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INSTRUCTIONS
FOR
L CERTIFICATEgiving
OF DEATH

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

does not mean
de of dying,
heart failure,
etc. It means
ase, or compli-
which caused

ions, if any,
gave rise to
cause (a),
the under-
cause last.

itions contrib-
death but not
to the terminal
condition given

- Chapter 137,
1954, requires
ans to print or
he cause or
of death on
certificates.

PLACE OF DEATH

SUFFOLK

(County)

WINTHROP

(City or Town)

No.

-104 HIGHLAND AVE.

2 FULL NAME

AMY D (CHADWICK) McDONALD

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

(a) Residence. No.

(Usual place of abode)

799 SHIRLEY ST.

St.

(If nonresident, give city or town and State)

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

MEDICAL CERTIFICATE OF DEATH

3 DATE OF

DEATH

JAN

1

1957

(Month)

(Day)

(Year)

4 I HEREBY CERTIFY, That I attended deceased from

OCT 29, 1951, to JAN 1, 1957

I last saw him alive on JAN 1, 1957, death is said to

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

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) CEREBRAL HEMORRHAGE

INTERVAL
BETWEEN
ONSET AND
DEATH

2 WKS

Due To

(b)

ARTERIO-SCLEROTIC and
HYPERTENSIVE HEART DIS

2 YRS.

Due To

(c)

OTHER
SIGNIFICANT
CONDITIONS

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)

Myron N. King

M. D.

(Address)

22 PLEASANT ST

Date

1/2

1957

6

Place of Burial or Cremation

(City or Town)

DATE OF BURIAL

Jan 4

1957

7 NAME OF

FUNERAL DIRECTOR

Howard S. Reynolds

ADDRESS

Wintthrop Mass

Received and filed

JAN 3

1957

19

(Registrar)

The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH

DIVISION OF VITAL STATISTICS

STANDARD

CERTIFICATE OF DEATH

Registered No.

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

PHYSICIAN — IMPORTANT

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

PERSONAL AND STATISTICAL PARTICULARS

8 SEX

9 COLOR

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

Terence Mc Donald

(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12

AGE

Years

C Months

9 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) New Hampshire

17 NAME OF

FATHER

William Chadwick

18 BIRTHPLACE OF

FATHER (City)

Troy

(State or country)

New Hampshire

19 MAIDEN NAME

OF MOTHER

Sarah Moore

20 BIRTHPLACE OF

MOTHER (City)

Philichthra

(State or country)

Ill. not.

21

Informant

(Address)

Terence Mc Donald

37 Wintthrop St Wintthrop Mass

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

(Signature of Agent of Board of Health or other)

Edith J. Poirer

(Official Designation)

(Date of Issue of Permit)

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

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

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

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

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

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

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

RULES OF PRACTICE

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

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

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

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

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

R-301A

INSTRUCTIONS
FOR
CERTIFICATEgiving
OF DEATHnot enter
than one
for each
(b) and (c)does not mean
of dying,
heart failure,
etc. It means
se, or compli-
which causedons, if any,
gave rise to
cause (a),
the under-
cause last.itions contrib-
death but not
o the terminal
condition givenChapter 137,
1954, requires
ans to print or
e cause or
of death on
certificates.

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.

STANDARD

CERTIFICATE OF DEATH

Registered No. 2

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

2 FULL NAME ANNIE A. SNOWDON

(If deceased 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. 288 FAYETTE ST.

(Usual place of abode)

St. WOLLASTON

(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 2 1957
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
DEC 28 1956 to JAN 2 1957I last saw her alive on JAN 2 1957, death is said to
have occurred on the date stated above, at 3:00 P.M.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) UREMIA -

INTERVAL
BETWEEN
ONSET AND
DEATH

2 WKS.

Due To (b) ARTERIO-SCLEROTIC HEART
DIS.

1 YR.

Due To (c) GENERAL ARTERIO-SCLEROSIS

2 YRS

OTHER SIGNIFICANT CONDITIONS ARTHRITIS - OSTEO
CARCINOMA - BLADDER
METASTASIS TO SPINE (LUMBAR)

2 YRS

6 WKS

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) Myron D. King MD, M. D.

(Address) 222 PLEASANT ST. W. NEAR Date 1/2 1957

6 Wollaston (City or Town)

DATE OF BURIAL Jan 4 1957

7 NAME OF FUNERAL DIRECTOR Howard S. Reynolds

ADDRESS Wollaston Mass.

Received and filed JAN 3 1957 19

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Female 9 COLOR 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 82 Years 11 Months 21 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) Sackville
(State or country) New Brunswick

17 NAME OF FATHER William S. Swartz

18 BIRTHPLACE OF FATHER (City) Sackville
(State or country) New Brunswick

19 MAIDEN NAME OF MOTHER Edith Campbell

20 BIRTHPLACE OF MOTHER (City) Sackville
(State or country) New Brunswick21 Informant (Address) Annie Regan
81 Canton St. Canton Mass.I HEREBY CERTIFY that a satisfactory standard certificate of death
was filed with me BEFORE the burial or transit permit was issued:Helen E. Lynam, Jr.
(Signature of Agent of Board of Health or other)Health Officer 1/3/57
(Official Designation) (Date of Issue of Permit)

100M-11-35-916148

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

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

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

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

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

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

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

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

INSTRUCTIONS
FOR
CERTIFICATEgiving
OF DEATHnot enter
than one
for each
(b) and (c)does not mean
e of dying,
heart failure,
etc. It means
se, or compli-
which causedons, if any,
ave rise to
cause (a),
the under-
cause last.itions contrib-
death but not
o the terminal
condition givenChapter 137,
1954, requires
ns to print or
e cause or
of death on
certificates.

100M-11-55-916145

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. 3

PLACE OF DEATH

Suffolk
(County)
WINTHROP
(City or Town)

No. 17 CUTLER

(If death occurred in a hospital or institution,
St. (give its NAME instead of street and number))2 FULL NAME LILLIE M. TURNER
(If deceased is a married, widowed or divorced woman, give also maiden name.)PHYSICIAN — IMPORTANT
(Was deceased a
U. S. War Veteran,
if so specify WAR)(a) Residence. No. 17 CUTLER
(Usual place of abode)

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

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

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH January 2 1957
(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 6:45 P.M.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Natural Causes

INTERVAL
BETWEEN
ONSET AND
DEATHDue To Presumably Coronary
(b) OcclusionDue To Arteriosclerotic Heart
(c) Disease yrsOTHER
SIGNIFICANT
CONDITIONSWas autopsy performed? no
What test confirmed diagnosis? clinical5 Was disease or injury in any way related to occupation of deceased? no
If so, specifySuffolk Board of Health M. D.
(Address) Wintthrop Date 3 Jan 1957Place of Burial or Cremation Wintthrop
(City or Town)

DATE OF BURIAL Jan 4 1957

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

Received and filed JAN 8 1957 19

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX FEMALE 9 COLOR WHITE 10 SINGLE (write the word)
MARRIED
WIDOWED
or DIVORCED WIDOW10a If married, widowed, or divorced
HUSBAND of(Give maiden name of wife in full)
(or) WIFE of JAMES TURNER
(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: 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) San Francisco
CALIFORNIA

17 NAME OF FATHER WILLIAM WOODSIDE

18 BIRTHPLACE OF FATHER (City, State or country) PRINCE EDWARD ISL.

19 MAIDEN NAME OF MOTHER MAY S. HUMPHRIES

20 BIRTHPLACE OF MOTHER (City, State or country) NEW BRUNSWICK NJ

21 Informant JAMES TURNER
(Address) 17 CUTLER 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 Office 1/3/57
(Official Designation) (Date of Issue of Permit)

H.D.V.

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

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

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

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

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

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable 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

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

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 JOHN R COUNTAWAY (If deceased 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. 15 SEYMOUR 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 45 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH January 3 1957
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from March 23, 1945, to January 3, 1957
I last saw him alive on Jan. 3, 1957, death is said to have occurred on the date stated above, at 9:45 a.m.

INTERVAL
BETWEEN
ONSET AND
DEATH

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Rheumatic heart disease

10yrs

Due To (h) _____

Due To (c) _____

OTHER SIGNIFICANT CONDITIONS Chronic pylonephritis 7yrs

Was autopsy performed? no
What test confirmed diagnosis? Clinical & lab.

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

(Signed) Maurice Trappier Jr., M. D.

(Address) 562 Shirley St. Date 1/3 1957

Wintthrop Wintthrop
Place of Burial or Cremation (City or Town)

DATE OF BURIAL Jan. 5 1957

7 NAME OF FUNERAL DIRECTOR Howard S. Rimmels
ADDRESS Wintthrop Mass

Received and filed Jan 7 1957 19

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX 9 COLOR 10 SINGLE (write the word)
MALE WHITE MARRIED
WIDOWED MARRIED
OR DIVORCED

10a If married, widowed, or divorced HUSBAND of AURILLA STECKWELL
(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 0 Months 11 Days If under 24 hours
Hours Minutes

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

14 Industry or Business: Contractor

15 Social Security No. None

16 BIRTHPLACE (City) Cape Sable Isles
(State or country) Nova Scotia

17 NAME OF FATHER Samuel Countaway

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

19 MAIDEN NAME OF MOTHER PHOEBE ATKINS

20 BIRTHPLACE OF MOTHER (City) UNABLE TO OBTAIN
(State or country) MASSACHUSETTS

21 Informant: Aurilla Countaway
(Address) 15 Seymour St. Wintthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Ralph E. Seaman R.A.
(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

100-11-95-916145

EXTRACTS
FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

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

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

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

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or 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 5/17/17
DATE OF DISCHARGE 3/12/19
RANK, RATING Seaman
ORGANIZATION AND OUTFIT U S Coast Guard
SERVICE NUMBER

R-301A

DUCTIONS
OR
CERTIFICATEIVING
OF DEATHnt enter
than one
for each
b) and (c)es not mean
of dying,
heart failure,
etc. It means
or compli-
which causeds, if any,
ve rise to
ause (a),
the under-
ause last.ons contrib-
eath but not
the terminal
dition givenChapter 137,
1954, requires
s to print or
cause or
death on
ificates.

504-5-56-817575

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.STANDARD
CERTIFICATE OF DEATH

Registered No. 5

No. Winthrop Community Hospital
(If death occurred in a hospital or institution, St. give its NAME instead of street and number)2 FULL NAME Abraham Noble
(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 Mermaid Ave 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 2 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH January 5 1957
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
June 1956, to Jan. 5, 1957
I last saw him alive on Jan. 4, 1957, death is said to

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

INTERVAL
BETWEEN
ONSET AND
DEATH

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Cardiac Decompensation

2 weeks

Due To (b) Arteriosclerotic Heart
Disease.

3 months

Due To
(c)OTHER SIGNIFICANT CONDITIONS Carcinoma of Rectum
Post colostomy status 10 yrs.

Was autopsy performed? No.

What test confirmed diagnosis? Clinical and operative.

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

(Signed) Charles L. Schuman M. D.

