) (Day) (Year)

 4 I HEREBY CERTIFY, That I attended deceased from
 Sept. 15 19 52 to Sept. 17 19 52
 I last saw him alive on Sept. 17 19 52 death is said to
 have occurred on the date stated above, at 7:35 PM m.

INTERVAL BETWEEN ONSET AND DEATH

 DISEASE OR CONDITION
 DIRECTLY LEADING TO DEATH (a) Acute myocardial infarction

Immed.

 ANTE DUE TO Arterio sclerosis
 CEDENT (b) CAUSES

 DUE TO Diabetes mellitus
 (c)

OTHER SIGNIFICANT CONDITIONS

Major findings:
Of operations.

Date of operation. Was autopsy performed? Yes

What test confirmed diagnosis? autopsy No

 5 Was disease or injury in any way related to occupation of deceased?
 If so, specify S. L. Katz

 (Signed) Beth Israel Hospt 9-17 19 52
 (Address)

 6 Sharon Memorial Park Sharon Mass.
 Place of Burial or Cremation (City or Town)

DATE OF BURIAL Sept. 19/52 19

 7 NAME OF FUNERAL DIRECTOR B F Solomon
 ADDRESS Brookline Mass.

Received and filed OCT 2 1952 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 Zelda Weiner
 (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: Dist. Manager
 (Kind of work done during most of working life)

14 Industry or Business: Theatres

15 Social Security No. 025-09-9679

 16 BIRTHPLACE (City) Boston Mass.
 (State or country)

17 NAME OF FATHER Abraham Alexander

 18 BIRTHPLACE OF FATHER (City) New York New York
 (State or country)

19 MAIDEN NAME OF MOTHER Sarah Robinson

 20 BIRTHPLACE OF MOTHER (City) New York New York
 (State or country)

 21 Informant: Zelda Alexander
 (Address)

 A TRUE COPY Charles A. Mackie
 ATTEST: (Registrar of City or Town where death occurred)

DATE FILED Sept. 19/52 19

OCT-2 1892 AM



RECEIVED

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.)

305

25m-(n)-10-48-24658

The Commonwealth of Massachusetts



WORCESTER

(County)

WORCESTER

(City or Town)

OFFICE OF THE SECRETARY DIVISION OF VITAL STATISTICS COPY OF MEDICAL EXAMINER'S CERTIFICATE OF DEATH

WORCESTER

(City or town making return)

Registered No. 197

No. Worcester State Hospital

St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Olive M. (Olberg) Carlisle

(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. 19 Lowell Rd
(Usual place of abode)

St. Winthrop

(If nonresident, give city or town and State)

Length of stay: In place of death 20 years 4 months 10 days. In place of residence 20 years 4 months 10 days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH Sept 17, 1952
(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.)

Broncho pneumonia primary

5 Accident, suicide, or homicide (specify) accident

Date and hour of injury 7-12 1952

Where did Injury occur? Worcester
(City or town and State)

Did injury occur in or about home, on farm, in industrial place, or in public place? Mental hospital
(Specify type of place)

Manner of Injury Fall in room
(How did injury occur?)

Nature of Injury Fracture right 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

(Signed) John C Ward, M. D.

(Address) Worcester Date 9-17-52

7 Forest Hills, Boston
Place of Burial, or Cremation (City or Town)

DATE OF BURIAL Sept 19, 1952

8 NAME OF FUNERAL DIRECTOR J. S. Waterman & Sons

ADDRESS Boston

Received and filed OCT 10 1952

(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

9 SEX 10 COLOR OR RACE 11 SINGLE (write the word)
female white MARRIED
WIDOWED divorced
or DIVORCED

11a If married, widowed, or divorced
HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of Wendell C Carlisle
(Husband's name in full)

12 IF STILLBORN, enter that fact here.

13 AG 64 Years Months Days If under 24 hours
Hours Minutes

14 Usual Occupation Practical Nurse
(Kind of work done during most of working life)

15 Industry or Business

16 Social Security No.

17 BIRTHPLACE (City) Boston
(State or country)

18 NAME OF FATHER John H Olberg

19 BIRTHPLACE OF FATHER (City) Boston
(State or country)

20 MAIDEN NAME OF MOTHER Ellen Cochran

21 BIRTHPLACE OF MOTHER (City) Winthorn
(State or country) N.H.

22 Informant Worcester State Hospital
(Address) Records

A TRUE COPY
Attest: Russell T. Over
(Registrar of City or Town where death occurred)

DATE FILED Sept 18, 1952 Asst. 19

RECEIVED



OCT 10 AM

PLACE OF DEATH

Suffolk
County)
Wentworth
(City or Town)



The Commonwealth of Massachusetts
EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
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. **198**

1 PLACE OF DEATH *Elbe Home, Washington Ave* St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME *John G. O'Brien* (If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence No. *35 Murray Hill Rd.* St. *Cambridge* (Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death.....years.....months.....days. In place of residence.....years.....months.....days.

PHYSICIAN — IMPORTANT

(Was deceased a U. S. War Veteran, if so specify WAR) **No**

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH *September 21, 1952*
(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 J. O'Brien* M. D.

(Address) *25 Shattuck St.* Date *9/22, 1952*

7 *New England*
Place of Burial, or Cremation. (City or Town)

DATE OF BURIAL.....19.....

8 NAME OF FUNERAL DIRECTOR.....

ADDRESS.....

Received and filed.....**SEP 23 1952**.....19.....

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

9 SEX *M.* 10 COLOR OR RACE *W.* 11 SINGLE (write the word) MARRIED WIDOWED or DIVORCED

11a If married, widowed, or divorced HUSBAND of *Marion D. O'Brien*
(Give maiden name of wife in full)

(or) WIFE of.....
(Husband's name in full)

12 IF STILLBORN, enter that fact here.

13 *54* *Jeremiah R O'Brien* Bro. If under 24 hours AGE *53* Years.....Months.....Days Hours.....Minutes

14 Usual Occupation: *Sanitary*
(Kind of work done during most of working life)

15 Industry or Business: *NE Tel. Tel. Co.*

16 Social Security No. *011-04-2246*

17 BIRTHPLACE (City).....
(State or country)

18 NAME OF FATHER *John G. O'Brien*

19 BIRTHPLACE OF FATHER (City).....
(State or country)

20 MAIDEN NAME OF MOTHER *Marion D. O'Brien*

21 BIRTHPLACE OF MOTHER (City).....
(State or country)

22 Informant (Address) *Walter S. Baker*

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) *9/23/52* (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 of officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "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. 31, 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 whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance 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
DIVISION OF VITAL STATISTICS

**STANDARD
CERTIFICATE OF DEATH**

To be filed for burial permit
with Board of Health
or its Agent.

Registered No. **199**

PLACE OF DEATH
1 **Suffolk**
Winthrop
(County)
(City or Town)

No. **15 Atlantic** St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME **William Joseph Dempster**
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. **15 Atlantic** 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.

MEDICAL CERTIFICATE OF DEATH

3 **DATE OF DEATH** **September 22 1952**
(Month) (Day) (Year)

4 **I HEREBY CERTIFY**, That I attended deceased from **November 19 47**, to **22 Sept 1952**
I last saw him alive on **12 Feb 1952**, death is said to have occurred on the date stated above, at **11:30 P.** m.

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) **Natural causes**

INTERVAL BETWEEN ONSET AND DEATH **minutes**

ANTECEDENT CAUSES
Due To **Cardiac Arrhythmia (Ventricular fibrillation)**
Due To **etiology unknown**

OTHER SIGNIFICANT CONDITIONS **Several previous temporary arrhythmias**

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 **Arthur C. Murray**
(Signed) **Winthrop Board of Health**, M. D.
(Address) **Winthrop**, Date **23 Sept 1952**

6 **Winthrop Cemetery Winthrop**
Place of Burial or Cremation (City or Town)
DATE OF BURIAL **Sept. 26 1952**

7 **NAME OF FUNERAL DIRECTOR** **Howard S. Reynolds**
ADDRESS **180 Winthrop St**

Received and filed **SEP 25 1952** 19.....
(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 **SEX** **Male** 9 **COLOR OR RACE** **White** 10 **SINGLE** (write the word) **MARRIED** **married**
WIDOWED **DIVORCED**

10a **If married, widowed, or divorced**
HUSBAND of **Genevieve E. Connor**
Genevieve (maiden name of wife in full)

(or) **WIFE of**..... (Husband's name in full)

11 **IF STILLBORN, enter that fact here.**

12 **AGE** **29** Years **11** Months **5** Days **If under 24 hours**
Hours Minutes

13 **Usual Occupation:** **Clerk**
(Kind of work done during most of working life)

14 **Industry or Business:** **Steamship Co.**

15 **Social Security No.** **020-14-0530**

16 **BIRTHPLACE (City)** **Boston**
(State or country) **Mass.**

PARENTS

17 **NAME OF FATHER** **Clarence R. Dempster**

18 **BIRTHPLACE OF FATHER (City)** **East Boston**
(State or country) **Mass.**

19 **MAIDEN NAME OF MOTHER** **Ethel H. Butler**

20 **BIRTHPLACE OF MOTHER (City)** **South Boston**
(State or country) **Mass.**

21 **Informant (Address)** **Genevieve E. Dempster**
15 Atlantic St. Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Walter J. Baker
(Signature of Agent of Board of Health or other)

Health Officer **9/24/52**
(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. 46, 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 practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

10 - 7. 42

2 - 24 - 46

Chief Mtr of Mechanical Mtr

Row

203 - 18 - 99

CERTIFICATE OF DEATH

STATE OF NEW HAMPSHIRE

Vol. 1949

Page 92

TOWN OR CITY

CLERK'S NO.

1. NAME OF DECEASED (Type or Print)		a. (First) Maud	b. (Middle) Polson	c. (Last) McClintock	2. DATE OF DEATH (Month) (Day) (Year) Sept. 23, 1952	
3. PLACE OF DEATH a. COUNTY Coccs				4. USUAL RESIDENCE a. STATE Mass. b. COUNTY Suffolk		
b. CITY OR TOWN Whitefield		c. LENGTH OF STAY (in this place) 3 weeks		c. CITY (Give actual town of residence, NOT mailing address). Winthrop		
d. FULL NAME OF HOSPITAL OR INSTITUTION Horriison Hospital				d. STREET ADDRESS (If rural, give location) 1 Sargent Terrace		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Jan. 18, 1873	9. AGE (In years last birthday) 79	IF UNDER 1 YEAR Months Days IF UNDER 24 HRS Hours Min.
10a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Massachusetts		12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Richard Polson				14. MOTHER'S MAIDEN NAME Susan Clark		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT Richard P. McClintock		
18. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. (a) Coronary vascular accident (b) Hypertension (c) Arteriosclerotic Heart Disease				INTERVAL BETWEEN ONSET AND DEATH 7 days Years Years		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing it.						
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES ☐ NO ☒
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY OR TOWN) (COUNTY) (STATE)		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) Sept. 23, 1952		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 Sept. 15, 1952 , to Sept. 23, 1952 , that I last saw the deceased alive on Sept. 23, 1952 , and that death occurred at 2:30 m., from the causes and on the date stated above.						
23a. SIGNATURE Harold L. Dean, M. D.,		(Degree or title)		23b. ADDRESS Whitefield, N. H.		23c. DATE SIGNED 9-23-1952
24a. BURIAL, CREMATION, ENTOMBMENT, REMOVAL (Specify)		24b. DATE Sept. 26, 1952		24c. NAME OF CEMETERY OR CREMATORY Winthrop Cemetery		24d. LOCATION (City, town, or county) (State) Winthrop, Mass.
24e. PLACE OF BURIAL (Name of Cemetery)		LOCATION (City, Town, County) (State)				DATE
25. FUNERAL DIRECTOR Lois P. Stenard, Lancaster, N. H.		ADDRESS		COUNTERSIGNED - AGENT (City Bd. of Health)		DATE Not given
DATE REC'D BY TOWN OR CITY CLERK Sept. 23, 1952		CLERK'S OWN SIGNATURE Harold L. Keir		CLERK OF Whitefield, N. H.		

A true copy, Attest:

Harold L. Keir

Clerk of

Whitefield, N. H.**Sept. 23, 1952**

SEP 26 1952

RECEIVED



SEP 26

AM

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.

201

PLACE OF DEATH

Suffolk
(County)
Winthrop
(City or Town)STANDARD
CERTIFICATE OF DEATH

Registered No.

No. 39 Groves Ave. St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Salvatore Vitale (If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT

(Was deceased a U. S. War Veteran, also specify WAR) 220

(a) Residence. No. 89 Marshall St. Winthrop (If nonresident, give city or town and State)

Length of stay: In place of death — years — months — 4 days. In place of residence 32 years — months — days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH Sept 25 1952
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from April 20 1952 to Sept 25 1952

I last saw him alive on Sept 25 1952 death is said to have occurred on the date stated above, at 4:45 m.

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Pneumonia of Acute & Chronic

ANTECEDENT (b) Due To Emaciation CAUSES

Due To (c)

OTHER SIGNIFICANT CONDITIONS

Major findings: Of operations: Cx of dead my liver

Date of operation: April 26/52 Was autopsy performed? No

What test confirmed diagnosis? Blood & urine

5 Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Thomas J. Baker M. D. (Address) 1515 St. Charles St. Boston 1952

6 Holy Cross Cem. Malden Place of Burial or Cremation (City or Town)

DATE OF BURIAL Sept. 27 1952

7 NAME OF FUNERAL DIRECTOR G. M. Linehan

ADDRESS 19 Chambers St. Boston

Received and filed SEP 26 1952

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX M. 9 COLOR OR RACE W. 10 SINGLE (write the word) MARRIED WIDOWED or DIVORCED Widowed

10a If married, widowed, or divorced HUSBAND of Rachael Pugliese (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 27 Years - Months - Days If under 24 hours Hours - Minutes

13 Usual Occupation: Pressman (Kind of work done during most of working life)

14 Industry or Business: Clothing Business

15 Social Security No. 022-1063572

16 BIRTHPLACE (City) Italy (State or country)

17 NAME OF FATHER Salvatore Vitale

18 BIRTHPLACE OF FATHER (City) Italy (State or country)

19 MAIDEN NAME OF MOTHER Graziana Vomera

20 BIRTHPLACE OF MOTHER (City) Italy (State or country)

21 Informant (Address) Salvatore F. Vitale 89 Marshall St. Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Walter H. Baker (Signature of Agent of Board of Health or other)

(Official Designation) Health Officer (Date of Issue of Permit) 9/26/52

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhumate a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

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No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had 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. 45 Chester Avenue

2 FULL NAME. John H. Sullivan

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 45 Chester Avenue

(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 9 years months days. In place of residence 9 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH September 26, 1952
(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 3:40 p.m.

DISEASE OR CONDITION

DIRECTLY LEADING TO DEATH (a) Natural causes

ANTECEDENT CAUSES

Due To Massive Hemorrhage sudden

Due To Carcinoma of Lung years

OTHER SIGNIFICANT CONDITIONS

Major findings:
Of operations.

Date of operation Was autopsy performed? NO

What test confirmed diagnosis? X-ray Mass Gen Hosp

5 Was disease or injury in any way related to occupation of deceased? NO

If so, specify

(Signed) Winthrop Board of Health M. D.
(Address) Date 26 Sept 19526 Holy Cross Cemetery Maiden
Place of Burial or Cremation (City or Town)

DATE OF BURIAL Sept. 29, 1952 19

7 NAME OF FUNERAL DIRECTOR Alice M. Kelly

ADDRESS 11 Meridian St. East Boston

Received and filed. SEP 26 1952 19

(Registrar)

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICSSTANDARD
CERTIFICATE OF DEATHTo be filed for burial permit
with Board of Health
or its Agent.

202

Registered No.

PHYSICIAN — IMPORTANT
(Was deceased a
U. S. War Veteran, no
if so specify WAR)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Male 9 COLOR OR RACE White 10 SINGLE (write the word)
MARRIED WIDOWED widowed
or DIVORCED10a If married, widowed, or divorced
HUSBAND of Sarah 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 70 Years 1 Months 27 Days If under 24 hours
Hours Minutes13 Usual Occupation: Marine Engineer
(Kind of work done during most of working life)14 Industry
or Business:

15 Social Security No. --

16 BIRTHPLACE (City) East Boston
(State or country) Massachusetts

17 NAME OF FATHER Cornelius A. Sullivan

18 BIRTHPLACE OF FATHER (City) County Cork
(State or country) Ireland

19 MAIDEN NAME OF MOTHER Mary A. Harrington

20 BIRTHPLACE OF MOTHER (City) County Cork
(State or country) Ireland21 Informant Mrs. Grace C. Phinney
(Address) 45 Chester Ave. WinthropI HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:Walter J. Baker
(Signature of Agent of Board of Health or other)

(Official Designation) Health Officer (Date of Issue of Permit) 9/26/52

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, 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; . . . Gen. 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. 44, Sec. 46, G. L. (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(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, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

-301A

IONS

IFICATE

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50M-2-19-255666

PLACE OF DEATH

Suffolk
(County)Winthrop
(City or Town)

No. 46 Washington Ave.

2 FULL NAME Archibald Scott Dalzell
(If deceased is a married, widowed or divorced woman, give also maiden name.)(a) Residence. No. 41 Emerson Rd.
(Usual place of abode)

Length of stay: In place of death..... years 2 months..... days. In place of residence 42 years..... months..... days.

The Commonwealth of Massachusetts

EDWARD J. CRONIN, SECRETARY
DIVISION OF VITAL STATISTICSSTANDARD
CERTIFICATE OF DEATHTo be filed for burial permit
with Board of Health
or its Agent.

Registered No. 203

St. (If death occurred in a hospital or institution,
give its NAME instead of street and number)

PHYSICIAN — IMPORTANT

(Was deceased a
U. S. War Veteran,
if so specify WAR)

(If nonresident, give city or town and State)

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH Sept 8 1952
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
April 7, 1946, to Sept 8, 1952.I last saw him alive on Sept 28, 1952, death is said to
have occurred on the date stated above, at 3:00 A.M.DISEASE OR CONDITION
DIRECTLY LEADING

TO DEATH (a) Coronary Thrombosis

INTERVAL BE-
TWEEN ONSET
AND DEATH

1 day

ANTECEDENT
CAUSES

Due To

(b)

Due To
(c)Hypertension
Chronic Myocarditis5 yrs.
5 yrsOTHER
SIGNIFICANT
CONDITIONSArterio Sclerosis
SenilityMajor 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

(Address) 175 Pleasant St.

Date Sept 29 1952

6 Winthrop Winthrop
Place of Burial or Cremation (City or Town)

DATE OF BURIAL October 1 1952

7 NAME OF
FUNERAL DIRECTOR

ADDRESS

Received and filed

10/2/52

(Registrar)

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 Ellen Bradley

(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 5 Months 21 Days If under 24 hours
Hours Minutes13 Usual Occupation: Claim Agent
(Kind of work done during most of working life)

14 Industry or Business: Railway Express

15 Social Security No. None
16 BIRTHPLACE (City) Hamilton
(State or country) Scotland

17 NAME OF FATHER Robert Dalzell

18 BIRTHPLACE OF FATHER (City) Scotland
(State or country)

19 MAIDEN NAME OF MOTHER Christina Scott

20 BIRTHPLACE OF MOTHER (City) Scotland
(State or country)21 Informant Archibald J Dalzell
(Address) 41 Emerson Rd. 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)

(Date of Issue of Permit) 10/1/52

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and forty-seven, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "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 unless there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. . . . General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.

Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

Copies of returns of deaths which occurred in your city or town in case the deceased resided in another city or town at the time of death should be transmitted on Form R-305 to the clerk of the city or town in which the deceased resided as soon as possible after the close of the month in which the death occurred. (See Chap. 46, Sec. 12, G. L.)

The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICSCOPY OF
MEDICAL EXAMINER'S
CERTIFICATE OF DEATH

GRAFTON

(City or town making return)

Registered No.

234

PLACE OF DEATH

WORCESTER

(County)

GRAFTON

(City or Town)



No. Grafton State Hospital

St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Augusta Peters (also known as Anna Marie Peters)
(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. 16 Thornton Park,
(Usual place of abode)St. Winthrop, Mass.
(If nonresident, give city or town and State)

Length of stay: In place of death 18 years 4 months 16 days. In place of residence Not learned

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH September 12, 1952
(Month) (Day) (Year)

4 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows: (If an injury was involved, state fully.)

Cerebral Hemorrhage

5 Accident, suicide, or homicide (specify) Addict
Date and hour of injury Aug. 23, 19 52Where did injury occur? Grafton, Mass.
(City or town and State)Did injury occur in or about home, on farm, in industrial place, or in public place? State Hospital
(Specify type of place)

Manner of Injury unknown

Nature of Injury Fract. 2-3 vertebrals
(How did injury occur?)

While at work? no Was autopsy performed? no

6 Was disease or injury in any way related to occupation of deceased?

If so, specify Walter P. Mahoney

(Signed) _____, M. D.

(Address) Westboro, Mass. Date Sept. 12, 19 52

Place of Burial, or Cremation. Winthrop, Mass.
(City or Town)

DATE OF BURIAL Sept. 15, 19 52

8 NAME OF FUNERAL DIRECTOR George Cooke

ADDRESS Governor Ave., Medford, Mass.

Received and filed OCT 14 1952 19

(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

9 SEX Female 10 COLOR OR RACE White 11 SINGLE (write the word) MARRIED WIDOWED Separated or DIVORCED

11a If married, widowed, or divorced HUSBAND of _____
(Give maiden name of wife in full)(or) WIFE of Not learned
(Husband's name in full)

12 IF STILLBORN, enter that fact here.

13 AGE 80 Years 11 Months 17 Days If under 24 hours Hours Minutes

14 Usual Occupation: Housework
(Kind of work done during most of working life)

15 Industry or Business: At home

16 Social Security No. not learned

17 BIRTHPLACE (City) not learned
(State or country) Denmark

18 NAME OF FATHER Frederick Rovers

19 BIRTHPLACE OF FATHER (City) not learned
(State or country) Denmark

20 MAIDEN NAME OF MOTHER Annie Peterson

21 BIRTHPLACE OF MOTHER (City) not learned
(State or country) Denmark22 Informant Grafton State Hospital recds.
(Address) North Grafton, Mass.

A TRUE COPY.

ATTEST: Bayman P. Gaden
(Registrar of City or Town where death occurred)

DATE FILED September 16, 19 52

RECEIVED



OCT 14

AM

Copies of returns of deaths which occurred in your city or town in case 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.)

R-302

50m-(c)-10-48-24658

PLACE OF DEATH

Suffolk

Chelsea

No. Soldiers' Home Hospital

2 FULL NAME John J. O'Brien

(a) Residence. No. 50 Moore

Length of death 10 years 3 months 3 days. In place of residence 10 years 3 months 3 days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH Sept. 16, 1952

4 I HEREBY CERTIFY, That I attended deceased from Sept. 11 1952 to Sept. 16 1952. I last saw him alive on Sept. 16 1952. death is said to have occurred on the date stated above, at 9:10 a.m.

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a)

ANTE CEDENT CAUSES

Due To (c)

OTHER SIGNIFICANT CONDITIONS

Major findings: Of operations.

Date of operation. Was autopsy performed 10

What test confirmed diagnosis? Phys. Exam.

5 Was disease or injury in any way related to occupation of deceased?

If so, specify.

(Signed) Frederic M. Howard M. D. Date 9/16/52

6 Place of Burial Soldiers' Home Boston, Mass. (City or Town)

DATE OF BURIAL Sept. 19, 1952

7 NAME OF FUNERAL DIRECTOR Maurice W. Kirby

ADDRESS 210 Winthrop St. Winthrop

Received and filed. Oct 17 1952

(Registrar of City or Town where deceased resided)

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS



COPY OF
CERTIFICATE OF DEATH

Chelsea

(City or town making return)

Registered No. 560

205

(If death occurred in a hospital or institution, give its NAME instead of street and number)

(Was deceased U.S. War Veteran, if so specify WAR)

St. Winthrop, Mass.