(Address) Winthrop, Mass. Date Jan. 5 1957

6 Mt Lebanon Queens, New York
Place of Burial or Cremation (City or Town)

DATE OF BURIAL January 7 1957

7 NAME OF FUNERAL DIRECTOR Hyman J. Dorf
ADDRESS 14 Washington Ave Chelsea

Received and filed JAN 7 1957 19

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Male 9 COLOR White 10 SINGLE (write the word)
MARRIED Widowed
WIDOWED or DIVORCED10a If married, widowed, or divorced
HUSBAND of Anna Dinerstein
(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: Carpenter
(Kind of work done during most of working life)

14 Industry or Business: Building trade

15 Social Security No. none

16 BIRTHPLACE (City) Russia
(State or country)

17 NAME OF FATHER Max Noble

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 Jacob Noble
(Address) 34 Mermaid Ave WinthropI HEREBY CERTIFY that a satisfactory standard certificate of death
was filed with me BEFORE the burial or transit permit was issued:Ralph E. Swann N.C.
(Signature of Agent of Board of Health or other)H.O. 1/5/57
(Official Designation) (Date of Issue of Permit)

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

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

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

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

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

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

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

RULES OF PRACTICE

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

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

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

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

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

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

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

INSTRUCTIONS
FOR
CERTIFICATEgiving
OF DEATH

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

does not mean
e of dying,
heart failure,
etc. It means
e, or compli-
which caused

ns, if any,
gave rise to
cause (a),
the under-
cause last.

tions contrib-
death but not
the terminal
condition given

Chapter 137,
1954, requires
ns to print or
e cause or
of death on
rtificates.

SOM-5-56-917573

PLACE OF DEATH

1

Suffolk

(County)

Winthron

(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. 6

No. Winthron Community Hospital

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

2 FULL NAME Clara Belle (Doane) Bird

(If deceased 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. Cedar Lane

(Usual place of abode)

St. Eastham Mass.

(If nonresident, give city or town and State)

Length of stay: In place of death years months 10 days. In place of residence 40 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH January 7 1957
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
Jan - 2, 1957, to Jan - 7, 1957

I last saw her alive on Jan 6, 1957, death is said to

Have occurred on the date stated above, at 5:55 A.M.

INTERVAL
BETWEEN
ONSET AND
DEATH

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

MYOCARDIAL INFARCTION

(a) myocardial infarction

congestive heart failure

congestive heart failure

Due To (b) arteriosclerosis

ARTERIOSCLEROSIS

Due To (c) DIABETES

Diabetes

OTHER
SIGNIFICANT
CONDITIONS

Was autopsy performed? NO

What test confirmed diagnosis? ECG ELECTRO CARDIO
GRAM

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

If so, specify NO

(Signed) H. Breenfield, M. D.

(Address) 447 W. 1st St. Winthron, Mass. Date Jan 7 1957

6 Winthron Tomb Winthron, Mass.

Place of Burial or Cremation (City or Town)

DATE OF BURIAL January 9, 1957 19

7 NAME OF FUNERAL DIRECTOR Alfred B. Marsh

ADDRESS 174 Winthron St. Winthron, Mass.

Received and filed JAN 9 1957 19

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX female 9 COLOR white 10 SINGLE (write the word)
MARRIED WIDOWED
or DIVORCED10a If married, widowed, or divorced
HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of Everett Bird

(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 68 Years 1 Months 2 Days If under 24 hours
Hours Minutes13 Usual Occupation: kitchen work
(Kind of work done during most of working life)

14 Industry or Business: restaurant

15 Social Security No. 012-24-2208-A

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

17 NAME OF FATHER Winfield Scott Doane

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

19 MAIDEN NAME OF MOTHER Phoebe Ruth Tribou

20 BIRTHPLACE OF MOTHER (City) Norton
(State or country) Mass.21 Informant Ellen M. Doane
(Address) 51 Fremont St. WinthronI HEREBY CERTIFY that a satisfactory standard certificate of death
was filed with me BEFORE the burial or transit permit was issued:

Mass. Ralph E. Serrano

(Signature of Agent of Board of Health or other) 1/8/57
(Official Designation) (Date of Issue of Permit)

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

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

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

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

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

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

RULES OF PRACTICE

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

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

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

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

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

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

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

N. B. — WRITE PLAINLY, WITH UNFADING BLACK INK — THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. MEDICAL EXAMINERS should state CAUSE AND MANNER OF DEATH in plain terms, so that it may be properly classified under the International Classification of Causes of Death. See reverse side for extracts from the laws relative to the return of certificates of death.

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

50M-10-53-910621

X

PLACE OF DEATH

1

South Hill
(County)

Winthrop
(City or Town)

No. *5 Bellevue Terrace*

2 FULL NAME

William M. Phelan

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

(a) Residence. No. *5 Bellevue Terrace 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.

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.

(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

Jan - 7 - 1957
(Month) (Day) (Year)

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

arterio Sclerotic Heart Disease
acute Cardiac Failure

5 Accident, suicide, or homicide (specify)

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

Where did

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

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

(Specify type of place)

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

Nature of Injury *knowing Snow*

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

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

If so, specify

(Signed) *Wm J. Brickley* M. D.
(Address) *Boston Jan-7-1957*

7 *St. Bernard's Concord, Mass.*

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

DATE OF BURIAL *January 10* 19*57*

8 NAME OF FUNERAL DIRECTOR *Frederick J. McGrath*

ADDRESS *East Boston*

Received and filed. *JAN 10 1957* 19.....

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

9 SEX

male

10 COLOR OR RACE

white

11 SINGLE (write the word)

MARRIED
WIDOWED
or DIVORCED *Married*

11a If married, widowed or divorced

HUSBAND of *Helen A. Bradley*
(Give maiden name of wife in full)

(or) WIFE of.....

(Husband's name in full)

12 IF STILLBORN, enter that fact here.

13

AGE *70* Years.....Months.....Days

If under 24 hours

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

14 Usual

Occupation: *Captain*

(Kind of work done during most of working life)

15 Industry

Boston Fire Dent. retired

16 Social Security No.

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

18 NAME OF

FATHER *John J. Phelan*

19 BIRTHPLACE OF

FATHER (City) *South Acton*

(State or country) *Mass.*

20 MAIDEN NAME

OF MOTHER *Mary A. Donovan*

21 BIRTHPLACE OF

MOTHER (City) *Ireland*

(State or country)

22

Informant *Helen A. Phelan*

(Address) *5 Bellevue Terr. Winthrop*

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

Ralph E. Lerman
(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit) *1/9/57*

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

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

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

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

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

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

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

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

RULES OF PRACTICE

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

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

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

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

STATEMENT OF CAUSE OF DEATH

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

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

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

INSTRUCTIONS
FOR
CERTIFICATEgiving
OF DEATH

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

does not mean
of dying,
heart failure,
etc. It means
e, or compli-
which caused

ns, if any,
have rise to
cause (a),
the under-
cause last.

ions contrib-
death but not
the terminal
condition given

Chapter 137,
1954, requires
ns to print or
e cause or
of death on
rtificates.

SOM-3-36-917573

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.

STANDARD

CERTIFICATE OF DEATH

Registered No.

8

No. Winthrop Convalescent Home

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

2 FULL NAME Dennis Ryan

(If deceased 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. 142 Pleasant St.

(Usual place of abode)

St. Winthrop -

(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 JAN 7 1957
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
FEB 8, 1957, to JAN 7 1957, 19

I last saw him alive on JAN 6 1957, death is said to

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

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) GENYALIZED
ARTERIOSCLEROSIS

Due To (b) SAME

Due To (c)

OTHER SIGNIFICANT CONDITIONS
BLIND IN BOTH EYES
DIABETES
MELLITISWas autopsy performed? NO
What test confirmed diagnosis? URINALYSIS5 Was disease or injury in any way related to occupation of deceased? NO
If so, specify

(Signed) G. LYNDE GATELY, M. D.

(Address) 624 Bennington Date JAN 7 1957

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

DATE OF BURIAL Jan 7 1957

7 NAME OF FUNERAL DIRECTOR J. J. McLaughlin

ADDRESS 1210 South Street

Received and filed JAN 9 1957 19

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Male 9 COLOR 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 82 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: Rubber Works

15 Social Security No.

16 BIRTHPLACE (City)
(State or country) Ireland

17 NAME OF FATHER Dennis Ryan

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

19 MAIDEN NAME OF MOTHER Ellen O'Brien

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

21 Informant (Address) James J. O'Brien

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

(Signature of Agent of Board of Health or other)

Health Officer 1/8/57
(Official Designation) (Date of Issue of Permit)

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

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

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

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

R-301A

CTIONS
OR
CERTIFICATEgiving
F DEATHt enter
han one
for each
b) and (c)es not mean
of dying,
eart failure,
c. It means
or compli-
which causeds, if any,
ve rise to
ause (a),
the under-
ause last.ons contrib-
cath but not
the terminal
dition givenChapter 137,
954, requires
s to print or
e cause or
f death on
rtificates.

PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)

No. 115 Unland Road

2 FULL NAME Walter Harold Sisler

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

(a) Residence. No. 115 Unland Road

(Usual place of abode)

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

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

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH January 10 1957
(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 2:00 A.M.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Natural Causes

Due To (b) Presumably Coronary

Due To (c) Occlusion 12 hrs

OTHER
SIGNIFICANT
CONDITIONSWas autopsy performed? no
What test confirmed diagnosis? clinical5 Was disease or injury in any way related to occupation of deceased?
If so, specify

Signed M. D.

Address Date 1/11/57

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

DATE OF BURIAL January 12 1957

7 NAME OF FUNERAL DIRECTOR Alfred B. Marsh

ADDRESS 174 Winthrop St. Winthrop, Mass.

Received and filed. JAN 11 1957

(Registrar)

The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD

CERTIFICATE OF DEATH

Registered No. 9

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

PHYSICIAN - IMPORTANT

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

PERSONAL AND STATISTICAL PARTICULARS

8 SEX male 9 COLOR white 10 SINGLE (write the word)
MARRIED MARRIED
WIDOWED WIDOWED
or DIVORCED or DIVORCED10a If married, widowed, or divorced
HUSBAND of Mrs. Vera Miller
(Give maiden name of wife in full)

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

11 IF STILLBORN, enter that fact here.

12 AGE 70 Years 8 Months 15 Days If under 24 hours
Hours Minutes13 Usual Occupation: retired State Sales Manager
(Kind of work done during most of working life)

14 Industry or Business: Wholesale Hardware Co.

15 Social Security No. 022-10-5972

16 BIRTHPLACE (City) Vinton
(State or country) Iowa

17 NAME OF FATHER George Washington Sisler

18 BIRTHPLACE OF FATHER (City) Stanwood

(State or country) Iowa

19 MAIDEN NAME OF MOTHER Henrietta Bedell

20 BIRTHPLACE OF MOTHER (City) Peoria - Moline

(State or country) Illinois

21 Informant Mrs. Walter H. Sisler
(Address) 115 Unland Road WinthropI HEREBY CERTIFY that a satisfactory standard certificate of death
was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation) (Date of Issue of Permit)

100M-11-55-916145

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

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

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

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

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

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

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

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

RULES OF PRACTICE

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

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

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

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

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

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

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

INSTRUCTIONS
FOR
CERTIFICATEgiving
OF DEATH

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

does not mean
of dying,
heart failure,
etc. It means
the under-
cause last.

as, if any,
ave rise to
cause (a),
the under-
cause last.

ions contrib-
death but not
the terminal
condition given

Chapter 137,
954, requires
to print or
cause or
of death on
ificates.

SOM-5-56-917573

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.

10

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 Michael F. Hayes

(If deceased 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. 902 Winthrop Avenue, Revere 51st. 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 56 years _____ months _____ days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH January 11 1957
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from
December 29, 1956, to January 11, 1957

I last saw him alive on January 11, 1957, death is said to
have occurred on the date stated above, at 4:02 p.m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Congestive Cardiac FailureINTERVAL
BETWEEN
ONSET AND
DEATH2 wks.

Due To (b) Arteriosclerotic Heart Disease

5 yrs.

Due To (c) Generalized Arteriosclerosis

8 yrs.

OTHER SIGNIFICANT
CONDITIONS Secondary Anemia

2 yrs.Was autopsy performed? NoWhat test confirmed diagnosis? No Test

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

(Signed) John F. Cochran M.D., M. D.

(Address) 27 Bennington St., Revere 51, Mass. Date Jan. 12 1957

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

DATE OF BURIAL January 14, 1957

7 NAME OF FUNERAL DIRECTOR Arthur S. Porcella
ADDRESS 876 Winthrop Ave., Revere, Mass.

Received and filed Jan 14 19 57

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

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

10a If married, widowed, or divorced,
HUSBAND of Rose E. Dolan

(Give maiden name of wife in full)

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

11 IF STILLBORN, enter that fact here.

12 AGE 91 Years _____ Months _____ Days
If under 24 hours
____ Hours _____ Minutes

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

14 Industry or Business: Newspaper

15 Social Security No. 032-03-9301

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

17 NAME OF FATHER Patrick Hayes

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

19 MAIDEN NAME OF MOTHER Mary Roach

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

21 Informant Mrs. Michael E. Hayes
(Address) 902 Winthrop Ave., Revere

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

Garth C. McCarthy
(Signature of Agent of Board of Health or other)

Health Officer 1/14/57
(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.

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

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

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

50M-11-55-916149

PLACE OF DEATH

Suffolk

(County)

Chelsea

(City or Town)

U.S. Naval Hospital

No.

The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS**Chelsea**

(City or Town making this return)

COPY OF

CERTIFICATE OF DEATH

Registered No.

14 11{ (If death occurred in a hospital or institution,
St. { give its NAME instead of street and number)

2 FULL NAME

Nomia Ruth Ratliff

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

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

(a) Residence. No.

97 Locust**Winthrop, Mass.**

(Usual place of abode)

(If nonresident, give city or town and State)

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

MEDICAL CERTIFICATE OF DEATH

3 DATE OF
DEATH**Jan. 11, 1957**

(Month)

(Day)

(Year)

4 I HEREBY CERTIFY That I attended deceased from

Jan. 8 19 57 to Jan. 11, 19 57I last saw him/her on **Jan. 11 19 57** death is said tohave occurred on the date stated above, at **7:00 P.**INTERVAL
BETWEEN
ONSET AND
DEATH

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a)

Transposition of great

Due To

vessels**3 das.**

(b)

(Congenital heart disease)

Due To

(c)

OTHER
SIGNIFICANT
CONDITIONS

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)

Sam O. Cornwell

M. D.

(Address)

USNH, Chelsea

Date

1/14/ 19 57**Vanhouse Cem., Patrick, Ky.**

Place of Burial or Cremation

(City or Town)

DATE OF BURIAL

Jan. 17, 1957

19

7 NAME OF
FUNERAL DIRECTOR**Marsh Fun. Home****174 Winthrop St., Winthrop**

ADDRESS

Received and filed.

FEB 6 1957

19

(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX

Female

9 COLOR

White

10 SINGLE (write the word)

**MARRIED
WIDOWED
or DIVORCED****Single**

10a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12

AGE

Years

Months

3

Days

If under 24 hours

Hours

Minutes

13 Usual

Occupation:

(Kind of work done during most of working life)

14 Industry

or Business:

15 Social Security No.

16 BIRTHPLACE (City)

(State or country)

Chelsea, Mass.17 NAME OF
FATHER**Fdgil**

18 BIRTHPLACE OF

FATHER (City)

(State or country)

Patrick, Ky.

19 MAIDEN NAME

OF MOTHER

Sarah Meade

20 BIRTHPLACE OF

MOTHER (City)

(State or country)

West Virginia

21

Informant

(Address)

Fdgil Ratliff**97 Locust St., Winthrop**

A TRUE COPY

ATTEST:

(Registrar of City or Town where death occurred)

DATE FILED

Jan. 14, 1957

19

RECEIVED



FEB 6 1957 PM

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

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

PLACE OF DEATH

Middlesex
(County)
Cambridge
(City or Town)



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

Cambridge
(City or town making return)
Registered No. 54 12

No. Holy Ghost Hospital
(If death occurred in a hospital or institution, give its NAME instead of street and number)
2 FULL NAME Mary E. Gorman
(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. 124 Circuit Road
(Usual place of abode) St. Winthrop, Massachusetts
(If nonresident, give city or town and State)
Length of stay: In place of death. 0 years 0 months 9 days. In place of residence. 20 years 0 months 0 days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH January 12, 1957
(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.)
Terminal Bronchopneumonia
Intertrochanteric Fracture of
Right Hip. Injury received in Fall
at home. Accident
5 Accident, suicide, or homicide (specify) Accident
Date and hour of injury Dec. 6, 1956
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? in home
(Specify type of place)
Manner of injury Accidental Fall
(How did injury occur?)
Nature of injury Intertrochanteric Fracture of
right hip No
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) David E. Dow M. D.
(Address) Cambridge, Mass. Date 1-12-1957

7 Holy Cross Cemetery Malden, Mass.
Place of Burial, or Cremation. (City or Town)
DATE OF BURIAL January 15, 1957

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

Received and filed. 1957 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 Widowed
11a If married, widowed, or divorced HUSBAND of.
(Give maiden name of wife in full) William J. Gorman
(or) WIFE of.
(Husband's name in full)
12 IF STILLBORN, enter that fact here.
13 AGE 95 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 none
16 Social Security No. Chelsea Mass.
17 BIRTHPLACE (City) Mass.
(State or country)
18 NAME OF FATHER Jeremiah Driscoll
19 BIRTHPLACE OF FATHER (City) Ireland
(State or country)
20 MAIDEN NAME OF MOTHER Ellen Carey
21 BIRTHPLACE OF MOTHER (City) Ireland
(State or country)
22 Informant Laura E. Gorman
(Address) 124 Circuit Rd. Winthrop

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

DATE FILED Jan. 14 1957

RECEIVED



FEB - 4 1957 AM

INSTRUCTIONS
FOR
CERTIFICATEgiving
OF DEATH

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

oes not mean
of dying,
heart failure,
etc. It means
e, or compli-
which caused

ns, if any,
ave rise to
cause (a),
the under-
ause last.

ions contrib-
death but not
the terminal
condition given

Chapter 137,
1954, requires
as to print or
e cause or
of death on
ificates.

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. 13

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

2 FULL NAME Ellen Gertrude Cawthorne
(If deceased 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 Sunnyside Ave 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 30 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH Jan 14 1957
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from
Dec 1953, to Jan 13 1957

I last saw her alive on Jan 13 1957, death is said to
have occurred on the date stated above, at 7:45 A.M.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Congestive heart failure
Congestive heart failure

INTERVAL
BETWEEN
ONSET AND
DEATH

4 years

Due To
(b)

Due To
(c)

OTHER
SIGNIFICANT
CONDITIONS

Was autopsy performed?

What test confirmed diagnosis?

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

(Signed) H. B. Greenfield, M. D.
(Address) 447 Chandler St. Date Jan 14 1957

6 Holy Cross Malden
Place of Burial or Cremation (City or Town)
DATE OF BURIAL January 17, 1957

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

Received and filed JAN 16 1957 19

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Female 9 COLOR 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 71 Years Months Days If under 24 hours
Hours Minutes

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

14 Industry
or Business:

15 Social Security No.

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

17 NAME OF FATHER William R. Cawthorne

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

19 MAIDEN NAME OF MOTHER Mary Kelleher

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

21 Informant Rita Coughlan
(Address) 584 Riverside Ave Medford

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

Ralph E. Sweeney
(Signature of Agent of Board of Health or other)

Health Office 1/16/57
(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



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

14

Registered No.

STANDARD
CERTIFICATE OF DEATH

PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)

Winthrop Community Hospital

No. St. (If death occurred in a hospital or institution,
give its NAME instead of street and number)2 FULL NAME. Maud E (Lownsbro) Lochhead
(If deceased 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 Loring Rd. 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 58 years. months. days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH Jan 18 1957
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
Jan 1957, 19... to Jan 18 1957
I last saw her alive on Jan 18 1957, death is said to
have occurred on the date stated above, at 7:40p m.INTERVAL
BETWEEN
ONSET AND
DEATH

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Cerebrovascular
hemorrhage 2 hrsDue To (b) Aneurysm - middle
cerebral artery ynDue To (c) arteriosclerosis,
generalized ynOTHER
SIGNIFICANT
CONDITIONS cholelithiasis ynWas 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) George E. Gonzalez M. D.

(Address) 1941 Adams St. Date Jan 21 1957

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

DATE OF BURIAL Jan. 21 1957

7 NAME OF FUNERAL DIRECTOR Howard S. Ryan

ADDRESS 600 Main St. Woburn

Received and filed. JAN 21 1957 19.

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

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

11 IF STILLBORN, enter that fact here.

12 AGE 78 Years 5 Months 22 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) East Boston
(State or country) Mass.

17 NAME OF FATHER George Lownsbro

18 BIRTHPLACE OF FATHER (City) Lacolle
(State or country) Quebec

19 MAIDEN NAME OF MOTHER Mary E Anderson

20 BIRTHPLACE OF MOTHER (City) Boothbay Harbor
(State or country) Maine21 Informant: Mary E Lochhead
(Address) 56 Loring Rd. WinthropI HEREBY CERTIFY that a satisfactory standard certificate of death
was filed with me BEFORE the burial or transit permit was issued:Health Officer
(Signature of Agent of Board of Health or other)
(Official Designation) (Date of Issue of Permit) 1/21/57

R-301A

ACTIONS
FOR
CERTIFICATEgiving
OF DEATHnot enter
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ns to print or
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of death on
certificates.

EXTRACTS
FROM THE LAWS OF

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

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

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

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

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

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

RULES OF PRACTICE

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

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

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

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

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

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

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OR
CERTIFICATE

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Chapter 137,
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100M-11-35-916145

PLACE OF DEATH

Suffolk
(County)Winthrop
(City or Town)

No. Mount Nursing Home

2 FULL NAME Hugh J. Gallagher
(If deceased is a married, widowed or divorced woman, give also maiden name.)(a) Residence. No. 781 Western Avenue
(Usual place of abode)St. Lynn
(If nonresident, give city or town and State)Length of stay: In place of death 6 years 6 months 6 days. In place of residence 69 years 6 months 6 days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH Jan 21- 1957
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
Jan 56, to Jan 21 57I last saw him alive on Jan 15, 1957, death is said to
have occurred on the date stated above, at 12:45 noon m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Bronchopneumonia
terminalDue To circrhosis of the
(b) liver - (ascites)Due To with ascites
(c)OTHER SIGNIFICANT CONDITIONS
myocardial heart diseaseWas autopsy performed? no
What test confirmed diagnosis?5 Was disease or injury in any way related to occupation of deceased?
If so, specify(Signed) Ralph E. Cronin, M. D.(Address) 1960 Oakley Ave Date 1-21- 19576 St. Josephs Cemetery Lynn
Place of Burial or Cremation (City or Town)DATE OF BURIAL January 24, 19577 NAME OF FUNERAL DIRECTOR Donovan Funeral Home
ADDRESS 9 School St., Lynn Geo. L. ColeReceived and filed JAN 22 1957

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

PHYSICIAN - IMPORTANT

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

PERSONAL AND STATISTICAL PARTICULARS

8 SEX male 9 COLOR white 10 SINGLE (write the word)
MARRIED
WIDOWED widowed
or DIVORCED10a If married, widowed, or divorced
HUSBAND of Mary Scanlon
(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 6 Months 6 Days If under 24 hours
Hours 6 Minutes13 Usual Occupation: Retired
(Kind of work done during most of working life)14 Industry or Business: Special Policeman15 Social Security No. 015-09-564716 BIRTHPLACE (City) Lynn, Mass.
(State or country)17 NAME OF FATHER Michael Gallagher18 BIRTHPLACE OF FATHER (City) Ireland
(State or country)19 MAIDEN NAME OF MOTHER Mary Healy20 BIRTHPLACE OF MOTHER (City) Ireland
(State or country)21 Informant Joseph E. Scanlon
(Address) 9 Amory St., LynnI HEREBY CERTIFY that a satisfactory standard certificate of death
was filed with me BEFORE the burial or transit permit was issued:Ralph E. Cronin
(Signature of Agent of Board of Health or other)
Health Office 1/22/57
(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 fourteenth, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen 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

R-301A

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CERTIFICATEiving
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54, requires
to print or
cause or
death on
ificates.