(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Male 9 COLOR OR RACE White 10 SINGLE (write the word) MARRIED WIDOWED or DIVORCED Married

10a If married, widowed, or divorced HUSBAND of Mary B. 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 67 Years 3 Months 15 Days If under 24 hours Hours Minutes

13 Usual Occupation: Prison Officer (Retired) (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 John

18 BIRTHPLACE OF FATHER (City) Ireland (State or country)

19 MAIDEN NAME OF MOTHER Margaret Hornon

20 BIRTHPLACE OF MOTHER (City) Ireland (State or country)

21 Informant Hospital Records (Address)

A TRUE COPY.

ATTEST: Joseph A. Tyrrell (Registrar of City or Town where death occurred)

DATE FILED Sept. 16, 1952

RECEIVED



OCT 17

AM

Enlisted 1/17.17

Discharged 5/9/19

Pvt.

Co.A, 8th Inf.

213 370

50m-(c)-10-48-24658

PLACE OF DEATH

Suffolk
(County)Chelsea
(City or Town)

No. U. S. Naval Hospital

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICSCOPY OF
CERTIFICATE OF DEATH

Chelsea

(City or town making return)

Registered No. 569

(If death occurred in a hospital or institution,
St. give its NAME instead of street and number)2 FULL NAME Baby Girl DeMco
(If deceased is a married, widowed or divorced woman, give also maiden name.)(Was deceased a
U. S. War Veteran,
if so specify WAR)

206

(a) Residence. No. 45 Tewksbury
(Usual place of abode)St. Winthrop, Mass.
(If nonresident, give city or town and State)

Length of stay: In place of death, years, months, days. In place of residence, years, months, days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH Sept. 19, 1952
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
19 to 19

I last saw him alive on 19, death is said to

have occurred on the date stated above, at 7:05 A.M.

DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a)INTERVAL BE-
TWEEN ONSET
AND DEATH

Stillborn

ANTE Due To
CEDENT (b)
CAUSES

Intrauterine asphyxia

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) Walter G. Leonard M. D.
(Address) Naval Hospital Date 9/19/52 196 Holy Cross Hospital, Malden, Mass.
(City or Town)

DATE OF BURIAL Sept. 22, 1952 19

7 NAME OF FUNERAL DIRECTOR J. Vincent Murray

ADDRESS Rovers, Mass.

Received and filed. 001 17 1952 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 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 Minutes13 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 Savino

18 BIRTHPLACE OF FATHER (City) Schenectady, N.Y.
(State or country)19 MAIDEN NAME
OF MOTHER Mary Pagrassa20 BIRTHPLACE OF MOTHER (City) Italy
(State or country)21 Informant Mrs. Savino DeMco
(Address) 45 Tewksbury St. Winthrop

A TRUE COPY.

ATTEST: Joseph A. Byrrell
(Registrar of City or Town where death occurred)

DATE FILED Sept. 23, 1952 19

RECEIVED



OCT 17 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

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.

207

PLACE OF DEATH

Essex

(County)

Danvers

(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 Joseph F. Haley

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(Was deceased a U. S. War Veteran, if so specify WAR)

(a) Residence. No. 104 Highland Ave.

(Usual place of abode)

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.....years.....months.....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH September 20, 1952
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from

Aug. 18, 1952, to Sept. 20, 1952

I last saw him alive on Sept. 20, 1952, death is said to

have occurred on the date stated above, at 10:45 a.m.

DISEASE OR CONDITION
DIRECTLY LEADING

TO DEATH (a) Cerebral Hemorrhage

INTERVAL BETWEEN ONSET AND DEATH

ANTE CEDENT CAUSES

Due To

(b)

Encephalomalacia
Essential Hypertension

months
yr.

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 8/26/1952

6 Holy Cross Cem. Malden
Place of Burial or Cremation (City or Town)

DATE OF BURIAL September 23, 1952

7 NAME OF FUNERAL DIRECTOR John F. O'Halley
ADDRESS Winthrop, Mass.

Received and filed OCT 14 1952 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 or DIVORCED Widowed

10a If married, widowed, or divorced

HUSBAND of Anna E. Quinlan
(Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 60 Years 1 Months 28 Days If under 24 hours Hours Minutes

13 Usual Occupation: Accountant
(Kind of work done during most of working life)

14 Industry or Business:

15 Social Security No.

16 BIRTHPLACE (City) Charlestown
(State or country) Mass.

17 NAME OF FATHER Joseph F. Haley

18 BIRTHPLACE OF FATHER (City) Boston
(State or country) Mass.

19 MAIDEN NAME OF MOTHER Catherine Reilly

20 BIRTHPLACE OF MOTHER (City) Boston
(State or country) Mass.

21 Informant Mary E. Sheehan
(Address) Hathorne, Mass.

A TRUE COPY

ATTEST: Arthur W. Gay
(Registrar of City or Town where death occurred)

DATE FILED September 29, 1952

25m-(b)-11-49-900,475

RECEIVED



OCT 14 AM

R-301

IONS

TIFICATE

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DEATHnter
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The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

Winthrop

(City or town making return)

STANDARD

CERTIFICATE OF DEATH

Registered No.

208

PLACE OF DEATH

Suffolk
(County)Winthrop
(City or Town)

No. 91 Bartlett Road

St. (If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME Annie Rachael Connelly

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(Was deceased a
U. S. War Veteran,
if so specify WAR)(a) Residence. No. 91 Bartlett 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 36 years.....months.....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH October 2, 1952
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
March 6, 1952, to October 2, 1952.

I last saw her alive on October 2, 1952, death is said to

have occurred on the date stated above, at 9:00 P. M.

DISEASE OR CONDITION

DIRECTLY LEADING

TO DEATH (a) Premia

INTERVAL
BETWEEN ONSET
AND DEATH

3 days

ANTE
CEDENT
CAUSES

Due To Chronic Hypertension

Due To Cerebral Hemorrhage
with Bladder InfectionJuly 28,
1952
June 13
1952OTHER
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) Dorothy C. Connelly M. D.
(Address) 197 W. 1st St. Date Oct 4, 19526 Winthrop Cemetery, Winthrop, Mass.
Place of Burial or Cremation (City or Town)

DATE OF BURIAL October 6, 1952

7 NAME OF
FUNERAL DIRECTOR

Alfred B. March

ADDRESS 174 Winthrop St. Winthrop, Mass.

Received and filed OCT 8 1952

(Registrar)

A TRUE COPY ATTEST:

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 James Henry Connelly

(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 82 Years 10 Months 4 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. 025-18-5774-B.

16 BIRTHPLACE (City) Worcester
(State or country) Mass.

17 NAME OF FATHER David Callahan

18 BIRTHPLACE OF FATHER (City) So. Boston
(State or country) Mass.

19 MAIDEN NAME OF MOTHER Jennie Foster

20 BIRTHPLACE OF Framingham, Mass.
MOTHER (City) ~~Worcester, Mass.~~
(State or country) " " "21 Informant Mrs. Frank E. Fraser
(Address) 37 Bellevue Ave, Winthrop.I HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:Walter H. Baker
(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit) 10/4/52

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained 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

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. 209

No. 93 Almont Street St. { (If death occurred in a hospital or institution,
give its NAME instead of street and number) }2 FULL NAME William Hinchcliffe
(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. 93 Almont Street 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 45 yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE (write the word)
MARRIED
WIDOWED Married
or DIVORCED5a If married, widowed or divorced
HUSBAND of Mary Ann Jennings
(Give maiden name of wife in full)
(or) WIFE of (Husband's name in full)

6 Age of husband or wife if alive years

7 IF STILLBORN, enter that fact here.

8 AGE 71 Years 4 Months 16 Days If less than 1 day
Hours MinutesUsual
9 Occupation: MachinistIndustry
10 or Business: Railroad

11 Social Security No. 023-10-6817

12 BIRTHPLACE (City) England
(State or Country)

PARENTS

13 NAME OF FATHER John Hinchcliffe

14 BIRTHPLACE OF FATHER (City) England
(State or Country)

15 MAIDEN NAME OF MOTHER Rose Ann Tingle

16 BIRTHPLACE OF MOTHER (City) England
(State or Country)17 Informant Mary Ann Hinchcliffe (Relationship) Wife
(Address) 93 Almont 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)

(Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH October 2 1952
(Month) (Day) (Year)19 I HEREBY CERTIFY, That I attended deceased from
Sept 5, 1951, to Oct 2, 1952
I last saw him alive on Oct 2, 1952 death is said to

have occurred on the date stated above, at 11 P. M.

Immediate cause of death

Carcinoma of left lung

Duration

1 year

Due to General carcinomatosis

Due to 6 mos
Other conditions Uremia 24 hours
(Include pregnancy within 3 months of death)Major findings: Biopsy (Carcinoma of lung tissue) Date of Oct 1952
Of operations. none
autopsy. noneIMPORTANT
PhysicianUnderline
cause to
which death
should be
charged sta-
tistically.

What test confirmed diagnosis? clinical & pathological

20 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. D. Abrams M.D.
(Address) 662 Shirley St. 10/3/5221 Winthrop Winthrop
Place of Burial, Cremation or Removal. (City or Town)
DATE OF BURIAL October 8 195222 NAME OF FUNERAL DIRECTOR Howard S. Reynolds
ADDRESS Winthrop Mass

Received and Filed. OCT 6 1952 19

(Registrar)

See instructions and extracts from the laws on back of certificate.
If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required

by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

1. Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

2. Board of Health physicians will certify to such deaths only as those persons, though disabled by recognized disease unrelated to any form of injury, who died without recent medical attendance or whose physicians were called to home when the certificate of death is needed.

3. Medical examiners will investigate and certify to all deaths supposed to be from injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and death following abortion, but also deaths from disease resulting from injury or from action related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

PLACE OF DEATH

Suffolk
(County)Winthrop
(City or Town)

No. 10 Loring Road, Winthrop

St. (If death occurred in a hospital or institution,
give its NAME instead of street and number)2 FULL NAME Elizabeth K. Barry (Grady)
(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. 10 Loring Road, Winthrop
(Usual place of abode)

(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 October 3 1952
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
May 15 1950 to October 3, 1952

I last saw her alive on Oct. 2 1952, death is said to

have occurred on the date stated above, at 7:30 p.m.

DISEASE OR CONDITION

DIRECTLY LEADING

TO DEATH (a) Acute Coronary
ThrombosisINTERVAL BE-
TWEEN ONSET
AND DEATH15
minutesANTE
CEDENT
CAUSESDue To Atherosclerotic
Heart Disease

2 years

Due To

(c) Peripheral Endarteritis

2 years

OTHER
SIGNIFICANT
CONDITIONSmalignant
Hypertension

2 years

Major findings:
Of operations.

Amputation rt. leg (mid-calf)

Date of operation

Sept 1950

What test confirmed diagnosis?

clinical + laboratory

5 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

Jacob J. Ahrens 4-D No
662 Shirley St. Winthrop 10/4/52

6 Holy Cross Cemetery, Malden

Place of Burial or Cremation

(City or Town)

DATE OF BURIAL October 6th

19 52

7 NAME OF
FUNERAL DIRECTOR

Richard C. Kirby

ADDRESS Boston, Mass.

Received and filed

OCT 6 1952

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

Widowed

10a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

Henry J. Barry

(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12

AGE 73 years 3 Months 10 Days

If under 24 hours

Hours Minutes

13 Usual

Occupation:

At home

(Kind of work done during most of working life)

14 Industry
or Business:

Housewife

15 Social Security No.

None

16 BIRTHPLACE (City)
(State or country)

Boston

Mass.

17 NAME OF
FATHER

Michael Grady

18 BIRTHPLACE OF

FATHER (City)

(State or country)

Ireland

19 MAIDEN NAME

OF MOTHER

Catherine McDonald

20 BIRTHPLACE OF

MOTHER (City)

(State or country)

Ireland

21

Informant

(Address)

Mr. Gerard G. Barry-son

70 Somerset Ave., Winthrop

I HERE

filed

CERTIFY that a satisfactory standard certificate of death was
BEFORE the burial or transit permit was issued:

+ Walter J. Barry

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

10/6/52

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, 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).

RECEIVES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending Physicians** will certify to such deaths only as those of persons to whom they have given medical care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance 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), the action of electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden death of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

30M (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 disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "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. . L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or 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 to do so from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . Chap. 114, Sec. 46, G. L. (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease 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 STATISTICSTo be filed for burial permit
with Board of Health
or its Agent.

STANDARD

CERTIFICATE OF DEATH

Registered No.

212

PLACE OF DEATH

Suffolk
(County)
Winthrop
(City or Town)

No. 46 Tewksbury St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Fannie (Alpert) Shore
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT

(Was deceased a
U. S. War Veteran,
if so specify WAR)(a) Residence. No. 46 Tewksbury St. Winthrop
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death..... years..... months..... days. In place of residence..... years..... months..... days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH October 3 1952
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
19 to 19

I last saw h..... alive on..... 19..... death is said to

have occurred on the date stated above, at 4 A. m.
DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a) Natural Causes
PresumablyINTERVAL BE-
TWEEN ONSET
AND DEATH

ANTECEDENT CAUSES Due To Coronary Occlusion Sudden

Due To Hypertensive Heart Disease years

OTHER SIGNIFICANT CONDITIONS Diabetes Mellitus 8 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 Arthur C. Murphy M. D.
(Signed) Winthrop Board of Health. M. D.
(Address) 10 Washington St. Woburn
(Date) 3 Oct 19526 Place of Burial or Cremation Mt. Lebanon Cem. West Roxbury
(City or Town)

DATE OF BURIAL Oct. 3 1952

7 NAME OF FUNERAL DIRECTOR Benjamin B. Binkach

ADDRESS 10 Washington St. Woburn

Received and filed OCT 3 1952

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX F 9 COLOR OR RACE white 10 SINGLE (write the word)
MARRIED
WIDOWED
or DIVORCED Married

10a If married, widowed, or divorced

HUSBAND of David Shore
(Give maiden name with full)
(or) WIFE of David Shore
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 67 ears 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) Lithuania
(State or country)

17 NAME OF FATHER Yehudi Alpert

18 BIRTHPLACE OF FATHER (City) Lithuania
(State or country)

19 MAIDEN NAME OF MOTHER Cannot be located

20 BIRTHPLACE OF MOTHER (City) Lithuania
(State or country)21 Informant Mr. Nathan Brenner
(Address) 575 Hyde Park Ave.I HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued. 10-7-2008Alice L. Baker
(Signature of Agent of Board of Health or other)Health Officer 10 3 52
(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 Chinese expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. . . G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or 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 forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or 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

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. **213**

PLACE OF DEATH

Suffolk
(County)
Winthrop
(City or Town)No. 511 Pleasant Street St. (If death occurred in a hospital or institution,
give its NAME instead of street and number)2 FULL NAME Mary Sales
(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. 511 Pleasant St. Winthrop
(Usual place of abode) (If nonresident, give city or town and State)Length of stay: In place of death 1 years 1 months 10 days. In place of residence 1 years 1 months 10 days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH October 4, 1952
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
4 Oct 19 52 to 4 Oct 19 52I last saw her alive on 4 Oct 19 52, death is said tohave occurred on the date stated above, at 11:30 A.M.DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a) Natural causesINTERVAL BE-
TWEEN ONSET
AND DEATHANTECEDENT CAUSES Arterio-sclerotic Heart Disease
yearsDue To (c) Generalized Arteriosclerosis
yearsOTHER
SIGNIFICANT
CONDITIONSMajor findings Largely gall-bladder Harley Hospital
Of operationsDate of operation 1945 Was autopsy performed? noWhat test confirmed diagnosis? clinical5 Was disease or injury in any way related to occupation of deceased? no
If so, specify Arterio-sclerotic Heart Disease(Signed) Winthrop Board of Health M. D.
(Address) Winthrop Date 4 Oct 19 526 New Calvary Boston
Place of Burial or Cremation (City or Town)DATE OF BURIAL October 7 19 527 NAME OF FUNERAL DIRECTOR David J. O'ConnorADDRESS 1617 Tremont St BostonReceived and filed 1952 19

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Female 9 COLOR OR RACE White 10 SINGLE (write the word)
MARRIED
WIDOWED Widow
or DIVORCED10a If married, widowed, or divorced
HUSBAND of William Sales
(Give maiden name of wife in full)(or) WIFE of William Sales
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 73
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: None15 Social Security No. None16 BIRTHPLACE (City) Killarney Ireland
(State or country)17 NAME OF FATHER Daniel McCarthy18 BIRTHPLACE OF FATHER (City) Ireland
(State or country)19 MAIDEN NAME OF MOTHER Julia Foley
Mary O'Brien20 BIRTHPLACE OF MOTHER (City) Ireland
(State or country)21 Informant Francis Perrault
(Address) 511 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 S. Baker
(Signature of Agent of Board of Health or other)Health Officer 10659 X
(Official Designation) (Date of Issue of Permit)

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

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A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

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OF TOWN
RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance 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 violence. They should not only deaths caused directly or indirectly by traumatic injuries resulting in septicemia, and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

PLACE OF DEATH

SUFFOLK
BOSTON

(City or Town)

No. Mass Memorial Hospitals

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. 8710

214

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME ISAAC CONNORS

(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.

241 Washington Ave.,

Winthrop, Mass.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of stay: In place of death years 1 months 19 days. In place of residence years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH October 5, 1952
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
8/17, 19 to 10/5, 1952I last saw him alive on 10/5, 1952 death is said to
have occurred on the date stated above, at 3:00 p. m.

DISEASE OR CONDITION

DIRECTLY LEADING

TO DEATH (a) Lymphosarcoma, gen-
eralized, prob. primaryANTE
CEDENT
CAUSESDue To (b) in abd., lymph nodes,
mesentericDue To
(c)OTHER
SIGNIFICANT
CONDITIONS Bronchopneumonia

2 days

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)

P. Bonnet

(Address)

M M H

Date

10/6

M. D.
19 526 Winthrop Cen. Winthrop
Place of Burial or Cremation (City or Town)

DATE OF BURIAL

Oct. 8,

19 52

7 NAME OF

FUNERAL DIRECTOR A Marsh

ADDRESS

Winthrop, Mass.

Received and filed

OCT 20 1952

19

(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

Marie C Raymond

(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

7

Months

25

Days

If under 24 hours

Hours

Minutes

13 Usual

Occupation:

Salesman - ret.

(Kind of work done during most of working life)

14 Industry

or Business:

Retail Dress Goods

15 Social Security No.

16 BIRTHPLACE (City)

(State or country)

Lawrence, Mass.

17 NAME OF
FATHER

-unable to obtain-

18 BIRTHPLACE OF

FATHER (City)

(State or country)

19 MAIDEN NAME

OF MOTHER

-unable to obtain-

20 BIRTHPLACE OF

MOTHER (City)

(State or country)

21

Informant

(Address)

Mrs. I. Connors

A TRUE COPY

ATTEST:

Charles H. Mackie
(Registrar of City or Town where death occurred)

DATE FILED

Oct. 8,

19 52

RECEIVED



OCT 20

ATT

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. 8758 215

No. Veterans Administration Hospital (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME GEORGE E EDWARDS
(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. 20 Center St. Winthrop, Mass.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death years months 1 days In place of residence life years months days

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH October 6, 1952
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from 10/5, 19, to 10/6, 19, 52

I last saw him alive on 19, death is said to have occurred on the date stated above, at 2:15 a. m.

DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a) Pneumonitis of upper
and middle lobesANTE Due To Pulmonary congestion
CEDENT (b) and edema
CAUSESDue To Pulmonary infarct
(c) left lower lobeOTHER
SIGNIFICANT
CONDITIONSMajor findings:
Of operations.Date of operation Was autopsy performed? Yes
What test confirmed diagnosis? Autopsy5 Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) J. E. Fernald M. D.
(Address) V. A. H. Date 10/6, 19, 526 Winthrop Cem. Winthrop
Place of Burial or Cremation (City or Town)
DATE OF BURIAL Oct. 8, 19, 527 NAME OF FUNERAL DIRECTOR D O'Brien
ADDRESS Cambridge, Mass.

Received and filed Oct 30 1952 19

(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX M 9 COLOR OR RACE W 10 SINGLE (write the word) MARRIED Married
WIDOWED or DIVORCED10a If married, widowed, or divorced HUSBAND of Annie E McGrath
(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 Painter
(Kind of work done during most of working life)

14 Industry or Business House Painter

15 Social Security No. 031-12-0024

16 BIRTHPLACE (City) Boston Mass.
(State or country)

17 NAME OF FATHER Charles Edwards

18 BIRTHPLACE OF FATHER (City) Farmington Mass.
(State or country)

19 MAIDEN NAME OF MOTHER Gertrude - - -

20 BIRTHPLACE OF MOTHER (City) Nova Scotia
(State or country)21 Informant Hospital Records
(Address)A TRUE COPY Charles H. Mackie
ATTEST: (Registrar of City or Town where death occurred)

DATE FILED Oct. 9 19 52

RECEIVED

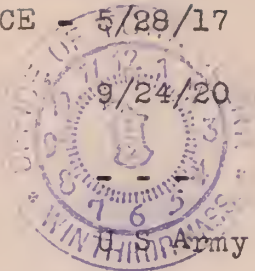
DATE OF ENTERING MILITARY SERVICE - 5/28/17

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION & OUTFIT

SERVICE NUMBER



OCT 20 1 299 006

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.)

305

25m-(c)-11-49-900.475

1

PLACE OF DEATH

SUFFOLK
BOSTON
(County)



The Commonwealth of Massachusetts
EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS
COPY OF

BOSTON

(City or town making return)

MEDICAL EXAMINER'S
CERTIFICATE OF DEATH

Registered No. **8773 216**

No. **enroute to Children's Hospital** **XXXXX** (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME **NANCY E 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. **2 Upland Road,** **XXXXX** **Winthrop, Mass.**
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death.....years.....months **1** days. In place of residence **1** years **4** months **19** days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH **October 7, 1952**
(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 meningitis
Meningococcemia

5 Accident, suicide, or homicide (specify).....

Date and hour of injury.....19.....

Where did injury occur?.....
(City or town and State)

Did injury occur in or about home, on farm, in industrial place, or in public place?.....
(Specify type of place)

Manner of injury **Collapsed at home; died enroute to hospital**
(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 Brickley**.....M. D.

(Address) **Boston**.....Date **10/7/52**

7 **Winthrop Cem.** **Winthrop**
Place of Burial, or Cremation. (City or Town)

DATE OF BURIAL **Oct. 8,** **52**
19.....

8 NAME OF FUNERAL DIRECTOR **R Kirby**

ADDRESS **E Boston**

Received and filed **OCT 20 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**
WIDOWED
or DIVORCED Single

11a If married, widowed, or divorced HUSBAND of.....
(Give maiden name of wife in full)

(or) WIFE of.....
(Husband's name in full)

12 IF STILLBORN, enter that fact here.

13 AGE **1** Years **4** Months **20** Days
If under 24 hours
.....Hours.....Minutes

14 Usual Occupation: **At home**
(Kind of work done during most of working life)

15 Industry or Business: **- - -**

16 Social Security No. **- - -**

17 BIRTHPLACE (City).....**Cambridge, Mass.**
(State or country)

18 NAME OF FATHER **Ernest C Brown**

19 BIRTHPLACE OF FATHER (City).....**East Boston**
(State or country) **Mass.**

20 MAIDEN NAME OF MOTHER **Mary E O'Leary**

21 BIRTHPLACE OF MOTHER (City).....**Boston**
(State or country) **Mass.**

22 Informant **Father**
(Address)

A TRUE COPY.

ATTEST: **Charles J. Mackie**
(Registrar of City or Town where death occurred)

DATE FILED **Oct. 10,** **52**
19.....