100M 11-35-616145

PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)

No. 104 Highland Ave. St. Mount Pleasant { (If death occurred in a hospital or institution, give its NAME instead of street and number)2 FULL NAME Helen J (Grady) Cushman
(If deceased is a married, widowed or divorced woman, give also maiden name.)(a) Residence. No. 365 Norwood St.
(Usual place of abode)St. Sharon
(If nonresident, give city or town and State)Length of stay: In place of death. 1 years. 1 months. 1 days. In place of residence 22 years. 22 months. 22 days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH Jan - 22 1957
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
Jan 9, 1957, to Jan 22, 1957
I last saw h^e alive on Jan 18, 1957, death is said to
have occurred on the date stated above, at 8:40 A m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Pneumonia
(terminal)Due To cardiovascular
(b) thrombosisDue To arteriosclerosis
(c) generalizedINTERVAL
BETWEEN
ONSET AND
DEATH
2 days
months
hrs.OTHER
SIGNIFICANT
CONDITIONSWas autopsy performed?
What test confirmed diagnosis?5 Was disease or injury in any way related to occupation of deceased?
If so, specify.(Signed) Joseph J. Regan, M. D.(Address) 19 Pleasant St. Date 1-22 19576 Mayflower Duxbury
Place of Burial or Cremation (City or Town)DATE OF BURIAL Jan 24 19577 NAME OF FUNERAL DIRECTOR Lowell S. RunkleADDRESS 111 Main St.Received and filed JAN 28 1957 1957

(Registrar)

The Commonwealth of Massachusetts

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

STANDARD

CERTIFICATE OF DEATH

Registered No. 16To be filed for burial permit
with Board of Health
or its Agent.

PHYSICIAN — IMPORTANT

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

PERSONAL AND STATISTICAL PARTICULARS

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

11 IF STILLBORN, enter that fact here.

12 81
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: At home15 Social Security No. None16 BIRTHPLACE (City) St John
(State or country) New Brunswick17 NAME OF FATHER John Grady18 BIRTHPLACE OF FATHER (City) Unable to obtain
(State or country) New Brunswick19 MAIDEN NAME OF MOTHER Sarah J O'Neil20 BIRTHPLACE OF MOTHER (City) St John
(State or country) New Brunswick21 Informant Sarah J Risk
(Address) Somerset Ave, Wintthrop, MaI HEREBY CERTIFY that a satisfactory standard certificate of death
was filed with me BEFORE the burial or transit permit was issued:Ralph C. Lanning
(Signature of Agent of Board of Health or other)
Health Officer
(Official Designation)1/23/57
(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 fourteenth, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

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

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

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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

R-301A

INSTRUCTIONS
FOR
CERTIFICATEgiving
OF DEATHnot enter
than one
for each
b) and (c)does not mean
of dying,
heart failure,
etc. It means
or compli-
which causedis, if any,
ve rise to
ause (a),
the under-
ause last.ons contrib-
death but not
the terminal
condition givenChapter 137,
1954, requires
s to print or
cause or
death on
ificates.

50M-5-36-917973

PLACE OF DEATH

1

Suffolk
(County)Winthrop
(City or Town)No. 142 Pleasant Street Winthrop2 FULL NAME James T Crowley
(If deceased is a married, widowed or divorced woman, give also maiden name.)(a) Residence. No. 12 Thurston Street St. East Boston
(Usual place of abode) (If nonresident, give city or town and State)Length of stay: In place of death 4 years 11 months 11 days. In place of residence 82 years 4 months 11 days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH 1 25 1957
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from 11/24 to 11/24, 1957I last saw him alive on 11/24, 1957, death is said to have occurred on the date stated above, at 5 A m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) BRONCHO-PNEUMONIA(b) Due To ARTERIO SCLEROTIC
HEART DISEASEDue To
(c)OTHER
SIGNIFICANT
CONDITIONSWas autopsy performed? CWhat test confirmed diagnosis? C5 Was disease or injury in any way related to occupation of deceased? Yes
If so, specify(Signed) Francis Pegan M. D.
(Address) 1122 Pleasant Street Date 1/25 19576 Holy Cross Malden
Place of Burial or Cremation (City or Town)
DATE OF BURIAL Jan 28 1957 197 NAME OF FUNERAL DIRECTOR Richard C Kirby
ADDRESS 917 Bennington St East BostonReceived and filed JAN 28 1957 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. 17{(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) Spanish

PERSONAL AND STATISTICAL PARTICULARS

8 SEX male 9 COLOR white 10 SINGLE (write the word)
MARRIED
WIDOWED
or DIVORCED widowed10a If married, widowed, or divorced
HUSBAND of Agnes T Bonner
(Give maiden name of wife in full)(or) WIFE of _____
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 82 Years 4 Months 11 Days If under 24 hours
Hours Minutes13 Usual Occupation: Deck hand
(Kind of work done during most of working life)14 Industry or Business: Ferries15 Social Security No. 021-14-111816 BIRTHPLACE (City) East Boston
(State or country) Massachusetts17 NAME OF FATHER Thomas J Crowley18 BIRTHPLACE OF FATHER (City)
(State or country) Ireland19 MAIDEN NAME OF MOTHER Catherine Regan20 BIRTHPLACE OF MOTHER (City)
(State or country) Ireland21 Informant John McNeil
(Address) 12 Thurston St East BostonI HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Ralph C. Seranians
(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit) 1/25/57

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

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

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

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

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or 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	October 15 1898
DATE OF DISCHARGE	March 8 1899
RANK, RATING	Private 1st Battery F
ORGANIZATION AND OUTFIT	U.S. Army 2nd Reg Artillery
SERVICE NUMBER	Cannot be learned

EXTRACTS
FROM THE LAWS OF

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

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SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER



PLACE OF DEATH

Suffolk

(County)

Chelsea

(City or Town)

U.S. Naval Hospital

No.

Baby Boy Maloney

2 FULL NAME

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

5 Irwin

(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

Jan. 26, 1957

(Month)

(Day)

(Year)

4 I HEREBY CERTIFY That I attended deceased from

Jan. 26

57

Jan. 26

57

im

19

Jan. 26

57

19

I last saw h. alive on death is said to

5 p.

have occurred on the date stated above, at m.

INTERVAL
BETWEEN
ONSET AND
DEATH

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a)

Prematurity

16 hrs.

Due To

(b)

Due To

(c)

OTHER
SIGNIFICANT
CONDITIONS

yes

Was autopsy performed?

What test confirmed diagnosis?

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

If so, specify

Robert S. Pittell

(Signed)

M. D.

(Address) USNH, Chelsea, Mass. Date 1/26/ 19 57

6

Holy Cross, Malden, Mass.

Place of Burial or Cremation

Jan. 31,

(City or Town)

57

DATE OF BURIAL

7 NAME OF

FUNERAL DIRECTOR

Merwin Fun. Home

305 Beach St., Revere, Mass.

ADDRESS

Received and filed.

FEB 6

19

(Registrar of City or Town where deceased resided)

The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH

DIVISION OF VITAL STATISTICS

Chelsea

(City or Town making this return)

COPY OF

CERTIFICATE OF DEATH

Registered No.

35

19

{(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)

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.)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX

Male

9 COLOR

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

16 Hours. Minutes

13 Usual

Occupation:

(Kind of work done during most of working life)

14 Industry

or Business:

15 Social Security No.

16 BIRTHPLACE (City)

(State or country)

Chelsea, Mass.

17 NAME OF
FATHER

William C.

P
A
R
E
N
T
S

18 BIRTHPLACE OF

FATHER (City)

(State or country)

Boston, Mass.

19 MAIDEN NAME

OF MOTHER

Ann Forte

20 BIRTHPLACE OF

MOTHER (City)

(State or country)

East Boston, Mass.

21

Informant

(Address)

William Chas. Maloney

5 Irwin St., Winthrop, Mass.

A TRUE COPY

ATTEST:

(Registrar of City or Town where death occurred)

DATE FILED

Jan. 31, 1957

19

RECEIVED



FEB - 6 1957 PM

PLACE OF DEATH

1

Suffolk
(County)Winthrop
(City or Town)

No. 2 Beach Rd.

(If death occurred in a hospital or institution,
St. { give its NAME instead of street and number)2 FULL NAME Raymond A. Williams
(If deceased 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 Beach Rd. Winthrop
(Usual place of abode)St.
(If nonresident, give city or town and State)

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

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH Jan - 27 - 1957
(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.)asphyxiation due to
obstruction in respiratory
tract

5 Accident, suicide, or homicide (specify) accidental

Date and hour of injury Jan - 27 - 1957

Where did
injury occur? Winthrop.
(City or town and State)Did injury occur in or about home, on farm, in industrial place, or in public
place? (Specify type of place)Manner of injury Found collapsed in his
(How did injury occur?)

Nature of injury auto

While at work? Was autopsy performed? -

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

If so, specify This is a stroke

(Signed) M. D.

(Address) 13 Mass Date Jan 31 1957

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

DATE OF BURIAL January 28, 1957 19

8 NAME OF FUNERAL DIRECTOR Leslie W. Pike

ADDRESS 305 Beach St. Revere

Received and filed JAN 29 1957 19

(Registrar)

The Commonwealth of Massachusetts
EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS
MEDICAL EXAMINER'S
CERTIFICATE OF DEATHTo be filed for burial permit
with Board of Health
or its Agent.

20

Registered No.

PERSONAL AND STATISTICAL PARTICULARS

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

11a If married, widowed, or divorced

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

12 IF STILLBORN, enter that fact here.

13 AGE 1 Years 3 Months 1 Days If under 24 hours
Hours Minutes14 Usual Occupation:.....
(Kind of work done during most of working life)15 Industry
or Business:.....

16 Social Security No.

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

18 NAME OF FATHER Anthony I. Williams

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

20 MAIDEN NAME OF MOTHER Hazel I. Brown

21 BIRTHPLACE OF MOTHER (City) Chelsea
(State or country) Mass.22 Informant Anthony I. Williams
(Address) 2 Beach Rd. 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 Health of other

(Official Designation) (Date of Issue of Permit) 1/28/57

FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

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

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

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

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

giving
OF DEATH

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954, requires
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rtificates.

PLACE OF DEATH

Suffolk
(County)Winthrop
(City or Town)

No. Winthrop Community Hospital

2 FULL NAME Arthur W. Sullivan
(If deceased is a married, widowed or divorced woman, give also maiden name.)(a) Residence. No. 32 St. Andrew Road
(Usual place of abode)St. East Boston, Mass.
(If nonresident, give city or town and State)

Length of stay: In place of death.....years.....months.....10 days. In place of residence 59 years.....months.....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH Jan. 30. 1957
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
Jan. 1. 1957, to Jan. 30. 1957
I last saw him live on Jan. 30. 1957, death is said to
have occurred on the date stated above, at 7 P. m.INTERVAL
BETWEEN
ONSET AND
DEATH

1 Month

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Acute Myocardial
Infarct.Due To Arterio Sclerosis.
(b)

3 years

Due To Chronic Nephritis
(c)

3 yrs

OTHER SIGNIFICANT CONDITIONS Hypertrophied Prostate
2 yrs

Was autopsy performed?

What test confirmed diagnosis?

No

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

(Signed) Sam E. H. Schwartz M. D.

(Address) 19 Prescott St. E. B. Date 1/31/57 19

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

DATE OF BURIAL February 2nd 1957

7 NAME OF FUNERAL DIRECTOR Richard C. Kirby
ADDRESS 217 Pennington St., E. Boston

Received and filed JAN 31 1957 19

(Registrar)

The Commonwealth of Massachusetts

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

Registered No. 21

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

PHYSICIAN — IMPORTANT

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

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Male 9 COLOR White 10 SINGLE (write the word)
MARRIED WIDOWED
or DIVORCED Married10a If married, widowed, or divorced
HUSBAND of Helen J. McAleer E.W.M.
(Give maiden name of wife in full) 2/6/57(or) WIFE of.
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 71 Years 10 Months 24 Days If under 24 hours
Hours Minutes13 Usual Occupation Attorney Register of Probate
(Kind of work done during most of working life)

14 Industry or Business Elected-Suffolk County

15 Social Security No. None

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

17 NAME OF FATHER John Sullivan

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

19 MAIDEN NAME OF MOTHER Margaret McGoff

20 BIRTHPLACE OF MOTHER (City) Salem Mass.
(State or country)21 Informant Mrs. Helen Sullivan-wife
(Address) 22 St. Andrew Rd., E. BostonI HEREBY CERTIFY that a satisfactory standard certificate of death
was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation) (Date of Issue of Permit) 1/31/57

100M-11-55-916145

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

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

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

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

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

BOSTON

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

(City or Town making this return)

COPY OF CERTIFICATE OF DEATH

Registered No. **1 22**

PLACE OF DEATH

Suffolk
(County)

(City or Town)

No. **Beth Israel Hospt**

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

2 FULL NAME **Baby Boy Cohen**
(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. **94 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.....**2**.....days. In place of residence.....years.....months.....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH **January 3 1957**
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from
Jan 2 1957 to **Jan 3 1957**
I last saw h.....alive on **Jan 3 1957** death is said to
have occurred on the date stated above, at **6:20P** m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) **Hyaline Membrane Disease 1 day**

Due To
(b) **Prematurity**

Due To
(c) **Cesarean Section**

OTHER
SIGNIFICANT
CONDITIONS

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) **R Hochman** M. D.
(Address) **Beth Israel Hospt** Date **1-4 1957**

6 **Workmens Circle Cem** **W. Roxbury**
Place of Burial or Cremation (City or Town)

DATE OF BURIAL **Jan 6 1957**

7 NAME OF FUNERAL DIRECTOR **B F Solomon**
ADDRESS **Brookline, Mass**

Received and filed **FEB 20 1957** 19

(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX **M** 9 COLOR **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.....**2**.....Days If under 24 hours
Hours.....Minutes

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

14 Industry or Business:.....

15 Social Security No.....

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

17 NAME OF FATHER **Hyman M Cohen**

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

19 MAIDEN NAME OF MOTHER **Gladys L Morgan**

20 BIRTHPLACE OF MOTHER (City) **Newburyport**
(State or country) **Mass**

21 Informant (Address) **Father**

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

DATE FILED **Jan 9 1957**

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-11-35-916145

R-302

RECEIVED



FEB 20 1957 AM

The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

(City or Town making this return)

COPY OF CERTIFICATE OF DEATH

Registered No. **23**

No. **New England Center Hospt. Boston** St. { (If death occurred in a hospital or institution, give its NAME instead of street and number)

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

{ (Was deceased a U. S. War Veteran, if so specify WAR) **WW #1**

(a) Residence. No. **169 Orient Ave.** 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 **2**.....days. In place of residence.....years.....months.....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH **Jan. 3/57**
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from **Jan. 1**, 19 **57**, to **Jan. 3**, 19 **57**.
I last saw **him** alive on **Jan. 3**, 19 **57** death is said to have occurred on the date stated above, at **11:50PM** m.

INTERVAL
BETWEEN
ONSET AND
DEATH

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) **Bronchospasm**

10 Mins.

Due To (b) **Bronchial asthma**

6 Yrs

Due To (c)

OTHER SIGNIFICANT CONDITIONS **Pulm. emphysema**

Was autopsy performed? **No**
What test confirmed diagnosis? **aggravated by dust in bakery**

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

(Signed) **M H Chalfen** M. D.
(Address) **New Eng. Ctr. Hospt. 1-4** 19 **57**

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

DATE OF BURIAL **Jan. 7/57** 19.....

7 NAME OF FUNERAL DIRECTOR **F. J. Magrath**
ADDRESS **East Boston Mass.**

Received and filed **JAN 15 1957** 19.....

(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX **M** 9 COLOR **W** 10 SINGLE (write the word) **MARRIED**
MARRIED WIDOWED or DIVORCED **Married**

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

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

11 IF STILLBORN, enter that fact here.

12 AGE **61** Years.....Months.....Days If under 24 hours
Hours.....Minutes

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

14 Industry or Business: **Self Employed**

15 Social Security No. **---**

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

17 NAME OF FATHER **Giacomo LaCascia**

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

19 MAIDEN NAME OF MOTHER **Anna ---**

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

21 Informant **Mary LaCascia**
(Address)

ATTEST: **Charles H. Mackie**

(Registrar of City or Town where death occurred)

DATE FILED **Jan. 15/57** 19.....

PLACE OF DEATH

1

(County)

(City or Town)

No.

Gaspere LaCascia

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

(a) Residence. No.

169 Orient Ave.

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

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH **Jan. 3/57**
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from **Jan. 1**, 19 **57**, to **Jan. 3**, 19 **57**.
I last saw **him** alive on **Jan. 3**, 19 **57** death is said to have occurred on the date stated above, at **11:50PM** m.

INTERVAL
BETWEEN
ONSET AND
DEATH

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) **Bronchospasm**

10 Mins.

Due To (b) **Bronchial asthma**

6 Yrs

Due To (c)

OTHER SIGNIFICANT CONDITIONS **Pulm. emphysema**

Was autopsy performed? **No**
What test confirmed diagnosis? **aggravated by dust in bakery**

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

(Signed) **M H Chalfen** M. D.
(Address) **New Eng. Ctr. Hospt. 1-4** 19 **57**

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

DATE OF BURIAL **Jan. 7/57** 19.....

7 NAME OF FUNERAL DIRECTOR **F. J. Magrath**
ADDRESS **East Boston Mass.**

Received and filed **JAN 15 1957** 19.....

(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX **M** 9 COLOR **W** 10 SINGLE (write the word) **MARRIED**
MARRIED WIDOWED or DIVORCED **Married**

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

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

11 IF STILLBORN, enter that fact here.

12 AGE **61** Years.....Months.....Days If under 24 hours
Hours.....Minutes

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

14 Industry or Business: **Self Employed**

15 Social Security No. **---**

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

17 NAME OF FATHER **Giacomo LaCascia**

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

19 MAIDEN NAME OF MOTHER **Anna ---**

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

21 Informant **Mary LaCascia**
(Address)

ATTEST: **Charles H. Mackie**

(Registrar of City or Town where death occurred)

DATE FILED **Jan. 15/57** 19.....

PLACE OF DEATH

1

(County)

(City or Town)

No.

New England Center Hospt. Boston

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

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

{ (Was deceased a U. S. War Veteran, if so specify WAR) **WW #1**

(a) Residence. No.

169 Orient Ave.

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

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH **Jan. 3/57**
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from **Jan. 1**, 19 **57**, to **Jan. 3**, 19 **57**.
I last saw **him** alive on **Jan. 3**, 19 **57** death is said to have occurred on the date stated above, at **11:50PM** m.

INTERVAL
BETWEEN
ONSET AND
DEATH

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) **Bronchospasm**

10 Mins.

Due To (b) **Bronchial asthma**

6 Yrs

Due To (c)

OTHER SIGNIFICANT CONDITIONS **Pulm. emphysema**

Was autopsy performed? **No**
What test confirmed diagnosis? **aggravated by dust in bakery**

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

(Signed) **M H Chalfen** M. D.
(Address) **New Eng. Ctr. Hospt. 1-4** 19 **57**

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

DATE OF BURIAL **Jan. 7/57** 19.....

7 NAME OF FUNERAL DIRECTOR **F. J. Magrath**
ADDRESS **East Boston Mass.**

Received and filed **JAN 15 1957** 19.....

(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX **M** 9 COLOR **W** 10 SINGLE (write the word) **MARRIED**
MARRIED WIDOWED or DIVORCED **Married**

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

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

11 IF STILLBORN, enter that fact here.

12 AGE **61** Years.....Months.....Days If under 24 hours
Hours.....Minutes

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

14 Industry or Business: **Self Employed**

15 Social Security No. **---**

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

17 NAME OF FATHER **Giacomo LaCascia**

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

19 MAIDEN NAME OF MOTHER **Anna ---**

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

21 Informant **Mary LaCascia**
(Address)

ATTEST: **Charles H. Mackie**

(Registrar of City or Town where death occurred)

DATE FILED **Jan. 15/57** 19.....

PLACE OF DEATH

1

(County)

(City or Town)

No.

New England Center Hospt. Boston

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

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

{ (Was deceased a U. S. War Veteran, if so specify WAR) **WW #1**

(a) Residence. No.

169 Orient Ave.

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

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH **Jan. 3/57**
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from **Jan. 1**, 19 **57**, to **Jan. 3**, 19 **57**.
I last saw **him** alive on **Jan. 3**, 19 **57** death is said to have occurred on the date stated above, at **11:50PM** m.

INTERVAL
BETWEEN
ONSET AND
DEATH

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) **Bronchospasm**

10 Mins.

Due To (b) **Bronchial asthma**

6 Yrs

Due To (c)

OTHER SIGNIFICANT CONDITIONS **Pulm. emphysema**

Was autopsy performed? **No**
What test confirmed diagnosis? **aggravated by dust in bakery**

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

(Signed) **M H Chalfen** M. D.
(Address) **New Eng. Ctr. Hospt. 1-4** 19 **57**

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

DATE OF BURIAL **Jan. 7/57** 19.....

7 NAME OF FUNERAL DIRECTOR **F. J. Magrath**
ADDRESS **East Boston Mass.**

Received and filed **JAN 15 1957** 19.....