RECEIVED



OCT 20 AM

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.MEDICAL EXAMINER'S
CERTIFICATE OF DEATHRegistered No. **217**

PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)

No.

May Kover Curval Home Given and

(If death occurred in a hospital or institution,
St. { give its NAME instead of street and number)

PHYSICIAN — IMPORTANT

2 FULL NAME

Mary J. Burke

(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 Williams St. Winthrop

(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
DEATHOct - 9 - 1952
(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.)Sudden
arterio Sclerotic Heart Disease:
Recent fracture Rt. femur

5 Accident, suicide, or homicide (specify)

Accidental

Date and hour of injury

July 30 - 1952

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 in her bath

(How did injury occur?)

Nature of
injury

from fall - 30-1952

While at work?

Was autopsy performed? no

6 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

Dr. J. Bricker

M. D.

(Address)

Boston

Date - 9 - 1952

7

Place of Burial, or Cremation

Holy Cross Malden

(City or Town)

DATE OF BURIAL

Oct. 11 - 1952

8 NAME OF
FUNERAL DIRECTOR

John H. Moley

ADDRESS

Winthrop

Received and filed

OCT 14

19

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

9 SEX

10 COLOR OR RACE

11 SINGLE (write the word)

Female

White

MARRIED
WIDOWED
or DIVORCED

11a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

William Burke

(Husband's name in full)

12 IF STILLBORN, enter that fact here.

13

AGE 82 Years.....Months.....Days

If under 24 hours

.....Hours.....Minutes

14 Usual

Occupation:

Housewife

(Kind of work done during most of working life)

15 Industry

or Business:

Own Home

16 Social Security No.

17 BIRTHPLACE (City,
(State or country)

East Boston

Mass

18 NAME OF
FATHER

Charles Hayes

19 BIRTHPLACE OF

FATHER (City)

(State or country)

Nova Scotia

20 MAIDEN NAME

OF MOTHER

Mary A. Kenney

21 BIRTHPLACE OF

MOTHER (City)

(State or country)

Boston

Mass

22

Informant

(Address)

Lillian Martin

15 Williams St

I HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:

Walter L. Baker

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. . . G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the 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, had died without recent medical attendance 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.....

Recorded in another city or town at the time of death, or if the deceased resided as soon as possible in another city or town in which the death occurred. (See Chap. 46, Sec. 12, G. L.)

25M (E)-6-50-902253

PLACE OF DEATH

WORCESTER

(County)

GRAFTON.

(City or Town)



The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH

DIVISION OF VITAL STATISTICS

COPY OF
CERTIFICATE OF DEATH

GRAFTON.

(City or town making return)

Registered No.

218

No. Grafton State Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Mary M. Barry (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. 411 Shirley Street St. Winthrop, Mass. (Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death 9 years 7 months 19 days. In place of residence Not learned years Not learned months Not learned days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH October 10 1952
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from Nov. 20 1950 to Oct. 10 1952
I last saw her alive on Oct. 10 1952 death is said to have occurred on the date stated above, at 2:40 P.m.

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Arteriosclerotic Heart Disease #420.0 (b) Sev. yrs

ANTECEDENT CAUSES (a) Due To (b) Due To (c)

OTHER SIGNIFICANT CONDITIONS None

Major findings: None performed
Of operations. None
Date of operation. None Was autopsy performed? No
What test confirmed diagnosis? Clin & Lab

5 Was disease or injury in any way related to occupation of deceased? No
If so, specify. Bernard Brass M. D. (Signed) No, Grafton Date 10/10 1952 (Address)

6 Holy Cross Malden, Mass.
Place of Burial or Cremation (City or Town)

DATE OF BURIAL Oct. 14, 1952 19

7 NAME OF FUNERAL DIRECTOR M. J. Kelly
ADDRESS East Boston, Mass.

Received and filed NOV 3 1952 19

(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Female 9 COLOR OR RACE White 10 SINGLE (write the word) MARRIED
WIDOWED or DIVORCED

10a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full) (or) WIFE of William Barry (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 69 Years Not learned Months Not learned Days (If under 24 hours) Not learned Hours Not learned Minutes

13 Usual Occupation: Housewife (Kind of work done during most of working life)

14 Industry or Business: At Home

15 Social Security No. Not learned

16 BIRTHPLACE (City) Boston (State or country) Mass.

17 NAME OF FATHER Patrick Crowley

18 BIRTHPLACE OF FATHER (City) Not learned (State or country) Ireland

19 MAIDEN NAME OF MOTHER Mary O'Connor

20 BIRTHPLACE OF MOTHER (City) Not learned (State or country) Ireland

21 Informant Grafton State Hospital Rcds. (Address) North Grafton, Mass.

A TRUE COPY

ATTEST: Raymond D. Jordan (Registrar of City or Town where death occurred)

DATE FILED October 13, 1952 19

RECEIVED



NOV-3 AM

-301A

IONS

TIFICATE

g DEATH

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causecontrib-
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ease or
ng death.

50M (B)-1-51 903586

PLACE OF DEATH

Winthrop
(County)Suffolk
(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.

219

Registered No.

(If death occurred in a hospital or institution,
St. { give its NAME instead of street and number)2 FULL NAME Leo Coriani
(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. 94 Beach St. Revere St.
(Usual place of abode)

(If nonresident, give city or town and State)

Length of stay: In place of death..... years..... months..... 3 days. In place of residence..... years..... months..... days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH Nov 11 1952
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
Oct 1, 1952 to Oct 11, 1952I last saw him alive on Oct 11, 1952 death is said to
have occurred on the date stated above, at 1:30 p.m.DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH Coronary ThrombosisINTERVAL BE-
TWEEN ONSET
AND DEATHOct 11/52ANTECEDENT CAUSES
Due To Left Ventricular heart
(b) strainDue To cholecystitis
(c) choleliths +
acute chronicOTHER
SIGNIFICANT
CONDITIONS
ChronicMajor findings:
Of operations.....Date of operation..... Was autopsy performed? noWhat test confirmed diagnosis? EKG & X-Rays5 Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) James S. Schaeffer M. D.
(Address) 1792 Ave D, Revere 19526 St. Michael Cemetery Boston
Place of Burial or Cremation (City or Town)DATE OF BURIAL Oct. 15 - 52 197 NAME OF
FUNERAL DIRECTOR Vincent Rapino
ADDRESS 9 Chelsea St. East BostonReceived and filed OCT 14 1952 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 Catherine Tassinari
(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: Self employed
(Kind of work done during most of working life)14 Industry or Business: Retired15 Social Security No. none16 BIRTHPLACE (City) Italy
(State or country)17 NAME OF
FATHER Lino Coriani18 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 Florence DeSimone
(Address) 94 Beach St. 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)(Official Designation) Walter J. Baker 10/14/52
(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. . . L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb to another, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Centenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. — General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial place in which the interment is made. . . Chap. 114, Sec. 45, G. L., (Centenary Edition).

RULES OF PRACTICE
The object of the purpose of these laws calls for the observance of the following rules of practice:
(1) Attending physicians will certify to such deaths only as those of persons to whom they have given medical care during a last illness from disease unrelated to any injury.
(2) Board of Health physicians will certify to such deaths only as those of persons not disabled by recognized disease unrelated to any form of injury, and to whom no recent medical attendance or whose physician is absent from home at the time of death is needed.
(3) Medical examiners will investigate and certify to all deaths supposably due to injury. This includes not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had 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 STATISTICSSTANDARD
CERTIFICATE OF DEATHTo be filed for burial permit
with Board of Health
or its Agent.

Registered No. 220

1 PLACE OF DEATH: Suffolk (County), Winthrop (City or Town)
 No. 49 Atlantic St. (If death occurred in a hospital or institution, give its NAME instead of street and number)
 2 FULL NAME: Jenny O. Flater (If deceased is a married, widowed or divorced woman, give also maiden name.)
 (1) Residence. No. 49 Atlantic St. (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.

PHYSICIAN — IMPORTANT

(Was deceased a
U. S. War Veteran,
if so specify WAR) No

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH: October 12 1952
 (Month) (Day) (Year)
 4 I HEREBY CERTIFY, That I attended deceased from
 19..... to 19.....
 I last saw h..... alive on..... 19..... death is said to
 have occurred on the date stated above, at 4:15 A.m.

DISEASE OR CONDITION
 DIRECTLY LEADING
 TO DEATH (a) Natural causes

ANTECEDENT CAUSES
 Due To (b) Presumably coronary occlusion

Due To (c) Generalized arterio-sclerosis

INTERVAL BE-
TWEEN ONSET
AND DEATH

sudden
years

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: Arthur C. Murray
 (Signed) _____ M. D.
 (Address) Winthrop Board of Health Date 13 Oct 1952

6 Woodlawn, Everett
 Place of Burial or Cremation (City or Town)
 DATE OF BURIAL: October 15, 1952

7 NAME OF FUNERAL DIRECTOR: John C. Kelly
 ADDRESS: 286 Meridian St., E.B.

Received and filed: OCT 14 1952 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: Gabriel M. Flater
 (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE: 82 Years 3 Months 2 Days If under 24 hours
 Hours Minutes

13 Usual Occupation: House work
 (Kind of work done during most of working life)

14 Industry or Business: Own home

15 Social Security No. _____

16 BIRTHPLACE (City) _____
 (State or country) Norway

17 NAME OF FATHER: Christian Christiansen

18 BIRTHPLACE OF FATHER (City) _____
 (State or country) Norway

19 MAIDEN NAME OF MOTHER: Bertha Hansen

20 BIRTHPLACE OF MOTHER (City) _____
 (State or country) Norway

21 Informant: Gabriel M. Flater
 (Address) 49 Atlantic St., Wm.

I HEREBY CERTIFY that a satisfactory standard certificate of death was
 filed with me BEFORE the burial or transit permit was issued:

Walter J. Baker
 (Signature of Agent of Board of Health or other)
 Health Officer (Official Designation) 10/14/52
 (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 so long as it has been brought into the commonwealth until he has received a permit to do so from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. — Chap. 114, Sec. 46, G. 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 town 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 agents (such as poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease 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 Hospital

St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Joanne Marie Di Biase
(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. 74 Beal St Winthrop
(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 Oct - 13 - 1952
(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.)

Internal & External Hemorrhage
multiple stab wounds.
Stab wound chest5 Accident, suicide, or homicide (specify) HomicidalDate and hour of injury Oct - 13 - 1952Where 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 Said to have been stabbed by manNature of Injury at Winthrop Oct - 13 - 1952
(How did injury occur?)While at work? Was autopsy performed? yes

6 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Mr. J. Breckley, M. D.(Address) Bath Date Oct - 14 - 19527 Place of Burial, or Cremation Winthrop
(City or Town)DATE OF BURIAL Oct 15 19528 NAME OF FUNERAL DIRECTOR W. J. BreckleyADDRESS 200 Winthrop St WinthropReceived and filed. OCT 15 1952

(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. 221

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 David C. Di Biase
(Husband's name in full)

12 IF STILLBORN, enter that fact here.

13 AGE 25 Years.....Months.....Days If under 24 hours
Hours.....Minutes14 Usual Occupation: Home
(Kind of work done during most of working life)

15 Industry or Business:

16 Social Security No. None17 BIRTHPLACE (City) Winthrop Mass
(State or country)18 NAME OF FATHER Joseph M. Di Biase19 BIRTHPLACE OF FATHER (City) Boston
(State or country) Mass20 MAIDEN NAME OF MOTHER Kara Smith21 BIRTHPLACE OF MOTHER (City) Lynn
(State or country) Mass22 Informant (Address) Joseph M. Di Biase
200 Winthrop St

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Walter G. Baker
(Signature of Agent of Board of Health or other)Health Officer 10/10/52
(Official Designation) (Date of Issue of Permit)

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L. as amended by Chap. 48, Acts of 1927 and Chap. 414, Acts of 1931.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.....Chap. 114, Sec. 46, G. L., as amended.

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead.... — General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

.....The medical examiner certifies the cause and manner of death to the best of his knowledge and belief.

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

STATEMENT OF CAUSE OF DEATH

Medical Examiners in certifying to a death will state the cause and manner thereof, and will specify: (1) Under cause the nature of an injury and of its consequences; and (2) under manner the mode of its production together with the circumstances when these are known. For example: "Compound fracture of the femur with ensuing septicemia (gas bacillus) caused by a steam railway accident." "Pistol shot wound of the chest with associated hemorrhage, homicidal." "Asphyxiation by suspension, suicidal." "Syncope while under the influence of ether administered as a surgical anaesthetic." "Fracture of the skull with associated internal injury sustained under circumstances unknown."

If disease or injury was related to occupation, specify. If investigation shows the death to have been due to disease, specify: (1) Under cause its known or presumable nature; and (2) under manner, indicate the circumstances leading to medico-legal inquiry. For example: "Hemorrhage spontaneous of the brain (basal ganglia) (found dead in bed)." "Heart disease, presumably coronary sclerosis. (Sudden death.)"

SPACE FOR ADDITIONAL INFORMATION.....

DATE OF ENTERING MILITARY SERVICE.....

DATE OF DISCHARGE.....

RANK, RATING.....

ORGANIZATION AND OUTFIT.....

SERVICE NUMBER.....

PLACE OF DEATH

Suffolk
(County)Winthrop
(City or Town)

No. 16 Banks St.

2 FULL NAME. John DeModena
(If deceased is a married, widowed or divorced woman, give also maiden name.)(a) Residence. No. 16 Banks St.
(Usual place of abode)

Length of stay: In place of death years months days. In place of residence 3 years months days.

The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICSSTANDARD
CERTIFICATE OF DEATH

Registered No. 222

To be filed for burial permit
with Board of Health
or its Agent.{ (If death occurred in a hospital or institution,
St. { give its NAME instead of street and number)

PHYSICIAN — IMPORTANT

{ (Was deceased a
U. S. War Veteran,
if so specify WAR) no

(If nonresident, give city or town and State)

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH Oct. 15 52
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
June 19 49 to Oct 15 19 52.I last saw him alive on Oct 15 19 52, death is said to
have occurred on the date stated above, at 1:00 p. m.DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a) Arteriosclerosis
heart disease Coronary thrombosisANTECEDENT CAUSES
(b) Hypertension

Due To (c) Arteriosclerosis.

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? Yes.
If so, specify: none
(Signed) [Signature] M. D.
(Address) 241 [Address] Date Oct 17 19526 St. Michael Cemetery Boston
Place of Burial or Cremation (City or Town)

DATE OF BURIAL Oct. 18 52 19

7 NAME OF FUNERAL DIRECTOR Vincent Rapino

ADDRESS 9 Chelsea St. East Boston

Received and filed OCT 17 1952 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 (Give maiden name of wife in full)
Marietta D'Angelo
(or) [Name] (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: Musician
(Kind of work done during most of working life)

14 Industry or Business: Symphony Orchestra

15 Social Security No.

16 BIRTHPLACE (City) Italy
(State or country)

17 NAME OF FATHER OTTAVIO DEMODENA

18 BIRTHPLACE OF FATHER (City) Italy
(State or country)

19 MAIDEN NAME OF MOTHER Maria (unknown)

20 BIRTHPLACE OF MOTHER (City) Italy
(State or country)21 Informant Mario DeModena (son) Affidavit
(Address) 16 Banks 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) 10/17/52
(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 four-teen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. . . L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb to another than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of 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 whom they have given bedside care during a last illness from disease unrelated to injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, had been without recent medical attendance or whose physician is absent 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 (acid or poison), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had 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)

No. 211 Lincoln Street Winthrop

2 FULL NAME Frederick L. O'Brien

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 211 Lincoln Street Winthrop
(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 October 16, 1952
(Month) (Day) (Year)I HEREBY CERTIFY, That I attended deceased from
November 7, 1951, to October 16, 1952

I last saw him alive on October 11, 1952 death is said to

have occurred on the date stated above, at 3:00 P.M.

DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a) Acute Coronary thrombosisINTERVAL BE-
TWEEN ONSET
AND DEATH

1/2 hour

ANTE CEDENT CAUSES
(b) Arteriosclerotic
hypertensive heart disease

1 1/2 years

Due To
(c) Generalized arterio-
sclerosis

2 1/2 years

OTHER
SIGNIFICANT
CONDITIONS NoneMajor findings:
Of operations. No

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 J. Baker, M.D.
(Address) 56 2 Pine St. Winthrop, Mass. Oct. 16, 19526 Holy Cross Cemetery, Malden
Place of Burial or Cremation (City or Town)

DATE OF BURIAL October 20th 1952

7 NAME OF
FUNERAL DIRECTOR Richard C. Kirby

ADDRESS Boston, Mass.

Received and filed OCT 20 1952 19

(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.

223

(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 male 9 COLOR OR RACE white 10 SINGLE (write the word)
MARRIED
WIDOWED
or DIVORCED married10a If married, widowed, or divorced
HUSBAND of Elizabeth M. Milward
(Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 70 Years 1 Months 9 Days If under 24 hours
Hours Minutes13 Usual Occupation: Retired Probation Officer
(Kind of work done during most of working life)

14 Industry or Business: E.B. District Court

15 Social Security No. None East Boston
Mass.16 BIRTHPLACE (City) East Boston
(State or country) Mass.

17 NAME OF FATHER John B. O'Brien

18 BIRTHPLACE OF FATHER (City)
(State or country) Ireland19 MAIDEN NAME
OF MOTHER Margaret McGovern20 BIRTHPLACE OF MOTHER (City) St. Johns
(State or country) New Brunswick wife21 Informant Mrs. Elizabeth M. O'Brien
(Address) 211 Lincoln 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)10/20/52
(Date of Issue of Permit)

EXTRACTS
FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

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Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

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

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.

224

PLACE OF DEATH

Suffolk (County)
Winthrop (City or Town)

No. 41 Washington Ave
Bay View Rest Home

St. { (If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME Anna Lipp nee miller
(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. 304 Washington Ave
(Usual place of abode)

St. Chelsea Mass
(If nonresident, give city or town and State)

Length of stay: In place of death 0 years 3 months 0 days. In place of residence 60 years 0 months 0 days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH October 19th '52
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from
June 1950 to October 19, 1952

I last saw him alive on October 19, 1952, death is said to
have occurred on the date stated above, at 7:58 A.M.

DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a) Acute Myocardial
Failure with Pulmonary Edema

INTERVAL
BETWEEN
ONSET
AND DEATH

3 days

ANTE CEDENT CAUSES
(a) Chronic Bacteremia
(b) From

5 weeks

Due To Infected Bed Sores
(c)

10 years

OTHER SIGNIFICANT
CONDITIONS
Arthritis Deformans
(Severe)

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 Frederick OrNSTEED

(Signed) M. D.

(Address) 15 Washington Ave Chelsea Date Oct 19, 1952

6 Chelsea Chevise Kadetka (City or Town)

DATE OF BURIAL October 20, 1952

7 NAME OF FUNERAL DIRECTOR Hyman P. Joff

ADDRESS 15 Washington Ave Chelsea

Received and filed OCT 20 1952

(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 Jacob Lipp
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 70 Years 0 Months 0 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 (Zikha)
Joseph Miller

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 Florence Gross
(Address) 304 Washington 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)

Health Officer 10/20/52
(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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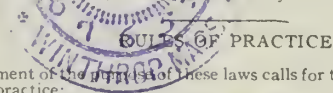
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SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

R-301A

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. 225

No. 322 Pleasant

{ (If death occurred in a hospital or institution,
St. { give its NAME instead of street and number)

2 FULL NAME Kathryn Marie Lane

(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. 118 Barnes Ave. St. East Boston

(Usual place of abode)

(If nonresident, give city or town and State)

Length of stay: In place of death years 5 months days In place of residence years 5 months days

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH October 20 1952
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
19 May 1952 to 20 October 1952

I last saw her alive on 20 October 1952 death is said to

have occurred on the date stated above, at 8:30 P.m.

INTERVAL BETWEEN ONSET
AND DEATHDISEASE OR CONDITION
DIRECTLY LEADINGTO DEATH (a) Adenocarcinoma
of colon 1 yr.ANTE Due To
CEDENT (b)
CAUSESDue To
(c)OTHER SIGNIFICANT CONDITIONS Ruptured diverticulum
of rectum 2 mo.Major findings:
Of operations as above

Date of operation 15 March 52 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) Kathryn E. Murray M. D.
(Address) Winthrop Mass Date 21 Oct 19526 Place of Burial or Cremation Holy Cross, Malden
(City or Town)

DATE OF BURIAL October 23, 1952

7 NAME OF FUNERAL DIRECTOR John C. Kelly
ADDRESS 286 Meridian St. E.B.

Received and filed OCT 23 1952 19

(Registrar)

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 55 Years 9 Months 15 Days If under 24 hours
Hours Minutes13 Usual Occupation Clerk
(Kind of work done during most of working life)

14 Industry or Business New England Tel. & Tel. Co.

15 Social Security No. 011-03-8402

16 BIRTHPLACE (City) East Boston
(State or country) Mass.

17 NAME OF FATHER John T. Lane

18 BIRTHPLACE OF FATHER (City) East Boston
(State or country) Mass.

19 MAIDEN NAME OF MOTHER Charlotte V. Murphy

20 BIRTHPLACE OF MOTHER (City) East Boston
(State or country) Mass.21 Informant Alice V. Lane
(Address) 118 Barnes Ave. 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)

(Date of Issue of Permit) 10/22/52

50M-(D)-6-51-904917

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or 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 STATISTICS

STANDARD

CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

226

PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)

No. 154 Lincoln St



Registered No.

2 FULL NAME Elizabeth M Ennis Kelly
(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. 154 Lincoln St
(Usual place of abode)

St. (If nonresident, give city or town and State)

Length of stay: In place of death years months days. In place of residence 40 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH Oct 21 1952
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from
Aug 15 1952 to Oct 21 1952

I last saw him alive on Oct 21 1952, death is said to
have occurred on the date stated above, at 11:20 P. m.

DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a) Cardiac Dilatation
Cardiac Dilatation

INTERVAL BE-
TWEEN ONSET
AND DEATH

ANTE CEDENT CAUSES Due To (b) Chron. Arteriosclerotic
heart disease

Due To (c)

OTHER SIGNIFICANT CONDITIONS none

Major findings:

Date of operation:

What test confirmed diagnosis?

5 Was disease or injury in any way related to occupation of deceased? ..
If so, specify ..
(Signed) .. M. D.
(Address) ..

6 Holy Cross Malden
Place of Burial or Cremation (City or Town)

DATE OF BURIAL Oct. 24 1952

7 NAME OF FUNERAL DIRECTOR John F. C. Moley
Winthrop

ADDRESS

Received and filed. OCT 2 1952

(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 T. Kelly
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 80 Years Months Days If under 24 hours
Hours Minutes

13 Usual Occupation: 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) Mass

17 NAME OF FATHER Patrick Ennis

18 BIRTHPLACE OF FATHER (City) Ireland
(State or country)

19 MAIDEN NAME OF MOTHER Margaret Harford

20 BIRTHPLACE OF MOTHER (City) Ireland
(State or country)

21 Informant Joseph Kelly
(Address) 154 Lincoln St

I HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:

Walter J. Baker
(Signature of Agent of Board of Health or other)

Health Officer 10/23/52
(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, which same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which he has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the Civil relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the period of the service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried until he has received a permit from the board of health, or its agent, to bury or to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or 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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50M-2-49-25666

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. 227

1 No. Winthrop Convalescent Home St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Antonio Castiello (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. 311 Revere St. St. Revere, Mass. (Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death years months 8 days. In place of residence 23 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH Oct. 22 1952 (Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from April 1950 19 to Oct 22 1952

I last saw him alive on Oct 22 1952, 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) Carcinoma in situ
spinal, pleura + lung - 2 MonthsANTE Due To (b) Metastatic
CEDENT CAUSES Carcinoma -Due To
(c)

OTHER SIGNIFICANT CONDITIONS Cardiac failure

Major findings:
Of operations.

Date of operation Was autopsy performed? NO

What test confirmed diagnosis? X-ray

5 Was disease or injury in any way related to occupation of deceased? NO

If so, specify

(Signed) Andrew Catino M. D.
(Address) 94 Beach St. Revere Date Oct 24 19526 Holy Cross Cem. Malden
Place of Burial or Cremation (City or Town)

DATE OF BURIAL October 25, 1952

7 NAME OF FUNERAL DIRECTOR Paul Buonfiglio

ADDRESS 128 Revere St Revere

Received and filed OCT 24 1952

(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 Angelina D'Amato (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 6 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 Baker

15 Social Security No.

16 BIRTHPLACE (City) Italy (State or country)

17 NAME OF FATHER Gesuele Castiello

18 BIRTHPLACE OF FATHER (City) Italy (State or country)

19 MAIDEN NAME OF MOTHER Cannot Be Learned

20 BIRTHPLACE OF MOTHER (City) Italy (State or country)

21 Informant Mrs. Angelina Castiello (Address) 311 Revere St Revere, Mass.

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Valter S. Baker (Signature of Agent of Board of Health or other)

(Official Designation) (Date of Issue of Permit) 10/24/52

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

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death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

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RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

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(2) **Board of health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths supposedly accidental (including resulting septicemia), and by the action of chemical (including thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had 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. 228

PLACE OF DEATH

1

Suffolk
(County)
Winthrop
(City or Town)

No. Winthrop Community Hosp St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Sarah C Murphy
(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. 434 Winthrop ave St. Revere Mass
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death years months 3 days. In place of residence 27 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH OCTOBER 22, 1952
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
Anchorage, 1941, to OCTOBER 21, 1952I last saw h ER alive on OCTOBER 21, 1952, death is said to
have occurred on the date stated above, at 4.20 A.M.DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a) BRONCHIAL PNEUMONIAINTERVAL BETWEEN ONSET
AND DEATH

2 OYS.

ANTECEDENT CAUSES
(b) HEMORRHAGE, ESOPHAGEAL
VARIX

4 OYS

Due To GENERALIZED ARTERIOSCLEROSIS
(c)OTHER SIGNIFICANT CONDITIONS
CHRONIC MYOCARDITIS
CHRONIC HYPERTROPHIC HEARTMajor findings:
Of operations HYPERTROPHIC

Date of operation 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) Harold Murphy Date Oct 20, 1952
(Address) 675 Beach St6 Place of Burial or Cremation St Joseph Cemetery Revere Mass.
(City or Town)

DATE OF BURIAL Oct 25, 1952

7 NAME OF FUNERAL DIRECTOR F. J. McElinchey

ADDRESS 583 Broadway Chelsea

Received and filed. OCT 24 1952

(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 Timothy J. Murphy
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 76 Years Months Days If under 24 hours
Hours Minutes13 Usual Occupation: Housewife
(Kind of work done during most of working life)

14 Industry or Business: at home

15 Social Security No.

16 BIRTHPLACE (City) Dublin
(State or country) Ireland

17 NAME OF FATHER Michael Coogan

18 BIRTHPLACE OF FATHER (City) Ireland
(State or country)

19 MAIDEN NAME OF MOTHER Catherine Walker

20 BIRTHPLACE OF MOTHER (City) Ireland
(State or country)21 Informant (Address) Alice Murphy
434 Winthrop 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)

(Official Designation)

(Date of Issue of Permit) 10/24/52

50M.(D)-6-51-904917

R-301A

INSTRUCTIONS
FOR
CERTIFICATEgiving
OF DEATHnot enter
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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 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

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. 9337 229

No. Boston City Hospital

(If death occurred in a hospital or institution, give its NAME instead of street and number)

FLORENCE RUNDQUIST

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. 93 Locust
(Usual place of abode)St. Winthrop, Mass.
(If nonresident, give city or town and State)

Length of stay: In place of death. years. months. days. In place of residence. years. months. days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH October 23, 1952
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from 10/22, 19, to 10/23/52

I last saw h. alive on 19, death is said to have occurred on the date stated above, at 4:20p. m.

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION

DIRECTLY LEADING

TO DEATH (a) Uremia

-unk.

ANTE CEDENT CAUSES Due To Urinary obstruction due to metastases from cancer of cervix

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) M. W. O'Connell, M. D.
(Address) BCH Date 10/24/526 Winthrop Winthrop
Place of Burial or Cremation (City or Town)

DATE OF BURIAL Oct. 27 19 52

7 NAME OF FUNERAL DIRECTOR F Magrath
ADDRESS E Boston

Received and filed NOV 3 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 or DIVORCED Married

10a If married, widowed, or divorced

HUSBAND of Harold A Rundquist

(or) WIFE of (Give maiden name of wife if full)
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 54 Years. Months. Days If under 24 hours Hours. Minutes

13 Usual Occupation: Housewife
(Kind of work done during most of working life)

14 Industry or Business: Own home

15 Social Security No. - - - - -

16 BIRTHPLACE (City) East Boston
(State or country) Mass.

17 NAME OF FATHER William J Campbell

18 BIRTHPLACE OF FATHER (City) West Roxbury
(State or country) Mass.

19 MAIDEN NAME OF MOTHER Catherine Daley

20 BIRTHPLACE OF MOTHER East Boston
(State or country) Mass.21 Informant H Rundquist
(Address)

A TRUE COPY Charles A. Mackie

ATTEST: (Registrar of City or Town where death occurred)

DATE FILED Oct. 28 19 52

RECEIVED



NOV-3 AM

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. 9327 230

PLACE OF DEATH

{ SUFFOLK
(County) BOSTON

(City or Town)

No. enroute to Peter Bent Brigham Hospital death occurred in a hospital or institution, St. (give its NAME instead of street and number)

2 FULL NAME FOREST N PARK
(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. 10 Beacon
(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 October 24, 1952
(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.)

Arteriosclerosis heart disease
probably coronary sclerosis
Carcinoma prostate

5 Accident, suicide, or homicide (specify).....

Date and hour of injury.....19.....

Where did

Injury occur?.....
(City or town and State)Did injury occur in or about home, on farm, in industrial place, or in public place?.....
(Specify type of place)

Manner of

Injury.....
(How did injury occur?)

Nature of

Injury.....

While at work?.....Was autopsy performed?.....

6 Was disease or injury in any way related to occupation of deceased?.....

If so, specify.....

(Signed) W Brickley, M. D.

(Address) Boston Date 10/25/52

7 Maplewood Norwich, Conn.
Place of Burial, or Cremation. (City or Town)

DATE OF BURIAL Oct. 27, 1952

8 NAME OF FUNERAL DIRECTOR E Caggiani

ADDRESS Winthrop, Mass.

Received and filed NOV 3 1952 19.....

(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

9 SEX M 10 COLOR OR RACE W 11 SINGLE (write the word)
MARRIED
WIDOWED
or DIVORCED Single

11a If married, widowed, or divorced

HUSBAND of.....
(Give maiden name of wife in full)(or) WIFE of.....
(Husband's name in full)

12 IF STILLBORN, enter that fact here.

13 AGE 73 Years 10 Months 24 Days
If under 24 hours
Hours.....Minutes.....14 Usual Occupation: - - -
(Kind of work done during most of working life)

15 Industry or Business: - - -

16 Social Security No. - - -

17 BIRTHPLACE (City) Norwich, Conn.
(State or country)

18 NAME OF FATHER Amos R Park

19 BIRTHPLACE OF FATHER (City) Franklin, Conn.
(State or country)

20 MAIDEN NAME OF MOTHER Olive Smith

21 BIRTHPLACE OF MOTHER (City) Ledyard, Conn.
(State or country)22 Informant. O A A
(Address)

A TRUE COPY Charles H. Inackie

ATTEST: (Registrar of City or Town where death occurred)

DATE FILED Oct. 28 19 52

RECEIVED



NOV-3

AM

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)

No. 142 Pleasant St



STANDARD

CERTIFICATE OF DEATH

Registered No.

231

PLACE OF DEATH

1 (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME. Charles Francis Thompson
(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 Banks St
(Usual place of abode)

(If nonresident, give city or town and State)

Length of stay: In place of death years months 14 days. In place of residence 35 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH October 24 1952
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
1947 to Oct 24 1952

I last saw him alive on Oct 24 1952 death is said to

have occurred on the date stated above, at 9:55 P. m.

DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a) Cerebral Hemorrhage 2 wksINTERVAL BE-
TWEEN ONSET
AND DEATH

ANTECEDENT CAUSES Due To (b) Hypertension years

Due To (c) Generalized arterio-sclerosis years

OTHER SIGNIFICANT CONDITIONS Trout 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) Robert C. Murray M. D.

(Address) Winthrop Date 25 Oct 1952

6 Winthrop Winthrop
(City or Town)

DATE OF BURIAL Oct. 27 1952

7 NAME OF FUNERAL DIRECTOR Howard S. Reynolds

ADDRESS Winthrop

Received and filed. OCT 27 1952

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Male 9 COLOR OR RACE White 10 SINGLE (write the word)
MARRIED
WIDOWED
or DIVORCED Widowed10a If married, widowed, or divorced
HUSBAND of Sarah L Steeves
(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 0 Days
If under 24 hours
Hours Minutes13 Usual Occupation: Sheet Metal Worker
(Kind of work done during most of working life)

14 Industry or Business: Roofing

15 Social Security No. 022-10-4790

16 BIRTHPLACE (City). Boston
(State or country) Mass

17 NAME OF FATHER John C Thompson

18 BIRTHPLACE OF FATHER (City)
(State or country) England

19 MAIDEN NAME OF MOTHER Margaret McDermott

20 BIRTHPLACE OF MOTHER (City)
(State or country) Canada21 Informant Florence Auburn
(Address) 37 Banks 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 10/27/52
(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. No interment is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons who they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, died without recent medical attendance or whose physician is absent and in the case of the certificate of death is needed.
- (3) **Medical examiners** will investigate and certify to all deaths supposably caused by violence, including resulting septicemia, and by the action of chemical (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 sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had 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.

232

PLACE OF DEATH

Suffolk
(County)Winthrop
(City or Town)

No.

Winthrop Community Hosp

(If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME

George A. 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)

no

(a) Residence. No.

(Usual place of abode)

102 Secumyln

St.

East Boston Mass
(If nonresident, give city or town and State)

Length of stay: In place of death..... years..... months..... 2 days. In place of residence..... 15 years..... months..... days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF
DEATH

Oct

26

1952

(Month)

(Day)

(Year)

I HEREBY CERTIFY, That I attended deceased from

Oct 19 - 1952 to Oct 26 1952

I last saw him alive on Oct 26 1952 death is said to

have occurred on the date stated above, at 7:00 p.m.

INTERVAL BE-
TWEEN ONSET
AND DEATHDISEASE OR CONDITION
DIRECTLY LEADING

TO DEATH (a) coronary thrombosis

ANTE Due To
CEDENT (b) myocardial heart
CAUSES disease

Due To

chronic myocardial

heart disease

OTHER
SIGNIFICANT
CONDITIONScholesterolosis
cholelithiasisMajor 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) 200 Washington St Date 10-26 19526 Calvary Boston
Place of Burial or Cremation (City or Town)

DATE OF BURIAL October 29 1952 19

7 NAME OF
FUNERAL DIRECTOR Richard C. Kirby

ADDRESS 17 Bennington St East Boston

Received and filed

OCT 27 1952

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

Katherine M. Cummings

(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 4 Days

If under 24 hours

Hours Minutes

13 Usual

Occupation: Traffic Manager

(Kind of work done during most of working life)

14 Industry

or Business:

U.S. Army Base Boston

15 Social Security No.

none

16 BIRTHPLACE (City)

Boston

(State or country)

Massachusetts

17 NAME OF

FATHER

William J. Gallagher

18 BIRTHPLACE OF

FATHER (City)

Boston

(State or country)

Massachusetts

19 MAIDEN NAME

OF MOTHER

Susan Cronin

20 BIRTHPLACE OF

MOTHER (City)

Boston

(State or country)

Massachusetts

21

Informant

(Address)

Katherine M. Cummings wife
1052 Bennington 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 L. 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 RECORD

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and sixteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war in which he also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and sixteen, the word "war" shall include the relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, 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 from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried, or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. — Chap. 114, Sec. 46, G. L. (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

none

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. 233

Suffolk
(County)Winthrop
(City or Town)

No. 10 Atlantic St.

{ (If death occurred in a hospital or institution,
give its NAME instead of street and number)2 FULL NAME Catherine Kelly McQueeeney
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT

{ (Was deceased a
U. S. War Veteran,
if so specify WAR)(a) Residence. No. 10 Atlantic 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 45 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH October 26 - 1952
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
Feb 7 1949 to Oct 26 1952
I last saw her alive on Oct 25 1952, death is said to
have occurred on the date stated above, at 12:10 A.M.INTERVAL BE-
TWEEN ONSET
AND DEATH
Known
3 mosDISEASE OR CONDITION
DIRECTLY LEADING TO DEATH (a) Carcinoma
of BowelANTE CEDENT
CAUSES (b)Due To
(c)OTHER
SIGNIFICANT
CONDITIONSHypertensive Heart Dis over
5 yrs
HypertensionMajor findings:
Of operations.

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?

If so, specify

(Signed)

(Address)

John F. Collins M.D.
Green Mass Date 27 Oct 19526 Place of Burial or Cremation Winthrop Winthrop
(City or Town)

DATE OF BURIAL Oct 29 1952 19

7 NAME OF
FUNERAL DIRECTORJohn F. O'Malley
Winthrop

ADDRESS

Received and filed Oct 29 1952 19

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX 9 COLOR OR RACE 10 SINGLE (write the word)

Female White MARRIED
WIDOWED
or DIVORCED10a If married, widowed, or divorced
HUSBAND of.

(Give maiden name of wife in full)

(or) WIFE of Frank J. McQueeeney
(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: Own Home

15 Social Security No.

16 BIRTHPLACE (City) Ireland
(State or country)

17 NAME OF FATHER Francis Kelly

18 BIRTHPLACE OF FATHER (City) Ireland
(State or country)

19 MAIDEN NAME OF MOTHER ----- Dolan

20 BIRTHPLACE OF MOTHER (City) Ireland
(State or country)21 Informant Francis McQueeeney
(Address) 10 Atlantic StI HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:Walter H. Baker
(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit) 10/28/52

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or 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. 46, 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 to do so from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral to be held, or from a person appointed to have the care of the cemetery or burial grounds in which the interment is made. — Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE
The following are the rules of practice of these laws calls for the observance of the following rules of practice:

- (1) **Attending Physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had 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. 234

PLACE OF DEATH

No.

St. (If death occurred in a hospital or institution,
give its NAME instead of street and number)

PHYSICIAN — IMPORTANT

(Was deceased a
U. S. War Veteran,
if so specify WAR)

2 FULL NAME

(If deceased is a married, widowed or divorced woman, give also maiden name)

(a) Residence. No.

(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

Oct. 29, 1952
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from
Oct. 28, 1952, to Oct. 29, 1952

I last saw him alive on Oct. 29, 1952, death is said to

have occurred on the date stated above, at 10:15 A.M.

DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a)

Coronary Thrombosis

INTERVAL BE-
TWEEN ONSET
AND DEATH
24 hrs.

ANTE
CEDENT
CAUSES

Due To

Coronary disease

3 yrs

Due To

Hypertension

8 yrs

OTHER
SIGNIFICANT
CONDITIONS

Diaphragmatic Hernia 2 yrs

Major findings:
Of operations.....

Date of operation.....

Was autopsy performed?

What test confirmed diagnosis? E.K.G. & Consultation

5 Was disease or injury in any way related to occupation of deceased?

If so, specify.....

(Signed).....

(Address).....

James Siegel, M. D.
Date 10/29, 1952

6 Beth Israel Plymouth Rock, Brockton
Place of Burial or Cremation (City or Town)

DATE OF BURIAL

Oct 30, 1952

7 NAME OF
FUNERAL DIRECTOR

Louis Hymanson

ADDRESS

117 N. Common St
Lynn

Received and filed

Oct 29 1952

(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.....

Samuel Newburgh
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12

AGE

53 Years 3 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:

Home

15 Social Security No.

None

16 BIRTHPLACE (City)
(State or country)

Russia

17 NAME OF
FATHER

Israel Rice

18 BIRTHPLACE OF

FATHER (City)

(State or country)

Russia

19 MAIDEN NAME

OF MOTHER

Gertrude Peleshuk

20 BIRTHPLACE OF

MOTHER (City)

(State or country)

Russia

21 Informant

(Address)

Husband
224 Campbell Ave Revere

I HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:

Walter H. Baker
(Signature of Agent of Board of Health or other)

Health Officer

10/29/52
(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 engaged, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-sever of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or 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).

4. RULES OF PRACTICE

The intention of the purpose of these laws calls for the observance of the following rules:

- (1) **Attending Physicians** will certify to such deaths only as those of persons to whom medical attention or bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, died without recent medical attendance 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
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. 235

PLACE OF DEATH

No.

39 Groves Ave.

(If death occurred in a hospital or institution,
St. { give its NAME instead of street and number)

2 FULL NAME

Robert Lee Basinger

(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT

(Was deceased a
U. S. War Veteran,
if so specify WAR)

(a) Residence. No.

14 Pebble Ave.

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 7 days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF
DEATHOctober 31 1952
(Month) (Day) (Year)I HEREBY CERTIFY, That I attended deceased from
August 15 1952 to October 31 1952

I last saw him alive on October 31 1952 death is said to

have occurred on the date stated above, at 11 P.M.

INTERVAL
BETWEEN
ONSET
AND
DEATH

DISEASE OR CONDITION

DIRECTLY LEADING
TO DEATH (a) Carcinoma of
Bladder

1 year

ANTE
CEDENT
CAUSESDue To Metastatic
Carcinoma (generalized)

3 mos

Due To Atherosclerotic
Heart Disease

2 years

OTHER
SIGNIFICANT
CONDITIONS

Rt. hemiparesis

4 mos

Major findings: Benign Prostatic Hypertrophy
Of operation.

Date of operation 4/9/50. 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: No

(Signed) J. S. Basinger, M. D.

(Address) Winthrop 54 Main St. Nov 1/52

6 Winthrop Winthrop
Place of Burial or Cremation (City or Town)

DATE OF BURIAL Nov. 3 1952

7 NAME OF
FUNERAL DIRECTOR Howard S. Bynolds

ADDRESS Winthrop Mass

Received and filed NOV 3 1952

(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

Gladeys Wiggins

(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 8 Months 23 Days

If under 24 hours

Hours Minutes

13 Usual

Occupation: Overseer

(Kind of work done during most of working life)

14 Industry

or Business:

Textile Mill

15 Social Security No.

007-01-4820

16 BIRTHPLACE (City)

New Richfield

(State or country)

North Carolina

17 NAME OF

FATHER

John C Basinger

18 BIRTHPLACE OF

FATHER (City)

Salisbury

(State or country)

North Carolina

19 MAIDEN NAME

OF MOTHER

Marinda A Crowell

20 BIRTHPLACE OF

MOTHER (City)

North Carolina

(State or country)

21

Informant

(Address)

Gladeys Basinger

14 Pebble 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 T. Baker

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. . . — General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

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 attention or whose physicians are 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 resulting directly or indirectly by traumatism (including resulting septicemia), but also deaths from chemical (drugs or poisons) thermal, or electrical agents, or following abortion, but also deaths from disease resulting from injury or infection relating to occupation, the sudden deaths of persons not disabled by recognizable disease, and those of persons found dead.

Statement of Cause of Death.—Physician or medical examiner to fill in instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had 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

Cambridge

(City or town making return)

Registered No. 1545 236

PLACE OF DEATH

Middlesex

(County)

Cambridge

(City or Town)



No. Sancta Maria Hospital

St. { (If death occurred in a hospital or institution,
give its NAME instead of street and number)2 FULL NAME Richard Lally
(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 Court Road
(Usual place of abode)

Winthrop

(If nonresident, give city or town and State)

Length of stay: In place of death.....years.....months.....1 days. In place of residence.....years.....months.....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH October 28, 1952
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
Oct. 27, 1952, to Oct. 28, 1952

I last saw him alive on Oct. 28, 1952 death is said to

have occurred on the date stated above, at 10.05 P.m.

DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a) PrematurityINTERVAL 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) Dr. T.B. Brazelton, M. D.
(Address) 51 Brattle St. Date 10-28 19526 Winthrop Cem. Winthrop, Mass.
Place of Burial or Cremation (City or Town)

DATE OF BURIAL October 30, 1952

7 NAME OF FUNERAL DIRECTOR Frederick Magrath

ADDRESS East Boston, Mass. B.

Received and filed NOV 13 1952

(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX male 9 COLOR OR RACE white 10 SINGLE (write the word)
MARRIED
WIDOWED
or DIVORCED single

10a If married, widowed, or divorced

HUSBAND of.....
(Give maiden name of wife in full)(or) WIFE of.....
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE - 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) Cambridge
(State or country)

17 NAME OF FATHER Edward Lally

18 BIRTHPLACE OF FATHER (City) Portland, Maine
(State or country)

19 MAIDEN NAME OF MOTHER Katherine Brennan

20 BIRTHPLACE OF MOTHER (City) Boston, Mass.
(State or country)21 Informant Edward Lally
(Address) 46 Court Rd. Winthrop, Mass.

A TRUE COPY

Frederick H. Burke

ATTEST: (Registrar of City or Town where death occurred)

Oct. 30, 1952

DATE FILED

RECEIVED



NOV 13 AM

PLACE OF DEATH

Middlesex
(County)Cambridge
(City or Town)

No. Holy Ghost Hospital



The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICSCOPY OF
CERTIFICATE OF DEATH

Cambridge

(City or town making return)

Registered No. 1579 237

2 FULL NAME Miss Margaret A. Gallagher
(If deceased is a married, widowed or divorced woman, give also maiden name.)(Was deceased a
U. S. War Veteran,
if so specify WAR) No(a) Residence. No. 109 Pleasant Street
(Usual place of abode)St. Winthrop, Mass.
(If nonresident, give city or town and State)

Length of stay: In place of death.....years 4 months 29 days. In place of residence 17 years.....months.....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH October 31, 1952
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
June 2, 1952, to Oct. 31, 1952I last saw her alive on October 31, 1952 death is said to
have occurred on the date stated above, at 9.50P m.DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a) BronchopneumoniaINTERVAL BE-
TWEEN ONSET
AND DEATHANTE CEDENT
CAUSES Due To (b)Due To
(c)OTHER
SIGNIFICANT CONDITIONS Arteriosclerosis
(generalized)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) Francis W. Drinan M. D.
(Address) Holy Ghost Hospt. Date 11/1 19526 Holy Cross Malden
Place of Burial or Cremation (City or Town)

DATE OF BURIAL November 3, 1952 19

7 NAME OF FUNERAL DIRECTOR Frank H. Carr
ADDRESS 79 Elm St., Charlestown

Received and filed NOV 20 1952 19

(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Female 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 78 Years - Months - Days If under 24 hours
Hours Minutes13 Usual Occupation: Housework
(Kind of work done during most of working life)

14 Industry or Business: Own home

15 Social Security No.

16 BIRTHPLACE (City) Londonderry
(State or country) Ireland

17 NAME OF FATHER Daniel F. Gallagher

18 BIRTHPLACE OF FATHER (City) Londonderry
(State or country) Ireland

19 MAIDEN NAME OF MOTHER Mary Bradley

20 BIRTHPLACE OF MOTHER (City) Londonderry
(State or country) Ireland21 Informant Helene Murphy
(Address) 85 Suffolk St., Medford

A TRUE COPY Frederick H. Burke

ATTEST: (Registrar of City or Town where death occurred)

DATE FILED November 4, 1952 19

RECEIVED



NOV 20

AM

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. 238

No. Winthrop Community Hospital

St. (If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME Edward J. d'Entremont

(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT

(Was deceased a
U. S. War Veteran, **WWI**
if so specify WAR)(a) Residence. No. 125 Lexington
(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 45 years. months. days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH November 1, 1952
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
Oct. 15, 1952 to Nov 1, 1952

I last saw him alive on Nov 1, 1952, death is said to

have occurred on the date stated above, at 109. m.