(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX **M** 9 COLOR **W** 10 SINGLE (write the word) **MARRIED**
MARRIED WIDOWED or DIVORCED **Married**

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

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

11 IF STILLBORN, enter that fact here.

12 AGE **61** Years.....Months.....Days If under 24 hours
Hours.....Minutes

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

14 Industry or Business: **Self Employed**

15 Social Security No. **---**

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

17 NAME OF FATHER **Giacomo LaCascia**

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

19 MAIDEN NAME OF MOTHER **Anna ---**

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

21 Informant **Mary LaCascia**
(Address)

ATTEST: **Charles H. Mackie**

(Registrar of City or Town where death occurred)

DATE FILED **Jan. 15/57** 19.....

PLACE OF DEATH

1

(County)

(City or Town)

No.

New England Center Hospt. Boston

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

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

{ (Was deceased a U. S. War Veteran, if so specify WAR) **WW #1**

(a) Residence. No.

169 Orient Ave.

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

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH **Jan. 3/57**
(Month) (Day) (Year)

</

RECEIVED



MAR - 4 1957 PM

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

R-302

50M-11 95-916145

PLACE OF DEATH

Suffolk

(County)

Boston

(City or Town)

The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

Boston

(City or Town making this return)

COPY OF
CERTIFICATE OF DEATH

Registered No. 855 21

Beth Israel Hospt.

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

2 FULL NAME Abraham Lipman
(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. 51 Willow Ave. St. Winthrop Mass.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death 29 1/2 years months days. In place of residence 3 years 6 months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH Jan. 8/57
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from Dec. 13 19 56 to Jan. 8 19 57
I last saw him alive on Jan. 8 19 57, death is said to have occurred on the date stated above, at 7:45 PM.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Vascular collapse

Due To Multiple embolism
(b)

Due To
(c)

OTHER SIGNIFICANT CONDITIONS Abdominal aortic aneurysm
Post op. low thigh amputation

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

A Woked
(Signed) 330 Brookline Ave. M. D. 1-8 19 57
(Address) Date

6 Abayas Achim of Revere Everett Mass.
Place of Burial or Cremation (City or Town)

DATE OF BURIAL Jan. 9/57 19

7 NAME OF FUNERAL DIRECTOR H J Torf
ADDRESS Chelsea Mass.

Received and filed FEB 23 1957 19

(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

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

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

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

11 IF STILLBORN, enter that fact here.

12 AGE 64 Years Months Days If under 24 hours Hours Minutes

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

14 Industry or Business Women's Wear
032-10-0063

15 Social Security No. 032-10-0063
16 BIRTHPLACE (City) Russia
(State or country)

17 NAME OF FATHER Samuel Lipman

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

19 MAIDEN NAME OF MOTHER Annie Alpert

20 BIRTHPLACE OF MOTHER Russia
(State or country)

21 Informant Mary Lipman
(Address)

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

DATE FILED Jan. 11/57 19

RECEIVED



FEB 28/1957 AM

The Commonwealth of Massachusetts

Tewksbury State Hospital
AND INFIRMARY

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

(City or Town making this return)

COPY OF CERTIFICATE OF DEATH

Registered No. **18 25**

Middlesex

(County)

Tewksbury, Mass.

(City or Town)

No. **Tewksbury State Hospital and Infirmary**

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

2 FULL NAME **Emma Cogan**
(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, Mass.**

(If nonresident, give city or town and State)

Length of stay: In place of death **0** years **3** months **2** days. In place of residence **0** years **0** months **0** days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH **January 11, 1957**
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from
Oct. 9, 1956 to **Jan. 11, 1957**
I last saw him live on **Jan. 11, 1957**, death is said to
have occurred on the date stated above, at **2:15 a.m.**

INTERVAL
BETWEEN
ONSET AND
DEATH
days

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) **Terminal bilateral bronchial pneumonia**

Due To **Hypertensive heart disease yrs.**

Due To **Nephrosclerosis yrs.**

OTHER
SIGNIFICANT
CONDITIONS

Was autopsy performed? **Yes**
What test confirmed diagnosis? **No**

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

(Signed) **Felipe P. Novo** M. D.

(Address) **T. S. H. and I., Tewksbury** Date **1/11/1957**

6 **St. Patrick's Cemetery, Lowell, Mass.**
Place of Burial or Cremation (City or Town)

DATE OF BURIAL **Jan. 14, 1957**

7 NAME OF FUNERAL DIRECTOR **Joseph Mahoney**

ADDRESS **187 Nesmith St., Lowell, Mass.**

Received and filed **1/11/57**

(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX **Male** 9 COLOR **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 **83** Years **5** Months **29** Days If under 24 hours
Hours Minutes

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

14 Industry or Business:

15 Social Security No. **-**

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

17 NAME OF FATHER **William Cogan**

18 BIRTHPLACE OF FATHER (City) **Not learned**
(State or country) **Ireland**

19 MAIDEN NAME OF MOTHER **Ellen McCraig**

20 BIRTHPLACE OF MOTHER (City) **Not learned**
(State or country) **Ireland**

21 Informant **Hospital Records**
(Address)

A TRUE COPY

TEST: **Wm. J. Sullivan** Supt.
(Registrar of City or Town where death occurred)

DATE FILED **1/11/57**

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-11-35-916145

R-302

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MAR - 4 1957 PM

PLACE OF DEATH

Suffolk

(County)

Revere

(City or Town)

Grover Manor Hospital

No.

Annie Gaddis (Jennings)

2 FULL NAME

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

22 Read Street

(a) Residence. No.

(Usual place of abode)

St.

Winthrop

(If nonresident, give city or town and State)

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

The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

REVERE

(City or Town making this return)

COPY OF
CERTIFICATE OF DEATH

Registered No.

26

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

MEDICAL CERTIFICATE OF DEATH

3 DATE OF
DEATH

January 12, 1957

(Month)

(Day)

(Year)

4 I HEREBY CERTIFY, That I attended deceased from

Sept. 26 1956 to Jan. 12 1957

I last saw her alive on Jan. 12 1957, death is said to

have occurred on the date stated above, at 1:23P. m.

INTERVAL
BETWEEN
ONSET AND
DEATH

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a)

Uremia

Due To Coronary heart disease

(b)

2yrs.

Due To Diabetes Mellitus

(c)

6yrs.

OTHER
SIGNIFICANT
CONDITIONS

Was autopsy performed?

no

What test confirmed diagnosis? Clinical signs

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

If so, specify.

no

(Signed) James F. Burns

(Address) 537 Broadway

Date 1/12 1957

(Address) Everett

Date 1/12 1957

Winthrop

Winthrop

6 Place of Burial or Cremation (City or Town)

DATE OF BURIAL

January 15, 1957

7 NAME OF

FUNERAL DIRECTOR

Maurice W. Kirby

ADDRESS

210 Winthrop St., Winthrop

Received and filed.

19

(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX

Female

9 COLOR

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)

James Gaddis

(or) WIFE of

(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12

AGE 81

Years

Months

Days

If under 24 hours

Hours Minutes

13 Usual

Occupation:

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)

England

17 NAME OF
FATHER

Richard Jenkin s

18 BIRTHPLACE OF

FATHER (City)

(State or country)

England

19 MAIDEN NAME

OF MOTHER

learned)
Lucy Ann (Cannot be/

20 BIRTHPLACE OF

MOTHER (City)

(State or country)

England

21

Informant

(Address)

Mrs. Fred Benson

22 Read St.

A TRUE COPY

ATTEST:

(Registrar of City or Town where death occurred)

DATE FILED

January 16, 1957

1957



PLACE OF DEATH

Suffolk

(County)

Revere

(City or Town)

No. Grover Manor Hospital

2 FULL NAME Harriet Jane Murphy (Lodge)
(If deceased is a married, widowed or divorced woman, give also maiden name.)(a) Residence. No. 66 Shore Drive
(Usual place of abode)St. Winthrop
(If nonresident, give city or town and State)

Length of stay: In place of death. 1 6 years. months. days. In place of residence. 2 years. months. days.

The Commonwealth of Massachusetts

REVERE

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

(City or Town making this return)

COPY OF
CERTIFICATE OF DEATH

Registered No.

28

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

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

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH January 16, 1957
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from May 10 1947 to Jan. 16 1957
I last saw her alive on Jan. 15 1957, death is said to have occurred on the date stated above, at 5:30P. m.INTERVAL
BETWEEN
ONSET AND
DEATH
40 days

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Congestive Cardiac Failure

Due To Arteriosclerotic Heart Disease
(b)

10 yrs.

Due To Arteriosclerosis (Generalized)
(c)

10 yrs.

OTHER SIGNIFICANT CONDITIONS Diabetes Mellitus

10 yrs.

Was autopsy performed? No
What test confirmed diagnosis? Laboratory5 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 1/16 19 576 Greenwood Cemetery, Jonesport, Maine
Place of Burial or Cremation (City or Town)

DATE OF BURIAL January 17 19 57

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

Received and filed. 115 1 1957 19

(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Female 9 COLOR 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) William Murphy
(or) WIFE of (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 82 Years. Months. Days If under 24 hours Hours. Minutes

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

14 Industry or Business: Winthrop Community Hosp.

15 Social Security No. 016-26-9252

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

17 NAME OF FATHER William Lodge

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

19 MAIDEN NAME OF MOTHER Jane Black

20 BIRTHPLACE OF MOTHER (City) Maine
(State or country)21 Informant Mrs. Harry Shell
(Address) 66 Shore Drive, Winthrop

A TRUE COPY

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

DATE FILED January 18 19 57

RECEIVED



FEB 15 1957 AM

The Commonwealth of Massachusetts

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

REVERE

(City or Town making this return)

COPY OF CERTIFICATE OF DEATH

Registered No. 29

PLACE OF DEATH

Suffolk

(County)

Revere

(City or Town)

214 Endicott Ave.

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

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

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

(a) Residence. No. 47 Prospect Ave. St. Winthrop
(Usual place of abode)

Length of stay: In place of death 2 years 3 months 3 days. In place of residence 38 years 3 months 3 days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH January 27, 1957
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from 47 January 27 1957
I last saw him alive on January 24 1957, death is said to have occurred on the date stated above, at 11:30A. m.

INTERVAL BETWEEN ONSET AND DEATH

DEATH WAS CAUSED BY: IMMEDIATE CAUSE
(a) Cerebral Arteriosclerosis

2yrs.

Due To Generalized Arterio-sclerosis
(b)

10yrs.

Due To
(c)

OTHER SIGNIFICANT CONDITIONS Bronchial Asthma Gout

10yrs.
10yrs.

Was autopsy performed?
What test confirmed diagnosis? no

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

(Signed) Arthur C. Murray
(Address) Winthrop Date 1/28 1957

6 Fern Hill Hanson
Place of Burial or Cremation (City or Town)

DATE OF BURIAL January 30 1957

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

Received and filed. 1957 1 30 1957

(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

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

10a If married, widowed or divorced, HUSBAND of Martha Cook
(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 3 Months 6 Days If under 24 hours Hours Minutes

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

14 Industry or Business: Western Union

15 Social Security No. 025-03-0555

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

17 NAME OF FATHER George W. Ridley

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

19 MAIDEN NAME OF MOTHER Orpah Robinson

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

21 Informant (Address) Martha Ridley
47 Prospect Ave.

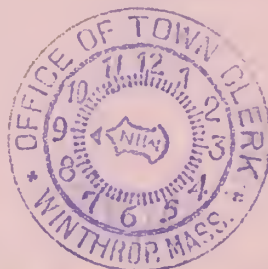
A TRUE COPY ATTEST: (Registrar of City or Town where death occurred)

DATE FILED January 30, 1957

Copies of returns of deaths which occurred in 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. (Sec Chap. 46, Sec. 12, G. L.)

50M-11 55-916145

RECEIVED



FEB 15 1957 AM

PLACE OF DEATH

Middlesex

(County)

1

(City or Town)

No. Chandler Manor, Inc.

38 Chandler St.

2 FULL NAME Jane G. Howatt (MacKenzie)

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

(a) Residence. No. 19 Thornton St.,
(Usual place of abode)St. { (If death occurred in a hospital or institution,
give its NAME instead of street and number)

Registered No. 69 30

Length of stay: In place of death.....years 2 months 24 days. In place of residence 50 years.....months.....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH Feb. 2, 1957

(Month)

(Day)

(Year)

4 I HEREBY CERTIFY, That I attended deceased from
Feb. 1, 1957, to Feb. 2, 1957I last saw her alive on Feb. 1, 1957, death is said to
have occurred on the date stated above, at 2:30 PM.DISEASE OR CONDITION
DIRECTLY LEADINGTO DEATH (a) Carcinoma of breast
with metastasesINTERVAL
BETWEEN
ONSET
AND
DEATH

8 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) Vincent Szwarc

M. D.

(Address) 773 Broadway, Som. Date Feb. 2, 1957

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

DATE OF BURIAL 19

7 NAME OF Howard S. Reynolds
FUNERAL DIRECTOR

ADDRESS Winthrop, Mass.

Received and filed 1957 19

(Registrar of City or Town where deceased resided)

The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH

DIVISION OF VITAL STATISTICS

COPY OF

CERTIFICATE OF DEATH

BOMERVILLE

(City or town making return)

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

Registered No. 69 30

{ (Was deceased a
U. S. War Veteran,
if so specify WAR)(a) Residence. No. 19 Thornton St.,
(Usual place of abode)St. Winthrop, Mass.
(If nonresident, give city or town and State)

Length of stay: In place of death.....years 2 months 24 days. In place of residence 50 years.....months.....days.

PERSONAL AND STATISTICAL PARTICULARS

8 SEX

Female

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 Benjamin Howatt

(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12

AGE 82 Years 2 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: Own Home

15 Social Security No. None

16 BIRTHPLACE (City) Stellarton,
(State or country) Nova Scotia

17 NAME OF FATHER -----MacKenzie

18 BIRTHPLACE OF

FATHER (City)

(State or country)

Nova Scotia

19 MAIDEN NAME

OF MOTHER

Isabel MacDonald

20 BIRTHPLACE OF

MOTHER (City)

(State or country)

Nova Scotia

21

Informant Katherine Douglas

(Address) 104 Raymond Ave., Som. Mass.

A TRUE COPY

ATTEST:

(Registrar of City or Town where death occurred)

Feb. 5, 1957

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.)

RECEIVED



MAR - 6 1957 PM

PLACE OF DEATH

Suffolk
(County)Winthrop
(City or Town)

No. 154 Court Road

2 FULL NAME **Bruno Femino**
(If deceased is a married, widowed or divorced woman, give also maiden name.)(a) Residence. No. 154 Court Road
(Usual place of abode)

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

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH **FEB 4th 1957**
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
JAN 5th 1957, to **FEB 4th 1957**I last saw him alive on **FEB 4th 1957**, death is said to
have occurred on the date stated above, at **8:30 p.m.**INTERVAL
BETWEEN
ONSET AND
DEATH

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) **SARCOIDOSIS, Lungs.**Due To
(h)Due To
(c)OTHER
SIGNIFICANT
CONDITIONS
GASTRIC ULCERS

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) **E. B. Borden**, M. D.(Address) **20 Saratoga St. Boston Mass** Date **Feb 4 1957**6 **Winthrop Cemetery, Winthrop**
Place of Burial or Cremation (City or Town)DATE OF BURIAL **February 8, 1957**7 NAME OF FUNERAL DIRECTOR **Ernest P. Caggiano**
ADDRESS **147 Winthrop St., Winthrop**Received and filed **FEB 6 1957**

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

PERSONAL AND STATISTICAL PARTICULARS

8 SEX **male** 9 COLOR **white** 10 SINGLE (write the word)
MARRIED
WIDOWED **married**
or **DIVORCED**10a If married, widowed, or divorced
HUSBAND of **Rose Calamanari**
(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 **3** Months **15** Days
If under 24 hours
Hours.....Minutes13 Usual Occupation: **Barber**
(Kind of work done during most of working life)14 Industry
or Business: **retired**15 Social Security No.
16 BIRTHPLACE (City) **Messina**
(State or country) **Italy**17 NAME OF FATHER **Placido Femino**18 BIRTHPLACE OF FATHER (City) **Messina**
(State or country) **Italy**19 MAIDEN NAME OF MOTHER **Information unavailable**20 BIRTHPLACE OF MOTHER (City) **Italy**
(State or country)21 Informant (Address) **Paul Femino**
523 Pleasant 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)
Robert J. Lioy **3/6/57**
(Official Designation) (Date of Issue of Permit)

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

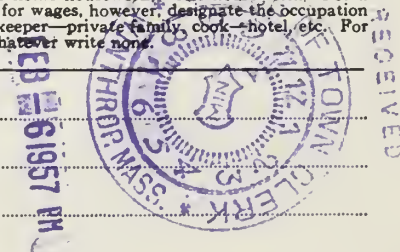
DATE OF ENTERING MILITARY SERVICE

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

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

STANDARD CERTIFICATE OF DEATH

Registered No. 32

PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)

145 Cliff Ave.

No.

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

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

PHYSICIAN — IMPORTANT

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

(a) Residence. No. 145 Cliff Ave.
(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 2 5 1957
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from
12/31, 1956, to 1/24, 1957

I last saw him alive on 1/24, 1957 death is said to
have occurred on the date stated above, at 9:15 A.M.

INTERVAL
BETWEEN
ONSET AND
DEATH
1 hr

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) CORONARY THROMBOSIS

Due To (b) ARTERIO SCLEROTIC
HEART DISEASE

5 yrs

Due To (c)

OTHER
SIGNIFICANT
CONDITIONS

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) Frank P. Regan M. D.

(Address) 113 Pleasant St. Date 2/7 1957

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

DATE OF BURIAL Feb. 7 1957

7 NAME OF
FUNERAL DIRECTOR

ADDRESS Winthrop, Mass

Received and filed FEB 4 - 1957 19

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

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

10a If married, widowed, or divorced
HUSBAND of Lenora Shey
(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 3 Months 1 Days
If under 24 hours
Hours Minutes

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

14 Industry or Business Hotel

15 Social Security No. 028-05-4125

16 BIRTHPLACE (City) St John, N.J.
(State or country) New Brunswick

17 NAME OF FATHER Michael Martin

18 BIRTHPLACE OF FATHER (City) St John New Brunswick
(State or country) New Brunswick

19 MAIDEN NAME OF MOTHER Ann Branley

20 BIRTHPLACE OF MOTHER (City) St John
(State or country) New Brunswick

21 Informant Lenora Martin
(Address) 145 Cliff Ave. Winthrop

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

(Signature of Agent of Board of Health or other)

Health Officer 2/6/57
(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 forty-two, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

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

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

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

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SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

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.

33

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 Eleanor R. Leary

(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. 37 Emerson Road
(Usual place of abode)

St. Winthrop

(If nonresident, give city or town and State)

Length of stay: In place of death. years. months. 24 days. In place of residence 32 years. months. days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH February 5 1957
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
April 1950, to Feb 5 1957
I last saw her alive on Feb 5 1957, death is said to
have occurred on the date stated above, at 4:18 P. m.INTERVAL
BETWEEN
ONSET AND
DEATH

3 wks

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Myocardial Infarction

Due To Cardiovascular renal disease
(b) with hypertension 15 yrsDue To
(c)OTHER SIGNIFICANT
CONDITIONS Hemiplegia, left. 2 8/12 yrsWas autopsy performed? no
What test confirmed diagnosis? clinical5 Was disease or injury in any way related to occupation of deceased? no.
If so, specify(Signature) Arthur C. Murray M. D.
(Address) Winthrop, Mass. Date 7 Feb 19576 Holy Cross Cemetery Malden
Place of Burial or Cremation (City or Town)

DATE OF BURIAL February 8 1957

7 NAME OF FUNERAL DIRECTOR A.M. Kelly

ADDRESS 223 Mass. Avenue, Arlington

Received and filed FEB 1957

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

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

(Give maiden name of wife in full)

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

11 IF STILLBORN, enter that fact here.

12 AGE 67 Years 5 Months 8 Days If under 24 hours
Hours Minutes13 Usual Occupation: Homemaker
(Kind of work done during most of working life)

14 Industry or Business: Own Home

15 Social Security No. none

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

17 NAME OF FATHER James McEnaney

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

19 MAIDEN NAME OF MOTHER Lucy Martin

20 BIRTHPLACE OF MOTHER (City) Boston
(State or country) Massachusetts21 Informant Eleanor M. Leary
(Address) 37 Emerson Road, WinthropI HEREBY CERTIFY that a satisfactory standard certificate of death
was filed with the BEFORE the burial or transit permit was issued:(Signature of Agent of Board of Health or other)
Official Designation Date of Issue of Permit

R-301A

DUCTIONS
FOR
CERTIFICATEgiving
OF DEATHnot enter
than one
for each
(b) and (c)does not mean
of dying,
heart failure,
etc. It means
e, or compli-
which causedms, if any,
ave rise to
cause (a),
the under-
cause last.ions contrib-
death but not
the terminal
condition givenChapter 137,
1954, requires
ns to print or
e cause or
of death on
certificates.

100M-11-35 916145

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



1 R-301A

INSTRUCTIONS
FOR
CERTIFICATEgiving
OF DEATHnot enter
than one
for each
(b) and (c)does not mean
of dying,
heart failure,
etc. It means
use, or compli-
which causedons, if any,
gave rise to
cause (a),
the under-
cause last.itions contrib-
death but not
to the terminal
condition givenChapter 137,
1954, requires
ans to print or
the cause or
of death on
certificates.

PLACE OF DEATH

Suffolk
(County)Winthron
(City or Town)

No. Winthron Community Hospital

2 FULL NAME Baby Boy Miranda
(If deceased is a married, widowed or divorced woman, give also maiden name.)(a) Residence. No. 88 Orchard St.
(Usual place of abode)St. Medford
(If nonresident, give city or town and State)

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

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH Feb. 7 - 1957
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
Feb. 6, 1957, to Feb 7 - 1957
I last saw him live on Feb. 7, 1957 death is said to
have occurred on the date stated above, at 10:10 a.m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Patent Atrial Septum.
ATRIAL Septum

Due To (b) Congenital

Due To (c)

OTHER SIGNIFICANT CONDITIONS Cleft Palate

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) Charles Meeni, M.D.

(Address) 305 Havre St. E. B. 2/8 1957

6 St. Michael's Boston
Place of Burial or Cremation (City or Town)

DATE OF BURIAL Feb. 9 1957

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

Received and filed FEB 8 - 1957 19

(Registrar)

The Commonwealth of Massachusetts

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

Registered No. 34

{(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 male 9 COLOR 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 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) Winthron Mass.
(State or country)

17 NAME OF FATHER Charles Miranda

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

19 MAIDEN NAME OF MOTHER Rose Marie Watson

20 BIRTHPLACE OF MOTHER (City) Chelsea
(State or country) Mass.21 Informant Charles Miranda
(Address) 88 Orchard St. MedfordI 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) 2/8/57

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

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

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

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

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

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

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

RULES OF PRACTICE

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

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

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

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

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

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

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER



INSTRUCTIONS
FOR
CERTIFICATEgiving
OF DEATH

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

oes not mean
of dying,
heart failure,
etc. It means
e, or compli-
which caused

ns, if any,
ave rise to
cause (a),
the under-
cause last.

ions contrib-
death but not
the terminal
ndition given

Chapter 137,
1954, requires
as to print or
e cause or
of death on
ificates.