DISEASE OR CONDITION

DIRECTLY LEADING

TO DEATH (a)

Acute Pulmonary Edema

ANTE
CEDENT
CAUSES

Due To

(b)

Hypocardial

Infarct.

Due To

(c)

Hypertension

INTERVAL BE-
TWEEN ONSET
AND DEATH

1 Day

1 Week

1 Yr.

OTHER
SIGNIFICANT
CONDITIONSMajor findings:
Of operations.

Date of operation. none Was autopsy performed? L

What test confirmed diagnosis? L

5 Was disease or injury in any way related to occupation of deceased? L

If so, specify

(Signed)

(Address)

George H. Schwartz
125 Lexington St.
Malden

M. D.

Date 11/1/52

6 Holy Cross

Place of Burial or Cremation

(City or Town)

DATE OF BURIAL November 4, 1952

7 NAME OF
FUNERAL DIRECTOR

ADDRESS

Frederick J. Magnan
East Boston

Received and filed

NOV 3 1952

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 Annie M. D'Eon

(Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 60 Years Months Days If under 24 hours
Hours Minutes13 Usual Occupation: Accountant
(Kind of work done during most of working life)

14 Industry or Business: Swift & Co.

15 Social Security No. 011-10-4478

16 BIRTHPLACE (City) West Pubnico
(State or country) Nova Scotia

17 NAME OF FATHER Anthony d'Entremont

18 BIRTHPLACE OF FATHER (City) West Pubnico
(State or country) Nova Scotia

19 MAIDEN NAME OF MOTHER Emeline Bourque

20 BIRTHPLACE OF MOTHER (City) West Pubnico
(State or country) Nova Scotia21 Informant Annie N. d'Entremont
(Address) 125 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 L. Baker
(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit) 11/3/52

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, 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 such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health physicians** will certify such deaths only as those of persons who, though disabled by recent illness, died from disease unrelated to any form of injury, have died without recent medical attendance, or whose physician is absent from home when the certificate of death is made.
- (3) **Medical Examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognizable disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE *26 June 1918*

DATE OF DISCHARGE *18 January 1919*

RANK, RATING *Private*

ORGANIZATION AND OUTFIT *C. L. 347th Infantry*

SERVICE NUMBER *295 67 27*

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. 239

No. Winthrop Comm. Hosp. St. (If death occurred in a hospital or institution,
give its NAME instead of street and number)2 FULL NAME. Baby Boy Gaudette
(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. 586 Shirley St. St. (If nonresident, give city or town and State)
(Usual place of abode)

Length of stay: In place of death... years ... months ... days. In place of residence ... years ... months ... days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH Nov 1 1952
(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) StillbornINTERVAL 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) Dr. J. P. Carriano M. D.

(Address) 147 Winthrop St. Winthrop Date Nov 1 1952

6 Place of Burial or Cremation Winthrop (City or Town)

DATE OF BURIAL Nov 3 1952

7 NAME OF FUNERAL DIRECTOR Ernest P. Carriano

ADDRESS 147 Winthrop St. Winthrop

Received and filed NOV 3 1952 19

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Male 9 COLOR OR RACE White 10 SINGLE (write the word)
MARRIED WIDOWED Single
or DIVORCED

10a If married, widowed, or divorced

HUSBAND of... (Give maiden name of wife in full)

(or) WIFE of... (Husband's name in full)

11 IF STILLBORN, enter that fact here. Stillborn

12 AGE Years Months Days If under 24 hours
Hours 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 Herbert Gaudette

18 BIRTHPLACE OF FATHER (City) Arlington
(State or country) Mass

19 MAIDEN NAME OF MOTHER Joan E. Morrison

20 BIRTHPLACE OF MOTHER (City) Winthrop
(State or country) Mass21 Informant Herbert Gaudette
(Address) 586 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 11/3/52
(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 rests for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance 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

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. 240

No. 1

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. 139

(Usual place of abode)

St. Winthrop

(If nonresident, give city or town and State)

Length of stay: In place of death. 19 years. 19 months. 19 days. In place of residence 36 years. 36 months. 36 days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF
DEATH

(Month)

(Day)

(Year)

4 I HEREBY CERTIFY, That I attended deceased from

Jan 1948

to Mar 3

1952

I last saw her alive on Mar 2, 1952 death is said to

have occurred on the date stated above, at 3:30 P. M.

INTERVAL BE-
TWEEN ONSET
AND DEATH

DISEASE OR CONDITION

DIRECTLY LEADING

TO DEATH (a)

Chronic Bilectal
Cyanosis

ANTE Due To

CEDENT (b)

CAUSES

Due To

(c)

OTHER
SIGNIFICANT
CONDITIONS

Arteriosclerosis, gen

Major findings:

Of operations.

Date of operation.

Was autopsy performed?

What test confirmed diagnosis?

T. Ray

5 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

George A. Luke

Date 11-3

1952

6 Place of Burial or Cremation

Winthrop

(City or Town)

DATE OF BURIAL

Nov. 6

1952

7 NAME OF

FUNERAL DIRECTOR

Howard S. Reynolds

ADDRESS

Winthrop Mass

Received and filed

NOV 7 1952

19

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX

9 COLOR OR RACE

10 SINGLE

(write the word)

Female White

MARRIED
WIDOWED
or DIVORCED

Married

10a If married, widowed, or divorced

HUSBAND of.

(Give maiden name of wife in full)

(or) WIFE of George A Luke

(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE

70

Years

9

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:

At Home

None

15 Social Security No.

Boston

16 BIRTHPLACE (City)

(State or country)

Mass.

17 NAME OF

FATHER

Levi M Eagles

18 BIRTHPLACE OF

FATHER (City)

(State or country)

Nova Scotia

19 MAIDEN NAME

OF MOTHER

Jenny Lewis

20 BIRTHPLACE OF

MOTHER (City)

(State or country)

Nova Scotia

21

Informant

(Address)

George A Luke

139 Washington Ave. Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:

Walter L. 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).

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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 from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. — Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The intent of the purpose of these laws calls for the observance of the following rules of practice:

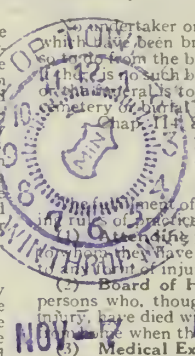
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(3) **Medical Examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

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SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

-301A

IONS

TIFICATE

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DEATHnter
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isease or
ng death.

50-(b)-(3)-11-49-970,560

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. 241

No. 150-11-49-970,560 St. { (If death occurred in a hospital or institution,
give its NAME instead of street and number)
2 FULL NAME Baby Martone
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN IMPORTANT

(Was deceased a
U. S. War Veteran,
if so specify WAR)(a) Residence. No. 150-11-49-970,560 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 Nov. 6 1952
(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) Stillborn
(? 6 months)INTERVAL BE-
TWEEN ONSET
AND DEATHANTE Due To
CEDENT (b)
CAUSESDue To
(c)OTHER
SIGNIFICANT
CONDITIONS PrematurityMajor 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)

Holy Cross Malden

Place of Burial or Cremation (City or Town)

DATE OF BURIAL November 10 1952 19

7 NAME OF FUNERAL DIRECTOR Vincent Rapino

ADDRESS 9 Chelsea St. East Boston

Received and filed. NOV 13 1952 19

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Female 9 COLOR OR RACE White 10 SINGLE (write the word)
MARRIED Single
WIDOWED
or DIVORCED10a If married, widowed, or divorced
HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of
(Husband's name in full)

11 IF STILLBORN, enter that fact here. 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 Joseph Martone

18 BIRTHPLACE OF FATHER (City) Boston
(State or country)

19 MAIDEN NAME OF MOTHER Pauline Schwede

20 BIRTHPLACE OF MOTHER (City) Boston
(State or country)21 Informant. Joseph Martone
(Address) 155 Chelsea St; East BostonI HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

EXTRACTS
FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of 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
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. 242

To be filed for burial permit
with Board of Health
or its Agent.

2 FULL NAME

No. Mounts Convalescent Home

Jessie S. Edwards

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 114 Moore
(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,
so specify (V.R.)St. East Boston
(If nonresident, give city or town and State)

Length of stay: In place of death. 10 months days. In place of residence 60 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH Nov 8 1952
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from

July 1 1950 to Nov 8 1952
I last saw him alive on Nov 7 1952, death is said to

have occurred on the date stated above, at 3.05 P. m.

DISEASE OR CONDITION

DIRECTLY LEADING

TO DEATH (a)

Generalized
ArteriosclerosisINTERVAL BE-
TWEEN ONSET
AND DEATH

1950

ANTECEDENT CAUSES
(b)Arteriosclerosis
heart disease

1950

Due To
(c)OTHER
SIGNIFICANT
CONDITIONSMajor findings:
Of operations...

Date of operation...

Was autopsy performed?

What test confirmed diagnosis?

Stethoscope

5 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

Ronde Gable
674 Elm

Date Nov 8 1952

6 Woodlawn
Place of Burial or CremationEverett
(City or Town)

DATE OF BURIAL

11-11-1952

7 NAME OF
FUNERAL DIRECTORCharles H. Treanor
East Boston

ADDRESS

Received and filed

NOV 10 1952

19

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX F. 9 COLOR OR RACE W. 10 SINGLE MARRIED (the word)
WIDOWED or DIVORCED

10a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

George Edwards
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 83 Years Months Days If under 24 hours
Hours Minutes13 Usual Occupation: Housework
(Kind of work done during most of working life)14 Industry or Business: Own Home
None

15 Social Security No.

16 BIRTHPLACE (City or State or country) New Brunswick

17 NAME OF FATHER Samuel Savoy

18 BIRTHPLACE OF FATHER (City or State or country) France

19 MAIDEN NAME OF MOTHER Jane Cassidy

20 BIRTHPLACE OF MOTHER (City or State or country) Ireland

21 Informant George Edwards Jr
(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 J. Baker
(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit) 11/10/52

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the United States relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or 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 with whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance 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

243

STANDARD
CERTIFICATE OF DEATH

Registered No.

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

HELEN M. GREENFIELD

(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT

(Was deceased a
U. S. War Veteran, ☐
if so specify WAR) No

(a) Residence. No.

14 CORAL AVE

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
DEATH

Nov

12

1952

(Month)

(Day)

(Year)

4 I HEREBY CERTIFY, That I attended deceased from

you, 19 45, to Nov 11, 19 52

I last saw her alive on Nov 11, 19 52, death is said to

DISEASE OR CONDITION

DIRECTLY LEADING

TO DEATH (a) Coronary occlusion

INTERVAL BE-
TWEEN ONSET
AND DEATH

36 hours

ANTE
CEDENT
CAUSES

Due To

(b) arterial hypertension

Due To

(c) Coronary sclerosis

OTHER
SIGNIFICANT
CONDITIONS

Congestive heart failure

Major findings:
Of operations.....

Date of operation.....

Was autopsy performed? no

What test confirmed diagnosis? ECG

5 Was disease or injury in any way related to occupation of deceased?

If so, specify.....

(Signed) Helen M. Greenfield

(Address) 44 7 St. Winthrop

Date Nov 12, 19 52

6 Tenth Isreal
Place of Burial or CremationEverett
(City or Town)

DATE OF BURIAL

Nov. 13

19 52

7 NAME OF
FUNERAL DIRECTOR

Ray F. Salomon

ADDRESS

420 Harvard St. Brookline

Received and filed

NOV 12 1952

19

(Registrar)

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

Joseph Greenfield

(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12

AGE

72 Years

78 Months

22 Days

If under 24 hours

Hours

Minutes

13 Usual

Occupation:

Nurse

(Kind of work done during most of working life)

14 Industry

or Business:

15 Social Security No.

None

16 BIRTHPLACE (City)

(State or country)

Hungary

17 NAME OF

FATHER

? GRUNTHALD

18 BIRTHPLACE OF

FATHER (City)

(State or country)

UNKNOWN

19 MAIDEN NAME

OF MOTHER

UNKNOWN

20 BIRTHPLACE OF

MOTHER (City)

(State or country)

UNKNOWN

21

Informant

(Address)

DR. H.B. GREENFIELD

7 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 L. Baker

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

11/12/52

EXTRACTS
FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered nurse, medical officer, and forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as to cause by the attending physician, where same was contracted, the duration of his last illness, the person alive by the physician or officer and the date of his death. Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States, in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

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Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

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Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)

No. 47 Prospect Ave.

2 FULL NAME

Orpah Ann (Robinson) Ridley

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No.

47 Prospect Ave.

(Usual place of abode)

St.

(If nonresident, give city or town and State)

Length of stay: In place of death 10 years months days. In place of residence 10 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH

November 12 1952
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from

19 47 to November 12 1952

I last saw her alive on Nov 10, 1952, death is said to

have occurred on the date stated above, at 8:35 P.m.

DISEASE OR CONDITION

DIRECTLY LEADING

TO DEATH (a) Cerebral Thrombosis 2 wks

INTERVAL BE-
TWEEN ONSET
AND DEATHANTE CEDENT
CAUSES

Due To

(b)

Renegalyzed

Arteriosclerosis years

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

(Signed)

(Address)

Winthrop, Mass. Nov 12, 1952

6 Fern Hill
Place of Burial or CremationHanson, Mass.
(City or Town)

DATE OF BURIAL

Nov. 15 1952

7 NAME OF
FUNERAL DIRECTOR

Edward S. Burdick

ADDRESS

Winthrop, Mass.

Received and filed

NOV 14 1952

19.

(Registrar)

The Commonwealth of Massachusetts

EDWARD J. CRONIN, SECRETARY
DIVISION OF VITAL STATISTICSSTANDARD
CERTIFICATE OF DEATHTo be filed for burial permit
with Board of Health
or its Agent.

Registered No.

244

{(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 Widow

10a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of George W Ridley

(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE

87 Years

10 Months

7 Days

If under 24 hours

Hours Minutes

13 Usual

Occupation:

Housewife

(Kind of work done during most of working life)

14 Industry

or Business:

At Home

15 Social Security No.

None

16 BIRTHPLACE (City)

(State or country)

London

England

17 NAME OF
FATHER

Thomas Robinson

18 BIRTHPLACE OF

FATHER (City)

(State or country)

England

19 MAIDEN NAME

OF MOTHER Ruth Twill

20 BIRTHPLACE OF

MOTHER (City)

(State or country)

England

PARENTS

21 Informant

(Address)

Mr Arthur E Ridley

47 Prospect 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)

11/14/52

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or 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

301A

ONS

IFICATE

G
DEATHater
one
each
nd (c)not mean
ing, such
asthenia,
e disease,
s whichditions,
se to the
stating
causecontrib-
h but not
sease or
g death.

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.

245

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 Alice Theresa Main
(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. 194 Broad St
(Usual place of abode)St. Lynn
(If nonresident, give city or town and State)

Length of stay: In place of death years months 10 days. In place of residence 55 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH Nov. 15 1952
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
June 5, 1952, to Nov 15, 1952
I last saw her alive on Nov 15, 1952 death is said to
have occurred on the date stated above, at 10:40 P. m.DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a) Carcinoma of BreastINTERVAL BE-
TWEEN ONSET
AND DEATH

1952

ANTECEDENT (b) TO
CAUSESDue To
(c)OTHER
SIGNIFICANT
CONDITIONS

Carcinoma of Lung

1952

Major findings: Carcinoma of Breast
Of operations.

Date of operation: June 6, 1952 Was autopsy performed? No

What test confirmed diagnosis? Pathology

5 Was disease or injury in any way related to occupation of deceased? No

If so, specify
(Signed) Depede Gately

(Address) 624 Benton St. Date Nov 15, 1952

6 Star of the Sea Cemetery, Marblehead
Place of Burial or Cremation (City or Town)

DATE OF BURIAL Nov. 19 1952

7 NAME OF FUNERAL DIRECTOR H. J. Richardson

ADDRESS 48 Lafayette Park, Lynn

Received and filed NOV 17 1952 19

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX F 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 60 Years 8 Months 23 Days If under 24 hours
Hours Minutes13 Usual Occupation: Clerk
(Kind of work done during most of working life)

14 Industry or Business: Department Store

15 Social Security No. 015-09-5956

16 BIRTHPLACE (City) Marblehead
(State or country) Mass.

17 NAME OF FATHER Joseph P. Main

18 BIRTHPLACE OF FATHER (City) Marblehead
(State or country) Mass.

19 MAIDEN NAME OF MOTHER Mary Haley

20 BIRTHPLACE OF MOTHER (City) Salem
(State or country) Mass.21 Informant Horace J. Main
(Address) 218 North G Street, Arlington Va.I HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:

M. L. L. Frankes

(Signature of Agent of Board of Health or other)

Health Officer (Date of Issue of Permit) 11/17/52

50M (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 disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect or failure with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid, and the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or by the action of diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. . . General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.

Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had 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.STANDARD
CERTIFICATE OF DEATH

Registered No. 246

PLACE OF DEATH

(County)

(City or Town)

No. 38 Lowell Rd.

St. (If death occurred in a hospital or institution,
give its NAME instead of street and number)2 FULL NAME: Aaron Krulfeld
(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 Lowell Rd. 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 20 years. months. days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH Nov. 16 1952
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
Nov. 1951, to Nov. 6 1952

I last saw him alive on Nov. 16, 1952 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 LEADING

TO DEATH (a) carcinoma of pancreas 18 mos

ANTECEDENT CAUSES

Due To (b) none

Due To (c) none

OTHER SIGNIFICANT CONDITIONS

none

Major findings: Carcinoma of Pancreas

Date of operation: Sept. 1951. Was autopsy performed? no

What test confirmed diagnosis? Pathological & clinical

5 Was disease or injury in any way related to occupation of deceased? no

If so, specify: Charles Scherman

(Signed) M. D.

(Address) 338 Sh. Dr. Winthrop Date 11/16/1952

6 Place of Burial or Cremation: Grave of Jacob GROVE ST.

(City or Town) West. Mass.

DATE OF BURIAL 11-17 1952

7 NAME OF FUNERAL DIRECTOR: Louis Schlossberg

ADDRESS: 1272 Blue Hill Ave. Matt.

Received and filed NOV 17 1952 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 Betty Alter
(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: Cutter
(Kind of work done during most of working life)

14 Industry or Business: Clothing Industry

15 Social Security No.

16 BIRTHPLACE (City) (State or country) Russia

17 NAME OF FATHER Abraham Krulfeld

18 BIRTHPLACE OF FATHER (City) (State or country) Russia

19 MAIDEN NAME OF MOTHER Shitra (Druckers can not be)

20 BIRTHPLACE OF MOTHER (City) (State or country) Russia

21 Informant (Address) Judith Chern 38 Lowell 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 L. Baker

(Signature of Agent of Board of Health or other)

(Official Designation) Health Officer (Date of Issue of Permit) 11/17/52

301A

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TIFICATE

DEATH

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EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or 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 supposedly due to injury. These include not only deaths caused directly or indirectly by trauma (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

PLACE OF DEATH

Suffolk

(County)

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

To be filed for burial permit
with Board of Health
or its Agent.

Registered No. 247

No. 170 Court Road St. (If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME Althea C. Kuebler
(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. 170 Court Rd. Winthrop 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 40 years.....months.....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH November 16 - 1952
(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.)

Left Coronary Arteriosclerosis
L.T. & R.T. Coronary Arteriosclerosis
Brain Lesions Presumed

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 Died at his home without
(How did injury occur?)

Nature of Injury recent medical care

While at work?..... Was autopsy performed? yes

6 Was disease or injury in any way related to occupation of deceased?.....

If so, specify Mr. X. Snickley and

(Signed) Boston M. D.

(Address) Boston Nov 17 - 1952

7 Woodlawn Crematory Everett
Place of Burial, or Cremation. (City or Town)

DATE OF BURIAL November 18 1952

8 NAME OF FUNERAL DIRECTOR Edward S. Arnold

ADDRESS Winthrop Maine

Received and filed.....19.....

(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 Joseph Kuebler
(Give maiden name of wife in full)

(or) WIFE of.....
(Husband's name in full)

12 IF STILLBORN, enter that fact here.

13 AGE 67 Years 0 Months 7 Days If under 24 hours
Hours.....Minutes

14 Usual Occupation: Housewife
(Kind of work done during most of working life)

15 Industry or Business: Own Home

16 Social Security No. None

17 BIRTHPLACE (City) Cambridge
(State or country) Maine

18 NAME OF FATHER Harry Whitney

19 BIRTHPLACE OF FATHER (City) Maine
(State or country)

20 MAIDEN NAME OF MOTHER Josephine Babcock

21 BIRTHPLACE OF MOTHER (City) Maine
(State or country)

22 Informant Joseph Kuebler
(Address) 170 Court Rd. Winthrop, Mass

I HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:

Walter E. Baker
(Signature of Agent of Board of Health or other)
Health Officer (Official Designation) 11/18/52
(Date of Issue of Permit)

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . .Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the 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

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. **248**

PLACE OF DEATH

Suffolk
(County)
Winthrop
(City or Town)No. **218 Cliff Ave**{(If death occurred in a hospital or institution,
St. { give its NAME instead of street and number)}

2 FULL NAME

Living Baker

(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. **218 Cliff Ave**

(Usual place of abode)

St.

(If nonresident, give city or town and State)

Length of stay: In place of death **12** years months days. In place of residence years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF
DEATH**Dec 24 1952**
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from

12:40 **24**, 19**52**, to **4:40 PM Dec 24**, 19**52**I last saw him alive on **Dec 24**, 19**52**, death is said tohave occurred on the date stated above, at **4:40** m.INTERVAL BE-
TWEEN ONSET
AND DEATHDISEASE OR CONDITION
DIRECTLY LEADINGTO DEATH (a) **Coronary artery disease****8 hrs.**ANTE Due To
CEDENT (b)
CAUSESDue To
(c)OTHER
SIGNIFICANT
CONDITIONSMajor findings: **16 x**
Of operations.

Date of operation. Was autopsy performed?

What test confirmed diagnosis? **16 x**5 Was disease or injury in any way related to occupation of deceased? **Yes**

If so, specify

(Signed) **Walter J. Baker**(Address) **151 Washington Ave Chelsea**Date **Nov 26**, 19**52**

M. D.

6 **New Market Tefilah W. Roxbury**
Place of Burial or Cremation (City or Town)DATE OF BURIAL **Nov 25**, 19**52**7 NAME OF
FUNERAL DIRECTOR**H J Toft**
ADDRESS **151 Washington Ave Chelsea**

Received and filed

NOV 26 1962

19

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX

male

9 COLOR OR RACE

white10 ~~MALE~~ (write the word)**MARRIED**
WIDOWED
or DIVORCED

10a If married, widowed, or divorced

HUSBAND of **Ada Syence**

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12

AGE **52** years

Months

Days

If under 24 hours

Hours

Minutes

13 Usual

Occupation: **machinist**

(Kind of work done during most of working life)

14 Industry

or Business: **Gen. Elec. Co.**

15 Social Security No.

029-10-6632

16 BIRTHPLACE (City)

(State or country)

Russia

17 NAME OF

FATHER

Benjamin Baker

18 BIRTHPLACE OF

FATHER (City)

(State or country)

Russia

19 MAIDEN NAME

OF MOTHER

Celia Hurwitz

20 BIRTHPLACE OF

MOTHER (City)

(State or country)

Russia

Informant

(Address)

Ada Baker
218 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

(Official Designation)

(Date of Issue of Permit)

11/25/52

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or 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 whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(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

STANDARD
CERTIFICATE OF DEATH

Registered No. 249

PLACE OF DEATH

S. South
(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 Alice M. Robide
(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. 2 Freeman St. St. REVERE, MASS.
(Usual place of abode)

Length of stay: In place of death 2 5 hrs. In place of residence 40 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH Nov. 26 1952
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
14 July 1949 to Nov. 26 1952
I last saw her alive on Nov. 26 1952, 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 hemorrhage 4 days

ANTECEDENT
CAUSES

Due To (b) Hypertension - 3 yrs.

Due To
(c)OTHER
SIGNIFICANT
CONDITIONSMajor findings:
Of operations.

Date of operation. Was autopsy performed? No -

What test confirmed diagnosis?

5 Was disease or injury in any way related to occupation of deceased? No.

If so, specify

(Signed) Salvatore R. Mancini M. D.
(Address) 259 Revere St. Revere Date 27 Nov. 19526 Place of Burial or Cremation Holy Cross Malden
(City or Town)

DATE OF BURIAL Nov 29 1952

7 NAME OF FUNERAL DIRECTOR Vincent Murray
ADDRESS Revere

Received and filed NOV 28 1952

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX = 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 47 Years Months Days If under 24 hours
Hours Minutes13 Usual Occupation:
(Kind of work done during most of working life)

14 Industry or Business: TEACHER

15 Social Security No. none

16 BIRTHPLACE (City). Somerville, Mass.
(State or country)

17 NAME OF FATHER Frederick W. Robide

18 BIRTHPLACE OF FATHER (City). Cambridge, Mass.
(State or country)

19 MAIDEN NAME OF MOTHER Jane Wood

20 BIRTHPLACE OF MOTHER (City). Cambridge, Mass.
(State or country)21 Informant Mrs. John Garvin
(Address) 45 White Ave. Revere

I HEREBY CERTIFY that the foregoing is a true and correct copy of the original certificate of death was issued.

Walter J. Baker (Signature)

(Health Officer) (Signature)

(Date of issue of permit) Nov 28 1952

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

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A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

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SPACE FOR ADDITIONAL INFORMATION

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. 10404250

No. Rose Finkle Nursing Home (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME ADA BROWN
(If deceased is a married, widowed or divorced woman, give also maiden name.)

68 Park Ave,

(a) Residence. No. xxx 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 28 1952
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
1/15 19 44 to 11/28 19 52I last saw her alive on 11/28 19 52, death is said to
have occurred on the date stated above, at 5:00a.m.DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a)Left cerebral
hemorrhageINTERVAL BE-
TWEEN ONSET
AND DEATH

1wk

ANTE CEDENT Due To Essential hypertension
CAUSES (b)Due To
(c)OTHER
SIGNIFICANT
CONDITIONSArteriosclerotic &
hypertensive heart diseaseMajor findings:
Of operations

-5yrs.

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) T. Feldman M. D.

(Address) 372 Marlboro St Date 11/28 19 52

6 Lawrence Ave. Cem. W Roxbury

Place of Burial or Cremation (City or Town)

DATE OF BURIAL Nov 28 1952

7 NAME OF FUNERAL DIRECTOR E Levine
ADDRESS Brookline, Mass.

Received and filed DEC 8 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
or DIVORCED Widowed

10a If married, widowed, or divorced

HUSBAND of Louis Brown
(Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 66 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) Russia
(State or country)

17 NAME OF FATHER Samuel - - -

18 BIRTHPLACE OF FATHER (City) Russia
(State or country)

19 MAIDEN NAME OF MOTHER Rose - - -

20 BIRTHPLACE OF MOTHER (City) Russia
(State or country)21 Informant R Gordon
(Address)A TRUE COPY
ATTEST: Charles H. Mackie
(Registrar of City or Town where death occurred)

DATE FILED Dec 1 19 52

RECEIVED



DEC-8 AM

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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.

251

PLACE OF DEATH

Suffolk
(County)Dorchester
(City or Town)

No.

Dorchester Community Hospital

(If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME.

Baby Boy Thomas

(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.

569 Bennington

(Usual place of abode)

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
DEATHNovember 28, 1952
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from

Nov 27, 1952 to Nov 28, 1952

I last saw him alive on Nov 28, 1952, death is said to

have occurred on the date stated above, at 6 P. m.

INTERVAL BE-
TWEEN ONSET
AND DEATH

DISEASE OR CONDITION

DIRECTLY LEADING

TO DEATH (a)

Prematurity

ANTE
CEDENT
CAUSES

Due To

(b)

atalectasis

ATELECTASIS

Due To

(c)

OTHER
SIGNIFICANT
CONDITIONScyanosis -
cyanosisMajor 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)

Dr. M. Caplan MD
186 Princeton St. E.B. Date 1-28-19526 Holy Cross
Place of Burial or CremationWalden
(City or Town)

DATE OF BURIAL

Dec 3, 1952

7 NAME OF
FUNERAL DIRECTOR

Frederick J. Magrath

ADDRESS

East Boston

Received and filed

DEC 3 1952

19

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX

Male

9 COLOR OR RACE

White

10 SINGLE

MARRIED

WIDOWED

OR DIVORCED

(write the word)

Single

10a If married, widowed, or divorced

HUSBAND of.....

(Give maiden name of wife in full)

(or) WIFE of.....

(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12

AGE.....

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)

Dorchester Mass.

17 NAME OF
FATHER

Joseph St Thomas

18 BIRTHPLACE OF

FATHER (City)

(State or country)

East Boston
Mass.

19 MAIDEN NAME

OF MOTHER

Beatrice Landry

20 BIRTHPLACE OF

MOTHER (City)

(State or country)

East Boston
Mass.

21 Informant

(Address)

Joseph St Thomas
569 Bennington 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 L. Baker

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

12/3/52 X

50M (9) 1-51 903586

EXTRACTS
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GOVERNING THE

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SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICSCOPY OF
CERTIFICATE OF DEATHFairhaven
(City or town making return)

Registered No.

252

PLACE OF DEATH

Bristol
(County)Fairhaven
(City or Town)

No. 583 Washington

St. { (If death occurred in a hospital or institution,
give its NAME instead of street and number)2 FULL NAME Charles L. Sylvia
(If deceased is a married, widowed or divorced woman, give also maiden name.)(Was deceased a
U. S. War Veteran,
if so specify WAR) Yes(a) Residence. No. Bartlett Road
(Usual place of abode)St. Winthrop, Mass.
(If nonresident, give city or town and State)

Length of stay: In place of death 1 years 9 months days. In place of residence 25 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH Nov. 10, 1952
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
Aug. 15 1952 to Nov. 10, 1952I last saw him alive on Nov. 8, 1952 death is said to
have occurred on the date stated above, at 2:15 A.M.DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a) Cerebral

hemorrhage

INTERVAL BE-
TWEEN ONSET
AND DEATH

4 days

ANTE CEDENT
CAUSES

Due To (b) hypertension

4 years

Due To
(c)generalized
arteriosclerosis

unknown

OTHER
SIGNIFICANT
CONDITIONSMajor findings:
Of operations

Date of operation Was autopsy performed? No

What test confirmed diagnosis? None

5 Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Aubrey J. Pelletier M. D.
(Address) 728 County St., New Bedford, Mass.

6 Place of Burial or Cremation Holy Trinity (City or Town) New Bedford, Mass.

DATE OF BURIAL Nov. 12, 1952 19

7 NAME OF
FUNERAL DIRECTOR Daniel F. Sawyer

ADDRESS 127 Chestnut St., New Bedford

Received and filed DEC 23 1952 19

(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Male 9 COLOR OR RACE White 10 SINGLE (write the word)
MARRIED
WIDOWED
or DIVORCED Single

10a If married, widowed, or divorced

HUSBAND of (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 67 Years Months Days If under 24 hours
Hours Minutes13 Usual Occupation: Traveling salesman
(Kind of work done during most of working life)

14 Industry or Business: Coolen Industry

15 Social Security No. 022-20-16334

16 BIRTHPLACE (City) New Bedford, Mass.
(State or country)

17 NAME OF FATHER Emmanuel V. Sylvia

18 BIRTHPLACE OF

FATHER (City) Azores
(State or country)

19 MAIDEN NAME

OF MOTHER Mary Elizabeth Carr

20 BIRTHPLACE OF

MOTHER (City) New Bedford, Mass.
(State or country)

21

Informant: William J. Sawyer
(Address) 110 South St., New Bedford

A TRUE COPY

ATTEST: Michael J. O'Leary
(Registrar of City or Town where death occurred)

DATE FILED Nov. 12, 1952

RECEIVED



DEC 23, 1952

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 DEATHDanvers
(City or town making return)

Registered No.

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 Elizabeth Lunney (Callahan)
(If deceased is a married, widowed or divorced woman, give also maiden name.)(Was deceased a
U. S. War Veteran,
if so specify WAR)

253

(a) Residence. No. 279 River Road St. Wintthrop
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death 1 years 2 months 5 days. In place of residence years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH November 18, 1952
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
Sept. 13, 1951 to Nov. 18, 1952I last saw her alive on Nov. 18, 1952 death is said to
have occurred on the date stated above, at 7:00 P. M.DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a) Cancer of StomachINTERVAL BE-
TWEEN ONSET
AND DEATH

months

ANTE DUE TO
CEDENT (b)
CAUSESDue To
(c)OTHER SIGNIFICANT
CONDITIONS Hypertensive heart
disease yearsMajor 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?

If so, specify

(Signed) Andrew Nichols 3rd M. D.
(Address) Danvers, Mass. Date 11/20/1952

6 Place of Burial or Cremation Hillside Cemetery (City or Town) Adams

DATE OF BURIAL November 21, 1952

7 NAME OF FUNERAL DIRECTOR John P. O'Malley
ADDRESS Wintthrop, Mass.

Received and filed DEC 24 1952 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 or DIVORCED Divorced

10a If married, widowed, or divorced

HUSBAND of (Give maiden name of wife in full)

(or) WIFE of James Lunney (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 33 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.

16 BIRTHPLACE (City) No. Adams
(State or country) Mass.

17 NAME OF FATHER Jeremiah Callahan

18 BIRTHPLACE OF FATHER (City) Ireland
(State or country)

19 MAIDEN NAME OF MOTHER Catherine (Burke)

20 BIRTHPLACE OF MOTHER (City) Ireland
(State or country)21 Informant Mary E. Sheehan
(Address)

A TRUE COPY Hathorne, Mass.

ATTEST: (Registrar of City or Town where death occurred)

DATE FILED Nov 21, 1952

RECEIVED



DEC 24

AM

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. 10475254

PLACE OF DEATH

SUFFOLK
BOSTON
(County)

(City or Town)

No. 818 Harrison Ave.

St. (If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME PERCY E CLAYTON

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(Was deceased a
U. S. War Veteran, WW II
if so specify WAR)(a) Residence. No. 47 Beacon
(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 November 28 1952
(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 coronary insufficiency due to
widespread severe coronary athero-
sclerosis, obliteration of the left
anterior descending artery and edema
of atherosclerotic plaque in the
right circumflex branch

5 Accident, suicide, or homicide (specify)

Date and hour of injury.....19.....

Where did
Injury occur?
(City or town and State)Did injury occur in or about home, on farm, in industrial place, or in public
place?
(Specify type of place)Manner of
Injury
(How did injury occur?)Nature of
Injury

While at work? Was autopsy performed? Yes

6 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) R. Ford, M. D.

(Address) Winthrop Date 11/29/19 52

7 Winthrop Winthrop

Place of Burial, or Cremation. Dec 1, (City or Town) 52

DATE OF BURIAL.....19.....

8 NAME OF FUNERAL DIRECTOR R Kirby

ADDRESS E Boston

Received and filed DEC 16 1952

(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

9 SEX M 10 COLOR OR RACE W 11 SINGLE (write the word)
MARRIED Married
WIDOWED
or DIVORCED11a If married, widowed, or divorced
HUSBAND of Frances T Hartford
(Give maiden name of wife in full)(or) WIFE of
(Husband's name in full)

12 IF STILLBORN, enter that fact here.

13 AGE 51 Years 8 Months 14 Days If under 24 hours
Hours.....Minutes14 Usual Occupation: Guard
(Kind of work done during most of working life)

15 Industry or Business: Gillette Safety Razor Co.

16 Social Security No. 120-16-7410

17 BIRTHPLACE (City) Boston, Mass.
(State or country)

18 NAME OF FATHER Samuel Clayton

19 BIRTHPLACE OF FATHER (City) England
(State or country)

20 MAIDEN NAME OF MOTHER Annie Heaton

21 BIRTHPLACE OF MOTHER (City) England
(State or country)22 Informant Wife
(Address) Charles H. ImbodenA TRUE COPY.
ATTEST: (Registrar of City or Town where death occurred)

DATE FILED Dec 2, 1952

DATE OF ENTERING MILITARY SERVICE - 6/30/42
DATE OF DISCHARGE 3/25/43
RANK, RATING Private
ORGANIZATION & OUTFIT - Battery E 207 Coast Artillery (anti-aircraft)
SERVICE NUMBER 31137425

RECEIVED



DEC 16 1952 AM

PLACE OF DEATH

Suffolk
(County)
Wentham
(City or Town)



The Commonwealth of Massachusetts
EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

MEDICAL EXAMINER'S
CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

Registered No.

255

No. *240 Wentham St.* (If death occurred in a hospital or institution, St. { give its NAME instead of street and number})
2 FULL NAME *Charlotte Pearson*
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(a) Residence. No. *20 Pleasant St. Wentham Mass*
(Usual place of abode) (If nonresident, give city or town and State)
Length of stay: In place of death.....years *8*.....months.....days. In place of residence.....years.....months.....days.

PHYSICIAN — IMPORTANT

(Was deceased a
U. S. War Veteran,
if so specify WAR)

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH *December 3, 1952*
(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 J. Moran* M. D.
(Address) *25 Chatham St.* Date *12/3* 19*52*

7 *Holy Cross Ann. Malden Mass*
Place of Burial, or Cremation (City or Town)

DATE OF BURIAL *Feb 6* 19*52*

8 NAME OF FUNERAL DIRECTOR *John J. & David*
ADDRESS *732 Broadway, Quincy, Mass*

Received and filed *DEC 5 1952* 19

(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 *William J. Pearson* *PEARSON*
(Give maiden name of wife in full)

(or) WIFE of *William J. Pearson*
(Husband's name in full)

12 IF STILLBORN, enter that fact here.

13 *66* AGE.....Years.....Months.....Days If under 24 hours
Hours.....Minutes

14 Usual Occupation: *maid*
(Kind of work done during most of working life)

15 Industry or Business: *McLean Hospital*

16 Social Security No. *none*

17 BIRTHPLACE (City) *Boston*
(State or country) *Mass*

18 NAME OF FATHER *Montague O'Donnell*

19 BIRTHPLACE OF FATHER (City) *P. O. Island*
(State or country)

20 MAIDEN NAME OF MOTHER *Ann Mc Gibany*

21 BIRTHPLACE OF MOTHER (City) *P. O. Island*
(State or country)

22 Informant: *Mary Ann Pearson*
(Address) *20 Pleasant St. Quincy, Mass*

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Walter J. Baker
(Signature of Agent of Board of Health or other)

Health Officer 12/5/52
(Official Designation) (Date of Issue of Permit)

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., 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

EXTRACTS
FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or 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. 46, 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 to do from the board of health or its agent appointed to issue such permits, or from the clerk of the board, from the clerk of the town where the body is to be buried, or from the clerk of the town where the body is to be held, or from a person appointed to have the care of the burial ground in which the interment is made. . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had 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. 257

PLACE OF DEATH

Suffolk
(County)Winthrop
(City or Town)

No. 52 Brookfield Road St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME HUGH J. SHAW
(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 Brookfield Road 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 45 years. months. days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH December 5, 1952

(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from August 15, 1951 to December 5, 1952

I last saw him alive on December 5, 1952 death is said to

have occurred on the date stated above, at 11:10 p.m.

INTERVAL BE-
TWEEN ONSET
AND DEATH

DISEASE OR CONDITION

DIRECTLY LEADING

TO DEATH (a) Cerebral

Hemorrhage

ANTE CEDENT CAUSES

Due To (b) Cerebral

Arteriosclerosis

Due To (c)

OTHER SIGNIFICANT CONDITIONS

Cerebral since Aug 15 1951

Thrombosis

Major findings:

Of operations. none

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) Jacob L. Pharo

(Address) 562 Stirling St. Date 12/6/52

6 Place of Burial or Cremation Winthrop (City or Town)

DATE OF BURIAL December 9, 1952

7 NAME OF FUNERAL DIRECTOR

John F. O'Malley

ADDRESS

Winthrop Mass.

Received and filed. DEC 8 1952

(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 Mary Arnaud
(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: Attorney
(Kind of work done during most of working life)

14 Industry or Business: Law

15 Social Security No.

16 BIRTHPLACE (City) Lajunta (State or country) Colorado

17 NAME OF FATHER Thomas Shaw

18 BIRTHPLACE OF FATHER (City) Boston (State or country) Massachusetts

19 MAIDEN NAME OF MOTHER Julia -----

20 BIRTHPLACE OF MOTHER (City) New York (State or country)

21 Informant Mary Shaw (Address) 52 Brookfield 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 L. Baker

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit) 12/8/52

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

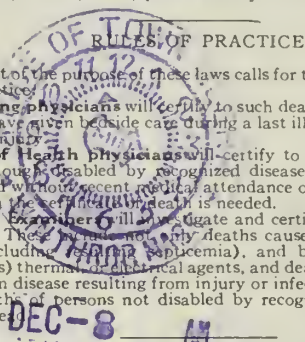
A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or 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).



The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the death occurs and medical death is needed.
- (3) **Medical examiners** will investigate and certify to all deaths supposedly due to injury. These include deaths caused directly or indirectly by traumatism (including road accidents), and by the action of chemical (drugs or poisons) thermal or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had 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.

258

STANDARD
CERTIFICATE OF DEATH

Registered No.

PLACE OF DEATH

Suffolk
(County)
Wentworth
(City or Town)

No. 34 Willow Ave St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Engel Di Pietro
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT

(Was deceased a
U. S. War Veteran,
if so specify WAR)(a) Residence. No. 34 Willow Ave 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..... 3 years..... months..... days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH Dec 9 1952
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
Oct. 1947, to Nov 16, 1952

I last saw him alive on Nov 16, 1952, death is said to

have occurred on the date stated above, at 12:25 A.M.

DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a) coronary thrombosisINTERVAL BE-
TWEEN ONSET
AND DEATH

2 min

ANTE Due To Impaired heart
CEDENT (b) disease
CAUSESDue To
(c)OTHER SIGNIFICANT
CONDITIONS Cardiac 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? No

If so, specify
(Signed) Joseph V. Leone M. D.
(Address) 222 Washington St Date 12-9-19526 FLY CROSS Wentworth Mass Maiden R
Place of Burial or Cremation (City or Town)

DATE OF BURIAL Dec 13, 1952

7 NAME OF FUNERAL DIRECTOR Jas. A. Longmire

ADDRESS 383 Sumner St City

Received and filed. DEC 14 1952

(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 Blanche Belyes
(Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 56 Years Months Days If under 24 hours
Hours Minutes

13 Usual Occupation Manager (Kind of work done during most of working life)

14 Industry or Business Owner (Cafe)

15 Social Security No. 021-20-3217

16 BIRTHPLACE (City) Boston Mass
(State or country)

17 NAME OF FATHER Luigi Di Pietro

18 BIRTHPLACE OF FATHER (City) Italy
(State or country)

19 MAIDEN NAME OF MOTHER Palmira Sfoza

20 BIRTHPLACE OF MOTHER Italy
(State or country)21 Informant Blanche Di Pietro
(Address) 34 Willow Ave WentworthI 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 of other)Health Officer 12/13/52
(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. . . or the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. . . 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

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.

259

STANDARD
CERTIFICATE OF DEATH

Registered No.

PLACE OF DEATH

Suffolk
County
Winthrop
(City or Town)No. Mayflower Nursing HomeSt. (If death occurred in a hospital or institution,
give its NAME instead of street and number)2 FULL NAME Mary Buckley
(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. 109 Circuit Rd.
(Usual place of abode)St. Winthrop
(If nonresident, give city or town and State)Length of stay: In place of death, years, 1 months, days. In place of residence 3 years, months, days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH December 10 1952
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
Nov 10, 1952 to Dec 10, 1952I last saw her alive on Dec 10, 1952 death is said to
have occurred on the date stated above, at 12:50 P.M.DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a) Cerebral ThrombosisINTERVAL BE-
TWEEN ONSET
AND DEATH4 wksANTECEDENT
CAUSESDue To (b) GeneralizedDue To (c) ArteriosclerosisyearsOTHER
SIGNIFICANT
CONDITIONSMajor findings:
Of operationsDate of operation Was autopsy performed? noWhat test confirmed diagnosis? clinical5 Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) Arthur C. Murray(Address) WinthropDate 11 Dec 19 526 St. Joseph's, Boston
Place of Burial or Cremation (City or Town)DATE OF BURIAL December 13, 19527 NAME OF FUNERAL DIRECTOR John G. KellyADDRESS 286 Meridian St., E. B.Received and filed DEC 10, 1952 19

(Registrar)

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 75 Years — Months — Days If under 24 hours
..... Hours Minutes13 Usual Occupation: House work
(Kind of work done during most of working life)14 Industry or Business: at home15 Social Security No. none16 BIRTHPLACE (City). Ireland
(State or country)17 NAME OF FATHER Jeremiah Buckley18 BIRTHPLACE OF FATHER (City) Cork
(State or country) Ireland19 MAIDEN NAME OF MOTHER Ellen O'Leary20 BIRTHPLACE OF MOTHER (City) Cork
(State or country) Ireland21 Informant Dennis Buckley
(Address) 109 Circuit 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. Baker
(Signature of Agent of Board of Health or other)Health Officer 12/12/52
(Official Designation) (Date of Issue of Permit)

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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 occur in any city or town in this Commonwealth are 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

Suffolk

(County)

Boston

(City or Town)

Boston

(City or town making return)

28010851

Registered No.

No. Jewish Memorial Hospital

St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Harry Kofman
 (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 Sea Foam Ave.
 (Usual place of abode)

St. Winthrop Mass.
 (If nonresident, give city or town and State)

Length of stay: In place of death 3 years 15 months 29 days. In place of residence 29 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH Dec. 10/52
 (Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from
 August, 25/52, to Dec. 10, 1952
 I last saw him alive on Dec. 10, 1952, death is said to
 have occurred on the date stated above, at 2:55 PM.

INTERVAL BETWEEN ONSET AND DEATH.

DISEASE OR CONDITION
 DIRECTLY LEADING TO DEATH (a) Terminal broncho pneumonia
 6 Days

ANTECEDENT CAUSES Due To Multiple decubitis
 (b) Sev. Mos.

Due To CVA with rt. hemiplegia
 (c) and aphasia 4 Mos.
 arterio sclerotic heart disease 2 yrs Plus

OTHER SIGNIFICANT CONDITIONS

Major findings: None
 Of operations.

Date of operation. Was autopsy performed? No

What test confirmed diagnosis? Clinical

5 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

I R Duke

Jewish Me. Hosp.

Date 12-10-52

Mt. Lebanon Mohliver West Roxbury Mass.

6 Place of Burial or Cremation (City or Town)

DATE OF BURIAL Dec. 11/52 19

7 NAME OF FUNERAL DIRECTOR A Golov
 ADDRESS Dorchester Mass.

Received and filed DEC 22 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 Rebecca Berman
 (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: Tailor
 (Kind of work done during most of working life)

14 Industry or Business:

15 Social Security No.

16 BIRTHPLACE (City) Russia
 (State or country)

17 NAME OF FATHER Albert Kofman

18 BIRTHPLACE OF FATHER (City) Russia
 (State or country)

19 MAIDEN NAME OF MOTHER Rose ---

20 BIRTHPLACE OF MOTHER (City) Russia
 (State or country)

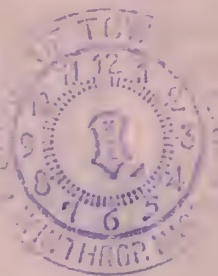
21 Informant R Kofman
 (Address)

A TRUE COPY

ATTEST: Charles H. Trachten
 (Registrar of City or Town where death occurred)

DATE FILED Dec. 15/52 19

RECEIVED



DEC 22

19

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.

261 10913

No. Mass. General Hospt.

{ (If death occurred in a hospital or institution,
St. { give its NAME instead of street and number)

2 FULL NAME Joseph W 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. 43 George 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 Dec.10/52
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from
Dec.9, 19 52 to Dec.10, 19 52
I last saw him alive on Dec/10, 19 52, death is said to
have occurred on the date stated above, at 9:10PM.

INTERVAL BE-
TWEEN ONSET
AND DEATH
10 hrs

DISEASE OR CONDITION
DIRECTLY LEADING TO DEATH (a) Cerebral hemorrhage

ANTE CEDENT CAUSES Due To Hypertensive vascular disease
(b)

Due To
(c)

OTHER
SIGNIFICANT
CONDITIONS

Major findings: None
Of operations.

Date of operation..... Was autopsy performed? No
What test confirmed diagnosis? Clinical

5 Was disease or injury in any way related to occupation of deceased?
If so, specify.....
(Signed) L Lezer M. D.
(Address) Mass. General Hospt 12-11-19 52
St Mary's Cem-Quincy Mass.

6 Place of Burial or Cremation (City or Town)

DATE OF BURIAL Dec/13/52 19.

7 NAME OF FUNERAL DIRECTOR F J McGrath
ADDRESS East Boston Mass.

Received and filed DEC 23 1952 19.

(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX M 9 COLOR OR RACE W 10 SINGLE (write the word)
MARRIED
WIDOWED Married
or DIVORCED

10a If married, widowed, or divorced
HUSBAND of Julia Hyland
(Give maiden name of wife in full)

(or) WIFE of.....
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 67 Years Months Days
If under 24 hours
Hours Minutes

13 Usual Occupation: Pressman
(Kind of work done during most of working life)

14 Industry or Business: Post Publishing Co. Ret.

15 Social Security No. 025-03-8307

16 BIRTHPLACE (City) East Boston Mass.
(State or country)

17 NAME OF FATHER John Murray

18 BIRTHPLACE OF FATHER (City) Ireland
(State or country)

19 MAIDEN NAME OF MOTHER Catherine Carroll

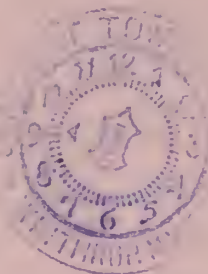
20 BIRTHPLACE OF MOTHER (City) Quincy Mass.
(State or country)

21 Informant Julia Murray
(Address)

A TRUE COPY
ATTEST: (Registrar of City or Town where death occurred)

DATE FILED Dec/15/52 19.

RECEIVED



DEC 23, 1952

The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

Boston

(City or town making return)

10918 262

Registered No.

Suffolk

(County)

Boston

(City or Town)

COPY OF
MEDICAL EXAMINER'S
CERTIFICATE OF DEATH

Enroute to Mass. General Hospt.

No. St. { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Arthur E Ruud
(If deceased is a married, widowed or divorced woman, give also maiden name.)(Was deceased a
U. S. War Veteran,
if so specify WAR)(a) Residence. No. 41 Banks 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 3 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH Dec. 11/52
(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.)

Subdural hematoma incurred in accidental fall alcoholism

5 Accident, suicide, or homicide (specify) accident
Date and hour of injury Dec. 11 19 52Where did Injury occur? Winthrop Mass.
(City or town and State)Did injury occur in or about home, on farm, in industrial place, or in public place? Home
(Specify type of place)Manner of Injury Accidental fall
(How did injury occur?)

Nature of Injury Subdural hematoma

While at work? Was autopsy performed? Yes

6 Was disease or injury in any way related to occupation of deceased?

If so, specify Michael A Luongo

(Signed) (Address) 25 Shattuck St. Date 12-11-52

Winthrop Cem-Winthrop Mass.

7 Place of Burial, or Cremation. Dec. 15/52 (City or Town)

DATE OF BURIAL 19

8 NAME OF FUNERAL DIRECTOR H S Reynolds
Winthrop Mass.

ADDRESS

Received and filed DEC 26 1952 19

(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

9 SEX M 10 COLOR OR RACE W 11 SINGLE (write the word)
MARRIED Married
WIDOWED
or DIVORCED11a If married, widowed, or divorced Catherine Butler
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 39 Years 2 Months 3 Days If under 24 hours
Hours Minutes14 Usual Occupation Steamfitter
(Kind of work done during most of working life)

15 Industry or Business Oil Burner Co.

16 Social Security No. 024-07-3127

17 BIRTHPLACE (City) East Boston Mass.
(State or country)

18 NAME OF FATHER Hjalmar Ruud

19 BIRTHPLACE OF FATHER (City) Norway
(State or country)

20 MAIDEN NAME OF MOTHER Elizabeth Tobisen

21 BIRTHPLACE OF MOTHER (City) Norway
(State or country)22 Informant Catherine Ruud
(Address)

A TRUE COPY.

ATTEST: Charles J. Mackie
(Registrar of City or Town where death occurred)

DATE FILED Dec/15/52 19

RECEIVED



DEC 26 14

PLACE OF DEATH

Suffolk

(County)

Boston

(City or Town)

No. Mass. General Hosp.

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. 11049 263

St. { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Anna Bakos
(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. 22 Bartlett Rd., Winthrop, Mass.
(Usual place of abode) St. 17 (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 13, 1952
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from 12-13-52 to 12-13-52
I last saw him alive on 12-13-52, death is said to have occurred on the date stated above, at 12:04 P.M.DISEASE OR CONDITION
DIRECTLY LEADING TO DEATH (a) Cerebellar hem.INTERVAL BETWEEN ONSET AND DEATH
daysANTE CEDENT (b) Hypertensive cardiac
CAUSES (c) vascular disease.

yrs

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 J. Q. Binion
(Signed) Mass. General Date 12-13-52
(Address)6 Winthrop Cem. Winthrop, Mass.
Place of Burial or Cremation (City or Town)

DATE OF BURIAL Dec 16, 1952

7 NAME OF FUNERAL DIRECTOR A.C. Hasiotis

ADDRESS Boston

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 WIDOWED or DIVORCED (write the word) Married

10a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full)

(or) WIFE of John Bakos
(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: Housewife
(Kind of work done during most of working life)

14 Industry or Business: at home

15 Social Security No. none

16 BIRTHPLACE (City) Greece
(State or country)

17 NAME OF FATHER Elias Fotopoulos

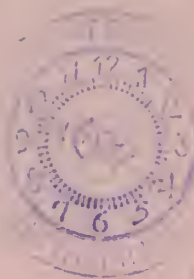
18 BIRTHPLACE OF FATHER (City) Greece
(State or country)

19 MAIDEN NAME OF MOTHER Pagona Paraskevopoulos

20 BIRTHPLACE OF MOTHER (City) Greece
(State or country)21 Informant Husband
(Address)A TRUE COPY
ATTEST: Charles H. Mackie
(Registrar of City or Town where death occurred)

DATE FILED 12-18-52

RECEIVED



DEC 31 19

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.

264

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 Bessie Linda (Scott) Erbeck
(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. 231 Court Rd.
(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 25 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH Dec 14 1952
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
Dec 12 1952 to Dec 14 1952I last saw her alive on Dec 14 1952 death is said to
have occurred on the date stated above, at 2:10 P. m.

DISEASE OR CONDITION

DIRECTLY LEADING

TO DEATH (a) Cerebral
hemorrhage (momie)INTERVAL BE-
TWEEN ONSET
AND DEATH

2 days

ANTE CEDENT
CAUSES (b) Hypertension
essentialDue To
(c)OTHER
SIGNIFICANT
CONDITIONSMajor findings:
Of operations

Date of operation Was autopsy performed?

What test confirmed diagnosis?

5 Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed)

(Address)

6 Winthrop Winthrop Winthrop
(City or Town)

DATE OF BURIAL

December 17 1952

7 NAME OF
FUNERAL DIRECTOR

ADDRESS

Received and filed

DEC 17 1952

19

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Female 9 COLOR OR RACE White 10 SINGLE (write the word)
MARRIED
WIDOWED
or DIVORCED Widow

10a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of George C Erbeck

(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 70 Years 8 Months 13 Days If under 24 hours
Hours Minutes13 Usual Occupation: Housewife
(Kind of work done during most of working life)

14 Industry or Business: Own home

15 Social Security No. None

16 BIRTHPLACE (City) New York City
(State or country) New York

17 NAME OF FATHER William Scott

18 BIRTHPLACE OF FATHER (City) Unable to obtain
(State or country)

19 MAIDEN NAME OF MOTHER Marion Moulton

20 BIRTHPLACE OF MOTHER (City) Unable to obtain
(State or country)21 Informant Donald Erbeck
(Address) 328 5th St Ridgfield Pk.I HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:Walter F. Baker
(Signature of Agent of Board of Health or other)

(Official Designation)

12/16/52
(Date of Issue of Permit)

100M-(D)-10-48-24858

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also insert in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . General Laws, Chap. 38, Sec. 6.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

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100M-(D)-10-46-24658



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. 265

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 Joseph A. Howard
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT

(Was deceased a
U. S. War Veteran,
if so specify WAR)(a) Residence. No. 4 Lorean Terrace 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 40 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH December 15, 1952
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
December 9, 1952 to December 15, 1952

I last saw him alive on December 15, 1952, death is said to

have occurred on the date stated above, at 8:40 P. m.

INTERVAL BE-
TWEEN ONSET
AND DEATHDISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a) Bleeding Peptic Ulcer-

massive. 7 days.

ANTE Due To
CEDENT (b)
CAUSESDue To
(c)OTHER
SIGNIFICANT
CONDITIONS

Diabetes Mellitus 7 years.

Major findings:
Of operations... Peptic ulcer, N.E. Baptist Hosp.

Date of operation Aug. 1950. 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)

Marvise Thompson Jr.

562 Shirley St. Winthrop, Dec. 15, 1952

M. D.

6 Winthrop Winthrop
Place of Burial or Cremation (City or Town)

DATE OF BURIAL December 18, 1952

7 NAME OF FUNERAL DIRECTOR John F. O'Malley

ADDRESS Winthrop Mass.

Received and filed DEC 18 1952 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 Ellen A. Lennon
(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: Ass't Sup't
(Kind of work done during most of working life)

14 Industry or Business: M.T.A.

15 Social Security No. 012-09-4648

16 BIRTHPLACE (City) Boston
(State or country) Mass.

17 NAME OF FATHER Andrew Howard

18 BIRTHPLACE OF FATHER (City) Boston
(State or country) Mass.

19 MAIDEN NAME OF MOTHER Mary A. Baldwin

20 BIRTHPLACE OF MOTHER (City) Boston
(State or country) Mass21 Informant Jean Wilkinson
(Address) 10 Eleanor Court WinthropI HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transfer permit was issued:Walter G. Baker
(Signature of Agent of Board of Health or other)

(Official Designation)

12/17/52
(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

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. 266

No. 65 Lowell Road St. (If death occurred in a hospital or institution,
give its NAME instead of street and number)2 FULL NAME Margaret Baldwin Dilleber
(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. 65 Lowell Road St.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death. 40 years. months. days. In place of residence 40 years. months. days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH December 16, 1952
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
Dec 12, 1952 to Dec 16, 1952I last saw her alive on Dec 15, 1952, death is said to
have occurred on the date stated above, at 12:32 p.m.DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a) ChronicINTERVAL BE-
TWEEN ONSET
AND DEATH 4 hrs.ANTECEDENT (b) Chronic
CAUSES Hypertension

Due To (c)

OTHER
SIGNIFICANT
CONDITIONSMajor findings: Normal
Of operations.

Date of operation. Was autopsy performed?

What test confirmed diagnosis? Clinical Signs

5 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

M. D.

Date

1952

6 Winthrop Winthrop
Place of Burial or Cremation (City or Town)

DATE OF BURIAL December 19, 1952

7 NAME OF FUNERAL DIRECTOR John F. O'Malley

ADDRESS Winthrop, Mass.

Received and filed. DEC 18 1952 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 Lorraine Dilleber

(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 88 If under 24 hours
AGE Years Months Days Hours Minutes13 Usual Occupation: Housewife
(Kind of work done during most of working life)

14 Industry or Business: Own Home

15 Social Security No.

16 BIRTHPLACE (City) East Boston
(State or country) Mass.

17 NAME OF FATHER Richard Baldwin

18 BIRTHPLACE OF FATHER (City)
(State or country) Nova Scotia

19 MAIDEN NAME OF MOTHER Maria Sullivan

20 BIRTHPLACE OF MOTHER (City)
(State or country) Ireland21 Informant Marie Fielding
(Address) 65 Lowell Road 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) 12/17/52
(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

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. 267

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 Mabel G. Glover
(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. 51 Fremont Street St. (If nonresident, give city or town and State)
(Usual place of abode)

Length of stay: In place of death years months 5 days. In place of residence 60 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH December 22 1952
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
Feb. 1 1946 to Dec. 22 1952
I last saw her alive on Dec. 22 1952, death is said to
have occurred on the date stated above, at 8:55 A.M.

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a) BronchopneumoniaANTECEDENT CAUSES (b) Myocardial infarction
disease

Due To (c) Pneumonia

OTHER SIGNIFICANT CONDITIONS (d) Diverticulosis, Hemorrhoids, Bleeding

Major findings: Of operations Aortic Aneurysm, Bleeding

Date of operation Dec. 18 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 E. Grogan

(Address) 174 Winthrop St. Date 1-2-23 1952 M. D.

6 Winthrop Cemetery Winthrop, Mass.
Place of Burial or Cremation (City or Town)

DATE OF BURIAL December 24 1952

7 NAME OF FUNERAL DIRECTOR Alfred B. Marsh

ADDRESS 174 Winthrop St. Winthrop, Mass.

Received and filed DEC 24 1952 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

10a If married, widowed, or divorced

HUSBAND of (Give maiden name of wife in full)

(or) WIFE of Leonard Glover
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 78 Years 4 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. none

16 BIRTHPLACE (City) Ellsworth
(State or country) Maine

17 NAME OF FATHER Jellison

18 BIRTHPLACE OF FATHER (City) Maine
(State or country)

19 MAIDEN NAME OF MOTHER Unable to ascertain

20 BIRTHPLACE OF MOTHER (City) " " "
(State or country)21 Informant Atty. Edward R. Thomas
(Address) 54 Devonshire St. Boston

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Signature of Agent of Board of Health or other
Official Designation Date of Issue of Permit 12/24/52

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

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.

268

No. Winthrop Community Hospital

(If death occurred in a hospital or institution,
St. { give its NAME instead of street and number)

2 FULL NAME. Florence M (English) Scott

(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. 197 Pauline St.

(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 35 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH December 22 1952
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
December 9, 1952 to December 22 1952I last saw her alive on December 22 1952, death is said to
have occurred on the date stated above, at 3:30 p.m.INTERVAL BE-
TWEEN ONSET
AND DEATH

DISEASE OR CONDITION

DIRECTLY LEADING

TO DEATH (a) Cirrhosis of liver

2 years

ANTE Due To
CEDENT (b)
CAUSESDue To
(c)OTHER
SIGNIFICANT
CONDITIONS

Acute Bacterial Endocarditis

Major findings:
Of operations. None

Date of operation. Was autopsy performed? Yes

What test confirmed diagnosis? Clinical lab. + autopsy.

5 Was disease or injury in any way related to occupation of deceased? No.

If so, specify

(Signed) Margaret T. English

(Address) 562 Shirley St. Winthrop

M. D. Dec. 22 1952

6 Winthrop Winthrop
Place of Burial or Cremation (City or Town)

DATE OF BURIAL December 24 1952

7 NAME OF
FUNERAL DIRECTOR

ADDRESS

Received and filed DEC 26 1952

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX

9 COLOR OR RACE

10 SINGLE (write the word)

Female

White

MARRIED
WIDOWED
or DIVORCED Widow

10a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of William Scott

(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12

61

Years

3

Months

19

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)East Boston
Mass.17 NAME OF
FATHER

William English

18 BIRTHPLACE OF

FATHER (City)

East Boston

(State or country)

Mass.

19 MAIDEN NAME

OF MOTHER

Margaret Donaghue

20 BIRTHPLACE OF

MOTHER (City)

Boston

(State or country)

Mass.

21

Informant
(Address)

Mary A English

197 Pauline 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 D. Baker
Health Officer
(Official Designation)12/24/52
(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. 414, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had 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 STATISTICSSTANDARD
CERTIFICATE OF DEATHWinthrop
(City or town making return)
Registered No. 269

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 Harriet Elizabeth (Wilson) McNutt
(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. 186 Bellingham Avenue St. Beachmont, Mass.
(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 8.....years.....months.....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH December 25 1952
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
Nov 21 1952 to Dec 25 1952I last saw her alive on Dec 25 1952 death is said to
have occurred on the date stated above, at 5:00 A. m.DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a) Hypostatic
pneumoniaANTECEDENT CAUSES
Due To (b) Carcinomatosis
Carcinomatosis
Probably 2 years

Due To (c)

OTHER SIGNIFICANT CONDITIONS
Old ageMajor findings: Cancer of Stomach - Liver
Of operations.

Date of operation Dec 10 1952 Was autopsy performed? No

What test confirmed diagnosis? X-ray + Operation

5 Was disease or injury in any way related to occupation of deceased? No

If so, specify (Signed) M. D.
(Address) 76 Elm St. Boston, Mass. Date Dec 26 19526 Forrest Hills Cemetery Boston, Mass.
Place of Burial or Cremation (City or Town)

DATE OF BURIAL December 27 1952

7 NAME OF FUNERAL DIRECTOR Alfred B. Marsh

ADDRESS 174 Winthrop St. Winthrop, Mass.

Received and filed DEC 28 1952

A TRUE COPY ATTEST:

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX 9 COLOR OR RACE 10 SINGLE (write the word)
Female White MARRIED WIDOWED Widowed
or DIVORCED

10a If married, widowed, or divorced

HUSBAND of (Give maiden name of wife in full)

(or) WIFE of John J. McNutt
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 87 Years 10 Months 27 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) So. Boston
(State or country) Mass.

17 NAME OF FATHER James L. Wilson

18 BIRTHPLACE OF FATHER (City) Vermont
(State or country)

19 MAIDEN NAME OF MOTHER Christianna Hayden

20 BIRTHPLACE OF MOTHER Quincy
(State or country) Mass.21 Informant Mrs. Richard S. Holt
(Address) 186 Bellingham Ave. BeachmontI HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation) (Date of Issue of Permit)

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . General Laws, Chap. 38, Sec. 6.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.

Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

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.

270

STANDARD
CERTIFICATE OF DEATH

Registered No.

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 Mary E. Donovan Brady
(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. 252 Winthrop Shore Drive
(Usual place of abode)

St. (If nonresident, give city or town and State)

Length of stay: In place of death..... years 8 months 9 days. In place of residence 10 years..... months..... days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH December 29 1952.
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
11/26 1952 to 12/29 1952
I last saw him alive on 12/29 1952 death is said toDISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a)

Cerebral Hemorrhage 20y

INTERVAL BE-
TWEEN ONSET
AND DEATHANTE CEDENT
CAUSES

Due To (b)

Due To (c)

Generalized
Arteriosclerosis 5-yOTHER
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) M. D. P. J. O'Connell M. D.
(Address) 670 Saratoga Ave. Date 12/30 19526 Holy Cross Malden
Place of Burial or Cremation (City or Town)

DATE OF BURIAL January 2 1953

7 NAME OF FUNERAL DIRECTOR John F. O'Malley

ADDRESS Winthrop Mass

Received and filed. RECD 31, 1953 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 Charles J. Donovan

(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 87
AGE..... Years..... Months..... DaysIf 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) Charlestown
(State or country) Mass

17 NAME OF FATHER Henry Brady

18 BIRTHPLACE OF FATHER (City)
(State or country)

Ireland

19 MAIDEN NAME OF MOTHER Ellen Sullivan

20 BIRTHPLACE OF MOTHER (City)
(State or country)

Ireland

21 Informant Mrs. John Haley
(Address) 252 Winthrop Shore DriveI 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) 12/30/52

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

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Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. . . — General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

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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 filed with 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

Form VS No. 60b, 1-11-50-10M Reels (D-172)

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)

New York State Department of Health OFFICE OF VITAL STATISTICS						49453	
Dist. No. <u>2260</u>						Registered No. <u>17</u>	
To be inserted by registrar							
1. PLACE OF DEATH: STATE OF NEW YORK a. COUNTY <u>Jefferson</u>				2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission). a. STATE <u>Mass</u>			
b. TOWN <u>Leray</u>				c. LENGTH OF STAY IN TOWN, CITY OR VILLAGE <u>1 mo. 9 days</u>		c. TOWN <u>Winthrop</u>	
c. CITY OR VILLAGE <u>Camp Drum</u>				d. CITY OR VILLAGE <u>Winthrop</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>USAH, Camp Drum, New York</u>				e. STREET ADDRESS <u>Villa Avenue</u>			
3. NAME OF DECEASED (Type or Print) <u>Conant, Leonard G, Jr; RA 107-355-10</u>				4. DATE OF DEATH (Month) <u>Aug</u> (Day) <u>2</u> (Year) <u>19 52</u>			
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>		8. IF MARRIED, WIDOWED OR DIVORCED, Name of Husband (or) Wife <u>-----</u>	
9. DATE OF BIRTH <u>Oct. 27, 1927</u>		10. AGE Years <u>24</u> Months <u>9</u> Days <u>5</u>		IF UNDER 24 HRS. Hours <u>-----</u> Min. <u>-----</u>		11. BIRTHPLACE (State or foreign country) <u>New York</u>	
12a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Aircraft Engine Mechanic</u>				12b. KIND OF BUSINESS OR INDUSTRY <u>-----</u>			
14. FATHER'S NAME <u>Leonard G Conant, Sr</u>				15. MOTHER'S MAIDEN NAME <u>Irene Wheeler</u>			
16. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, No, or unknown) <u>Yes</u> <u>28 Dec. 1950</u>				17. SOCIAL SECURITY NO. <u>-----</u>		18. SIGNATURE AND ADDRESS <u>WOODY S WILSON 1st Lt MSC USAH, Cp Drum, NY</u>	
19. 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.) ARTEREDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last. <u>I</u> <u>2 Aug 1952</u> <u>Cerebral Laceration</u> <u>Pneumothorax, Hemothorax, Fracture of 6th Dorsal Vertebra</u>				INTERVAL BETWEEN ONSET AND DEATH <u>1 1/2 days</u>			
OTHER SIGNIFICANT CONDITIONS contributing to the death, but not related to the disease or condition causing it. <u>825</u>							
20a. DATE OF OPERATION		20b. MAJOR FINDINGS OF OPERATION		21. AUTOPSY? YES ☒ NO ☐			
22a. ACCIDENT, SUICIDE, HOMICIDE (Specify) <u>Accident</u>		22b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Street</u>		22c. WHEN DID INJURY OCCUR? (City or town) <u>Fargos</u> (County) <u>Jefferson</u> (State) <u>NY</u>			
22d. TIME (Month) (Day) (Year) (Hour) (Minute) OF INJURY <u>Aug 1 1952 2:30 am</u>		22e. INJURY OCCURRED While at ☐ Not While at Work ☒		22f. HOW DID INJURY OCCUR? <u>Automobile Accident</u>			
23. I hereby certify that I attended the deceased from <u>1 Aug 19 52</u> , to <u>2 Aug 19 52</u> , that I last saw the deceased alive on <u>2 Aug 19 52</u> , and that death occurred at <u>9:00 p.m.</u> , from the causes and on the date stated above.							
24a. SIGNATURE <u>Bernard Gottfried</u>		M. D. <u>USAH Cp Drum, New York</u>		24b. ADDRESS		24c. DATE SIGNED <u>4 Aug 19 52</u>	
25a. PLACE OF BURIAL, CREMATION OR REMOVAL <u>Winthrop, Mass.</u>		25b. DATE <u>Aug 8 19 52</u>		25c. UNDERTAKER'S SIGNATURE <u>Herbert Benoit</u>		LICENSE NO. <u>5208</u>	
27. DATE FILED BY LOCAL REG. <u>Aug 5 19 52</u>		28. REGISTRAR'S SIGNATURE <u>John C. Conell</u>		29. UNDERTAKER'S ADDRESS <u>Watertown, N.Y.</u>			
Burial or Transit		Permit issued by <u>John C. Conell</u>		Date of issue <u>August 5, 19 52</u>			

FUNERAL DIRECTOR

ADDRESS

Received and filed Jan. 13, 1953 19

(Registrar of City or Town where deceased resided)

ATTEST:

(Registrar of City or Town where death occurred)

DATE FILED

19



(1949 Revision of Standard Certificate)
CERTIFICATE OF DEATH
New Hampshire

BIRTH NO.		STATE OF		STATE FILE NO.	
1. PLACE OF DEATH a. COUNTY Carroll			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) Tuftonboro		c. LENGTH OF STAY (in this place) 4 mo.		c. CITY (If outside corporate limits, write RURAL and give township) Winthrop ✓	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)			d. STREET ADDRESS (If rural, give location) 123 Quincy Ave.		
3. NAME OF DECEASED (Type or Print)		a. (First) Thomas		b. (Middle) Edmund	
		c. (Last) Pigott		4. DATE OF DEATH (Month) (Day) (Year) Oct. 22, 1952	
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) M		8. DATE OF BIRTH Jan. 7, 1886	
9. AGE (In years last birthday) 66		IF UNDER 1 YEAR Months Days		IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired banker			10b. KIND OF BUSINESS OR INDUSTRY		
11. BIRTHPLACE (State or foreign country) Boston, Mass.			12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13. FATHER'S NAME Thomas E. Pigott			14. MOTHER'S MAIDEN NAME Katherine Murtagh		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) No			16. SOCIAL SECURITY NO. No		
17. INFORMANT Mrs. Thomas E. Pigott wife					
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		
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion			INTERVAL BETWEEN ONSET AND DEATH 10 mins.		
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertensive cardiovascular disease 10 yrs					
DUE TO (c)					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Code #4201					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES ☐ NO ☒	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (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 10/22 , 19 52 , to 10/22 , 19 52 , that I last saw the deceased alive on --- , 19 --- , and that death occurred at 1:00 PM. , from the causes and on the date stated above.					
23a. SIGNATURE Harold E. Gregory		(Degree or title) M.D. Deputy Medical exam.		23b. ADDRESS Wolfeboro, N.H.	
23c. DATE SIGNED 10/22/52					
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Oct. 25, '52		24c. NAME OF CEMETERY OR CREMATORY Winthrop Cemetery	
24d. LOCATION (City, town, or county) (State) Winthrop, Mass.					
DATE REC'D BY LOCAL REG. Oct. 22, 1952		REGISTRAR'S SIGNATURE Irene B. Hardie		25. FUNERAL DIRECTOR ADDRESS Edmund A. Jewell Wolfeboro, N.H.	

NONRESIDENT

RECEIVED



JAN 13 1917

The Commonwealth of Massachusetts

Suffolk

(County)

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

REVERE

(City or town making return)

Revere

(City or Town)

COPY OF
CERTIFICATE OF DEATH

Registered No.

273

No. Revere Mem. Hospital

St. (If death occurred in a hospital or institution,
give its NAME instead of street and number)2 FULL NAME Domenica Malta (Catanuso)
(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 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 14.....days. In place of residence 1 years 6 months.....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH December 17, 1952
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
Nov. 3, 1952, to Dec. 17, 1952I last saw him alive on Dec. 17, 1952, death is said to
have occurred on the date stated above, at 2:30 A. M.DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a) Peritonitis
Rt. PneumonitisINTERVAL BE-
TWEEN ONSET
AND DEATH10
daysANTECEDENT CAUSES Due To Multiple
Infarctions10
days

Due To Paralytic Iliis

10
daysOTHER SIGNIFICANT
CONDITIONS Nephritis10
daysMajor findings: Appendicitis fibroid uteri
uterine polyps bilateral
salpingitis

Date of operation 12/4/52 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 Andrew Catino

(Signed) 94 Beach St. 12/18/52 D.

(Address) Revere Date

6 Place of Burial or Cremation Holy Cross Cemetery, Malden (City or Town)

DATE OF BURIAL December 20, 1952

7 NAME OF FUNERAL DIRECTOR Paul Buonfiglio

ADDRESS 128 Revere St. Revere

Received and filed JAN 20 1953 19.

(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Female 9 COLOR OR RACE White 10 SINGLE (write the word)
MARRIED Married
WIDOWED
or DIVORCED

10a If married, widowed, or divorced

HUSBAND of (Give maiden name of wife in full)

(or) WIFE of Joseph Malta

(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 33 Years 9 Months Days If under 24 hours
Hours Minutes13 Usual Occupation: Stitcher
(Kind of work done during most of working life)

14 Industry or Business: Skirt Factory

15 Social Security No. Boston, Mass.

16 BIRTHPLACE (City)
(State or country)

17 NAME OF FATHER Vincent Catanuso

18 BIRTHPLACE OF FATHER (City)
(State or country) Italy

19 MAIDEN NAME OF MOTHER Josephine Serra

20 BIRTHPLACE OF MOTHER (City)
(State or country) Italy21 Mr. Joseph Malta
Informant (Address) 36 Shore Drive Winthrop

A TRUE COPY

ATTEST: (Registrar of City or Town where death occurred)

DATE FILED December 19, 1952

RECEIVED



JAN 20

AM

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. 274 11307

No. Veterans Administration Hospital (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME THOMAS A FOULKE'S
(If deceased is a married, widowed or divorced woman, give also maiden name.)

29 Atlantic

(a) Residence. No. (Usual place of abode) St.

(Was deceased a U. S. War Veteran, if so specify WAR, Sp-Am. Winthrop, Mass.

(If nonresident, give city or town and State)

Length of stay: In place of death.....years.....months. 29 days. In place of residence.....years.....months.....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH December 21 1952
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from 11/23, 19, to 12/21, 1952.

I last saw h.....alive on....., 19, death is said to have occurred on the date stated above, at 7:40p.m.

DISEASE OR CONDITION
DIRECTLY LEADINGTO DEATH (a) hypertensive arterio-
sclerotic heart diseaseANTE Due To
CEDENT (b)
CAUSESDue To
(c)OTHER SIGNIFICANT CONDITIONS uremia due to arterio-
lar nephrosclerosis - 1mon.Major findings:
Of operations.....

Date of operation.....Was autopsy performed? no

What test confirmed diagnosis? clin. records

5 Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) Date 12/22, 1952 M. D.
(Address) Winthrop Cem. Winthrop, Mass.

6 Place of Burial or Cremation (City or Town)

DATE OF BURIAL Dec 26 1952

7 NAME OF FUNERAL DIRECTOR J O'Maley

ADDRESS Winthrop, Mass.

Received and filed.....19.....

(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX M 9 COLOR OR RACE W 10 SINGLE (write the word)
MARRIED
WIDOWED
or DIVORCED Married

10a If married, widowed, or divorced

HUSBAND of.....
(Give maiden name of wife in full)(or) WIFE of.....
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 72 Years 8 Months 12 Days If under 24 hours
Hours Minutes13 Usual Occupation: Rigger
(Kind of work done during most of working life)

14 Industry or Business: U S Naval Shipyard

15 Social Security No.
16 BIRTHPLACE (City) (State or country) England

17 NAME OF FATHER Peter Foulkes

18 BIRTHPLACE OF FATHER (City) (State or country) England

19 MAIDEN NAME OF MOTHER Sarah Bonney

20 BIRTHPLACE OF MOTHER (City) (State or country) England

21 Informant (Address) Hospital Records

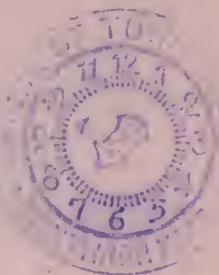
A TRUE COPY

ATTEST: Charles H. Inack
(Registrar of City or Town where death occurred)

DATE FILED Dec 26 1952

DATE OF ENTERING MILITARY SERVICE - 3/11/97
DATE OF DISCHARGE 5/20/01
RANK, RATING Gunner's Mate 3/c
ORGANIZATION & OUTFIT U S Navy

RECEIVED



JAN 19

18

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. 11306 275

PLACE OF DEATH

SUFFOLK
(County)
BOSTON

(City or Town)

No. Boston City Hospital

St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME FRANCIS P O'CONNOR
(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. 470 Winthrop
(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 36 years.....months.....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH December 22 1952
(Month) (Day) (Year)4 I HEREBY CERTIFY, That ~~Mr.~~ deceased from
12/22, 19, to 12/22, 1952

I last saw him 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) dissecting aneurysm
of ascending aortaINTERVAL BE-
TWEEN ONSET
AND DEATH

days

ANTE CEDENT
CAUSESDue To arteriosclerotic
heart disease

mos.

Due To
(c)OTHER
SIGNIFICANT
CONDITIONSMajor findings:
Of operations.....

Date of operation..... Was autopsy performed?

What test confirmed diagnosis? autopsy

5 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) M. W. O'Connell M. D.
(Address) B. C. H. Date 12/23 19526 Holy Cross Malden
Place of Burial or Cremation (City or Town)

DATE OF BURIAL Dec 26 19 52

7 NAME OF FUNERAL DIRECTOR J O'Maley

ADDRESS Winthrop, Mass.

Received and filed JAN 19 1953 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 Julia Sheerin
(Give maiden name of wife in full)(or) WIFE of.....
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 56 Years.....Months.....Days If under 24 hours
Hours.....Minutes13 Usual Occupation: Testman
(Kind of work done during most of working life)

14 Industry or Business: Telephone

15 Social Security No. 011-07-3282

16 BIRTHPLACE (City). Cambridge, Mass.
(State or country)

17 NAME OF FATHER Bartholomew O'Connor

18 BIRTHPLACE OF FATHER (City). Ireland
(State or country)

19 MAIDEN NAME OF MOTHER Mary Shea

20 BIRTHPLACE OF MOTHER (City). Ireland
(State or country)21 J O'Connor
Informant (Address)A TRUE COPY
ATTEST: Charles A. T. (Registrar of City or Town where death occurred)

DATE FILED Dec 26 19 52

RECEIVED



JAN 19

12

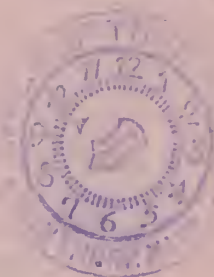
of death was transmitted on Form R-302 to the clerk of the city or town in which the deceased resided as soon as possible, after the close of the month in which the death occurred. (See Chap. 46, Sec. 12, G. L.)

25M-(B)-11-51-905807

302

The Commonwealth of Massachusetts		BOSTON	
EDWARD J. CRONIN SECRETARY OF THE COMMONWEALTH DIVISION OF VITAL STATISTICS		(City or town making return)	
SUFFOLK (County)		Registered No. 11464	
BOSTON (City or Town)		COPY OF CERTIFICATE OF DEATH	
1 PLACE OF DEATH No. Mass Memorial Hospitals		(If death occurred in a hospital or institution, give its NAME instead of street and number)	
2 FULL NAME MIRIAM S 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) 275	
(a) Residence. No. 62 Park Ave., (Usual place of abode)		XXXIX 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		PERSONAL AND STATISTICAL PARTICULARS	
3 DATE OF DEATH December 26 1952 (Month) (Day) (Year)		8 SEX F 9 COLOR OR RACE W 10 SINGLE MARRIED WIDOWED OR DIVORCED Widowed	
4 I HEREBY CERTIFY, That I attended deceased from 12/21 19 to 12/26 1952 I last saw her alive on 12/26 1952 death is said to have occurred on the date stated above, at 9:58p.m.		10a If married, widowed, or divorced HUSBAND of James Davis (Give maiden name of wife in full) (or) WIFE of (Husband's name in full)	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) rupture of heart wall 5mins		11 IF STILLBORN, enter that fact here.	
ANTE CEDENT CAUSES (b) posterior myocardial infarction 6days (c) coronary occlusion arteriosclerotic heart disease 6days years		12 AGE 63 years 3 Months 26 Days If under 24 hours Hours Minutes	
OTHER SIGNIFICANT CONDITIONS diabetes mellitus		13 Usual Occupation: Housework (Kind of work done during most of working life)	
Major findings: Of operations		14 Industry or Business: Own home	
Date of operation..... Was autopsy performed? yes		15 Social Security No. - - -	
What test confirmed diagnosis? autopsy		16 BIRTHPLACE (City) Everett, Mass. (State or country)	
5 Was disease or injury in any way related to occupation of deceased? If so, specify P. Bonnet M. D. (Signed) M. M. H. Date 12/27 1952 (Address) Woodlawn Everett, Mass.		17 NAME OF FATHER Charles E Rice	
6 Place of Burial or Cremation (City or Town) DATE OF BURIAL Dec 30 1952		18 BIRTHPLACE OF FATHER (City) Digby, N.S. (State or country)	
7 NAME OF FUNERAL DIRECTOR J E Henderson Co. Everett, Mass.		19 MAIDEN NAME OF MOTHER Amanda S Cunningham	
ADDRESS		20 BIRTHPLACE OF MOTHER (City) Nova Scotia (State or country)	
Received and filed JAN 19 1952		21 Informant (Address) Daughter	
(Registrar of City or Town where deceased resided)		A TRUE COPY ATTEST: Charles A. MacKie (Registrar of City or Town where death occurred)	
		DATE FILED Dec 30 1952	

RECEIVED



JAN 19 19

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)

11493 277

Registered No.

Suffolk

(County)

Boston

(City or Town)



Mass. General Hospt.

No. St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Jane Griffiths

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(Was deceased a
U. S. War Veteran,
if so specify WAR)

(a) Residence. No.

100 Fremont 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.....3.....days. In place of residence.....3.....years.....months.....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF
DEATH

Dec. 27/52

(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 subdural
hematoma fracture of mandible
accidentally incurred

5 Accident, suicide, or homicide (specify).....

accident

Date and hour of injury.....

Dec. 25

19

52

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

Manner of

Injury

Motor car struck pole

(Specify type of place)

Nature of

Injury

Fracture of skull

(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.....

Michael A Luongo

(Signed)

(Address)

25 Shattuck St

Boston

M. D.

Date 12-27-19-52

Holy Cross-Malden Mass.

Place of Burial, or Cremation.....

Dec. 31/52

(City or Town)

DATE OF BURIAL.....

19

8 NAME OF
FUNERAL DIRECTOR

J C Kelly

ADDRESS

East Boston Mass.

Received and filed.....

JAN 18 1953

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

WIDOWED

or DIVORCED

Single

11a If married, widowed, or divorced

HUSBAND of.....

(Give maiden name of wife in full)

(or) WIFE of.....

(Husband's name in full)

12 IF STILLBORN, enter that fact here.

13

AGE

20 Years

Months 3

Days

If under 24 hours

Hours

Minutes

14 Usual

Occupation:.....

Typist

(Kind of work done during most of working life)

15 Industry

or Business:.....

Insurance Co.

16 Social Security No.

031-24-4291

17 BIRTHPLACE (City)

(State or country)

Boston Mass.

18 NAME OF

FATHER

John A Griffiths

19 BIRTHPLACE OF

FATHER (City)

East Boston Mass.

(State or country)

20 MAIDEN NAME

OF MOTHER

Delia E Ford

21 BIRTHPLACE OF

MOTHER (City)

Dublin Ireland

(State or country)

22

Informant

(Address)

Father

A TRUE COPY.

ATTEST

Charles J. Mackie

(Registrar of City or Town where death occurred)

DATE FILED

Dec. 31/52

19

RECEIVED



JAN 19

17

of death should be transmitted on Form K-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.)

305

25m-(c)-11-49-900-475

The Commonwealth of Massachusetts
EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS
COPY OF
MEDICAL EXAMINER'S
CERTIFICATE OF DEATH



278

PLACE OF DEATH

Essex (County)
Salem (City or Town)

Salem (City or town making return)
Registered No. 477

No. Salem Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Nelson Beiger Johnson (If deceased is a married, widowed or divorced woman, give also maiden name.) (Was deceased a U. S. War Veteran, if so specify WAR)

(a) Residence. No. 11 Nahant Ave Essex, 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 Dec 2 1952 (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.)
Sudden death - Heart Disease
presumably coronary thrombosis
incurred at work

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? yes Was autopsy performed?

6 Was disease or injury in any way related to occupation of deceased?.....
If so, specify.....
(Signed) J. R. O'Rourke, M.D.
(Address) Salem, Mass Date 12-2-1952

7 Winthrop Cem. Winthrop
Place of Burial, or Cremation. (City or Town)
DATE OF BURIAL Dec 5 19.....

8 NAME OF FUNERAL DIRECTOR Alfred B. Marsh
ADDRESS Winthrop, Mass

Received and filed JAN 21 1953 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 MARRIED or DIVORCED

11a If married, widowed, or divorced HUSBAND of Cassie C Stephens (Give maiden name of wife in full)
(or) WIFE of..... (Husband's name in full)

12 IF STILLBORN, enter that fact here.
13 AGE 74 Years 4 Months 15 Days If under 24 hours Hours Minutes

14 Usual Occupation Off of Heating Equipment (Kind of work done during most of working life)

15 Industry or Business.....

16 Social Security No.....

17 BIRTHPLACE (City) Stockholm, Sweden (State or country)

18 NAME OF FATHER Johnson

19 BIRTHPLACE OF FATHER (City) Sweden (State or country)

20 MAIDEN NAME OF MOTHER Cannot be Learned

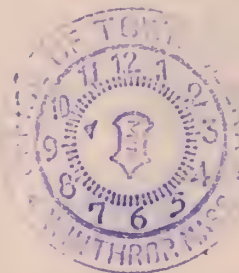
21 BIRTHPLACE OF MOTHER (City) Cannot be Learned (State or country)

22 Informant Mrs Nelson B Johnson (Wife) (Address) Winthrop, Mass

A TRUE COPY
ATTEST: Augustine J. Voinny (Registrar of City or Town where death occurred)

DATE FILED Dec 3 19.....

RECEIVED



JAN 21 1953 AM

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)

11516

Registered No.

No. Mass. Memorial Hospt. St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Baby Girl Reagan (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 Read St Winthrop Mass. (Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death years months days. In place of residence years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH Dec. 26/52 (Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from Dec. 25 19 52 to Dec. 26 19 52 I last saw him on Dec. 26 19 52 death is said to have occurred on the date stated above, at 12:55A

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? No

What test confirmed diagnosis?

5 Was disease or injury in any way related to occupation of deceased?

If so, specify.

(Signed)

(Address)

P. W. Madigan

Date

12-26 M. D. 52

6 Place of Burial or Cremation Holy Cross-Malden Mass. (City or Town)

DATE OF BURIAL Dec. 30/52 19

7 NAME OF FUNERAL DIRECTOR J F O'Maley Winthrop Mass. ADDRESS

Received and filed Dec. 31/52 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 (write the word) Single

10a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE Years Months Days If under 24 hours 12 hours 10 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 Andrew J Reagan Jr.

18 BIRTHPLACE OF FATHER (City) East Boston Mass. (State or country)

19 MAIDEN NAME OF MOTHER Edna I Manning

20 BIRTHPLACE OF MOTHER (City) Brockton Mass. (State or country)

21 Informant (Address) Andrew J Reagan.

A TRUE COPY ATTEST: Charles H. Thacker (Registrar of City or Town where death occurred)

DATE FILED 19

RECEIVED



JAN 26 AM

The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS
COPY OF
CERTIFICATE OF DEATH

Boston

280

(City or town making return)

Registered No. 11515

PLACE OF DEATH

Suffolk
(County)Boston
(City or Town)

No. Mass. Memorial Hospt.

(If death occurred in a hospital or institution,
St. give its NAME instead of street and number)2 FULL NAME Baby Girl #2 Reagan
(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 Read
(Usual place of abode)St. Winthrop Mass.
(If nonresident, give city or town and State)

Length of stay: In place of death. years. months. 1/2 days. In place of residence. years. months. days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH Dec. 26/52
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
Dec. 25, 19 52 to Dec. 26, 19 52I last saw h. alive on Dec. 26, 19 52 death is said to
have occurred on the date stated above, at 12:23A.m.DISEASE OR CONDITION
DIRECTLY LEADING TO DEATH (a) PrematurityINTERVAL 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)

P W Wadman

Mass. Mem. Hospt.

Date

Dec. 26, 19 52

6 Holy Cross - Malden Mass.
Place of Burial or Cremation (City or Town)

DATE OF BURIAL Dec. 30/52 19

7 NAME OF FUNERAL DIRECTOR J F O'Maley

ADDRESS Winthrop Mass.

Received and filed JAN 26 1953 19

(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX F 9 COLOR OR RACE W 10 SINGLE (write the word)
MARRIED Single
WIDOWED
or DIVORCED10a If married, widowed, or divorced
HUSBAND of (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE. Years. Months. Days If under 24 hours
12 Hours 8 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 Andrew J Reagan Jr.

18 BIRTHPLACE OF FATHER (City) East Boston Mass.
(State or country)

19 MAIDEN NAME OF MOTHER Edna L Manning

20 BIRTHPLACE OF MOTHER (City) Brockton Mass.
(State or country)21 Informant. A J Regan Jr.
(Address)

A TRUE COPY

ATTEST: Charles H. Mack
(Registrar of City or Town where death occurred)

DATE FILED Dec. 31/52 19

RECEIVED



JAN 26

AM

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. 11501-231

PLACE OF DEATH

Suffolk

(County)

Boston

(City or Town)



No. St. Elizabeth's Hospt.

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Baby Girl Dunbar

(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 Nahant Ave.

(Usual place of abode)

St.

Winthrop Mass.

(If nonresident, give city or town and State)

Length of stay: In place of death years months 4 days. In place of residence years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF
DEATH

Dec. 28/52

(Month)

(Day)

(Year)

4 I HEREBY CERTIFY, That I attended deceased from

Dec. 24, 19 52

to Dec. 28, 19 52

I last saw her alive on Dec. 28, 19 52, death is said to

have occurred on the date stated above, at 12:40AM

INTERVAL BE-
TWEEN ONSET
AND DEATH

DISEASE OR CONDITION

DIRECTLY LEADING Prematurity
TO DEATH (a)ANTE Due To
CEDENT (b)
CAUSES

Atelectasis

Due 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)

(Address)

T. J. McDonald

Boston Mass.

Date 12-28, 19 52

Winthrop Cem-Winthrop Mass.

6 Place of Burial or Cremation

(City or Town)

DATE OF BURIAL

Dec. 29/52

19

7 NAME OF
FUNERAL DIRECTOR

H S Reynolds

ADDRESS

Winthrop Mass.

Received and filed JAN 2 8 1953 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

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

4 Hours

Minutes

13 Usual

Occupation:

(Kind of work done during most of working life)

14 Industry
or Business:

15 Social Security No.

16 BIRTHPLACE (City)
(State or country)

Boston Mass.

17 NAME OF
FATHER

Richard Dunbar

18 BIRTHPLACE OF

FATHER (City)

Winthrop Mass.

(State or country)

19 MAIDEN NAME

OF MOTHER

Jean C O'Neil

20 BIRTHPLACE OF

MOTHER (City)

Somerville Mass.

(State or country)

21

Informant
(Address)

Richard Dunbar

A TRUE COPY

ATTEST:

(Registrar of City or Town where death occurred)

DATE FILED

Dec. 31/52

19

RECEIVED



JAN 23 19