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. 35

PLACE OF DEATH

SUFFOLK
(County)
WINTHROP
(City or Town)

1

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

2 FULL NAME PAULINE 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. 237 SHIRLEY ST St. WINTHROP MASS
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death years months 3 days. In place of residence 23 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH Jan. Feb 10, 1957
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from
July, 1956, to Jan. 10, 1957.
I last saw her alive on Jan 10, 1957, death is said to
have occurred on the date stated above, at 7:30 A.M.

INTERVAL
BETWEEN
ONSET AND
DEATH

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Coronary and Arteriosclerotic
Heart Disease. 5 yrs.

Due To (b) Myocardial Infarction 3 yrs.
(old).

Due To (c)

OTHER
SIGNIFICANT
CONDITIONS None.

Was autopsy performed? No
What test confirmed diagnosis? Clinical.

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

(Signed) Charles Liberman M. D.
(Address) Wintthrop, Mass Date Jan. 10 1957

6 ROBITZER CEM. WINTHROP
Place of Burial or Cremation (City or Town)
DATE OF BURIAL FEB. 11 1957

7 NAME OF FUNERAL DIRECTOR BENJAMIN BIRNDACH
ADDRESS 10 WOOD ST Dor

Received and filed FEB 11 1957 19
(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX 9 COLOR 10 SINGLE (write the word)
FEMALE WHITE MARRIED
WIDOWED MARRIED
or DIVORCED

10a If married, widowed, or divorced

HUSBAND of (Give maiden name of wife in full)
(or) WIFE of HARRY MILLER
(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: NONE

15 Social Security No. NONE

16 BIRTHPLACE (City)
(State or country) RUSSIA

17 NAME OF FATHER SEYMOR SAIVER

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

19 MAIDEN NAME OF MOTHER ROSE (UNKNOWN)

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

21 Informant HARRY MILLER HUSBAND
(Address) 237 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.

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SPACE FOR ADDITIONAL INFORMATION

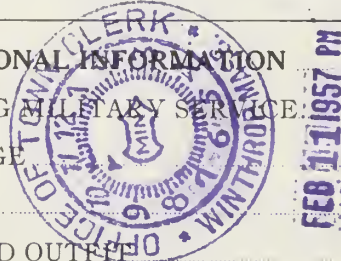
DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER



INSTRUCTIONS
FOR
CERTIFICATEgiving
OF DEATH

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

does not mean
of dying,
heart failure,
etc. It means
se, or compli-
which caused

ons, if any,
have rise to
cause (a),
the under-
cause last.

tions contrib-
death but not
the terminal
condition given

Chapter 137,
1954, requires
ans to print or
the cause or
of death on
certificates.

100M-11-35-916145

PLACE OF DEATH

1

2 FULL NAME

(a) Residence. No.

(Usual place of abode)

Length of stay: In place of death years months 21 days. In place of residence 28 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH FEB. 13 1957
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from JUNE 1946, to FEB 13 1957
I last saw him alive on FEB 12 1957, death is said to

have occurred on the date stated above, at 9:20 A.M.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) ARTERIO-VASCULAR NEURAL DISEASE

Due To (b) ARTERIO-SCLEROSIS

Due To (c) PROSTATIC HYPERTROPHY

OTHER SIGNIFICANT CONDITIONS

Was autopsy performed? NO
What test confirmed diagnosis? M. G. HSP.5 Was disease or injury in any way related to occupation of deceased? NO
If so, specify

(Signed) A. J. F. M. D.

(Address) 17 Revere St. Date 2-14-57 1957

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

DATE OF BURIAL February 16 1957

7 NAME OF FUNERAL DIRECTOR Paul Rubinofiglio

ADDRESS 128 Revere St. Revere

Received and filed. 1957

(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.

36

{(If death occurred in a hospital or institution,
St. give its NAME instead of street and number){ PHYSICIAN — IMPORTANT
(Was deceased a
U. S. War Veteran,
if so specify WAR) NOSt. Revere, Mass.
(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX male 9 COLOR white 10 SINGLE (write the word)
MARRIED WIDOWED or DIVORCED Widowed10a If married, widowed, or divorced
HUSBAND of Beatrice Zuppino
(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 Retired
(Kind of work done during most of working life)

14 Industry or Business Construction Foreman

15 Social Security No. 16 BIRTHPLACE (City) Italy
(State or country)

17 NAME OF FATHER Santo Cacciola

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. Peter Cacciola
(Address) 135 Revere St. RevereI 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) 2/15/57

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

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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 STATISTICS

To 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. Washington Rest Home

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

2 FULL NAME Mariano Messina
(If deceased 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. 110 Havre Street
(Usual place of abode)

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

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

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH Feb. 13 - 57
(Month) (Day) (Year)

4 I HEREBY CERTIFY That I attended deceased from
July 1956, to Feb. 13, 1957
I last saw him alive on Feb. 13, 1957, death is said to
have occurred on the date stated above, at 3:38 P.M.

INTERVAL
BETWEEN
ONSET AND
DEATH
1 yr.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Amyotrophic Lateral
Sclerosis

Due To
(b)

Due To
(c)

OTHER
SIGNIFICANT
CONDITIONS none

Was autopsy performed? no
What test confirmed diagnosis? Clinical

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

(Signed) Charles Liberman, M. D.
(Address) Winthrop Date 2/15/1957

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

DATE OF BURIAL Feb. 16 - 57

7 NAME OF FUNERAL DIRECTOR Vincent Rapino

ADDRESS 9 Chelsea Street East Boston

Received and filed February 10, 1957

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

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

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

14 Industry
or Business:

15 Social Security No.

16 BIRTHPLACE (City) Italy
(State or country)

17 NAME OF FATHER Giacomo Messina

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 Gus Lombardi
Informant (Address) 119 Reed St. Winthrop

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

John C. Lettman
(Signature of Agent of Board of Health or other)
Health Officer (Official Designation) 2/16/57 (Date of Issue of Permit)

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

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

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

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

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SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

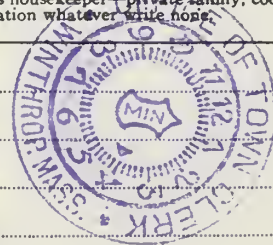
DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

FEB 11 5 10 57 PM



RECEIVED

R-301A

INSTRUCTIONS
FOR
CERTIFICATEgiving
OF DEATHnot enter
than one
for each
(b) and (c)does not mean
of dying,
heart failure,
etc. It means
or compli-
which causeds, if any,
ave rise to
cause (a),
the under-
ause last.ons contrib-
eath but not
the terminal
dition givenChapter 137,
1954, requires
s to print or
cause or
death on
ificates.

SOM. 5-36-917573

PLACE OF DEATH

1

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.STANDARD
CERTIFICATE OF DEATH

Registered No.

38

No. Mounts Convalescent Home St. (If death occurred in a hospital or institution,
give its NAME instead of street and number)2 FULL NAME Mary Di Blasi
(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. 9 Norman St. St. Boston
(Usual place of abode) (If nonresident, give city or town and State)Length of stay: In place of death _____ years _____ months _____ days. In place of residence 62 years _____ months _____ days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH FEB 15 1957
(Month) (Day) (Year)4 I HEREBY CERTIFY That I attended deceased from
OCT 27 1936 to FEB 15 1957I last saw her alive on FEB 15 1957, death is said to
have occurred on the date stated above, at 7:35 A.M.INTERVAL
BETWEEN
ONSET AND
DEATH
15 MIN.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) PULMONARY EDEMADue To HYPERTENSIVE & ARTERIO-
SCLEROTIC HEART DIS1 YR.Due To
(c)OTHER SIGNIFICANT CONDITIONS POST OPERATIVE COLOSTOMY
FOR CARCINOMA OF RECTUM 5 MO.Was autopsy performed? NOWhat test confirmed diagnosis? CLINICAL5 Was disease or injury in any way related to occupation of deceased?
If so, specify NO(Signed) Myron H. King, M. D.(Address) 222 PLEASANT ST. WINTHROP Date 2/25 1957St. Michael Boston
Place of Burial or Cremation (City or Town)DATE OF BURIAL Feb. 18, 19577 NAME OF FUNERAL DIRECTOR Pennacchio & SonADDRESS 59 So. Margin St. BostonReceived and filed 2/20/57 19

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Female 9 COLOR White 10 SINGLE (write the word)
MARRIED single
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 62 Years _____ Months _____ Days If under 24 hours
_____ Hours _____ Minutes13 Usual Occupation: none
(Kind of work done during most of working life)14 Industry or Business: none15 Social Security No. none16 BIRTHPLACE (City) Boston
(State or country)17 NAME OF FATHER Philip Di Blasi18 BIRTHPLACE OF FATHER (City) Italy
(State or country)19 MAIDEN NAME OF MOTHER Maria Matricia20 BIRTHPLACE OF MOTHER (City) Italy
(State or country)21 Informant Lena Di Blasi
(Address) 9 Norman St. 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)

2/16/57 March 6, 1957
(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 or registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

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

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

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

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

RULES OF PRACTICE

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

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

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

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

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

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

R-301A

CTIONS
OR
CERTIFICATEiving
OF DEATHt enter
han one
for each
b) and (c)es not mean
of dying,
heart failure,
e. It means
or compli-
which causeds, if any,
ve rise to
ause (a),
the under-
ause last.ons contrib-
eath but not
the terminal
dition givenChapter 137,
954, requires
s to print or
cause of
death on
ificates.

304-2-36-917573

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. 39

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

2 FULL NAME Celia Lipson
(If deceased 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. 142 Bellingham St. Chelsea, Mass.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death years 3 months 17 days. In place of residence 7 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH February 17 1957
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
September 19, 1956, to February 13, 1957I last saw her alive on February 13, 1957, death is said to
have occurred on the date stated above, at 10:45 p.m.INTERVAL
BETWEEN
ONSET AND
DEATH

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Angina Pectoris

Due To (b) Hypertension

Due To (c)

OTHER
SIGNIFICANT
CONDITIONS

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. S. Mather M.D.

(Address) 62, Spring Street Date Feb. 18 1957

6 Beth Israel Everett
Place of Burial or Cremation (City or Town)

DATE OF BURIAL Feb. 18, 1957

7 NAME OF FUNERAL DIRECTOR Louis Symonson
ADDRESS Lynn, Mass.

Received and filed FEB 18 1957

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Female 9 COLOR 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 Samuel Lipson
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 80 Years 11 Months 10 Days If under 24 hours
Hours Minutes13 Usual Occupation: housewife
(Kind of work done during most of working life)

14 Industry or Business: at home

15 Social Security No. none

16 BIRTHPLACE (City) Russia
(State or country)

17 NAME OF FATHER Askeel Solomon

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

19 MAIDEN NAME OF MOTHER Sarah (unknown)

20 BIRTHPLACE OF MOTHER (City) Russia
(State or country)21 Informant (Address) Abel Lipson (Son)
14 Endicott Ave. MarbleheadI 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) 2/18/57

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

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

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

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RULES OF PRACTICE

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

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

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

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

SPACE FOR ADDITIONAL INFORMATION

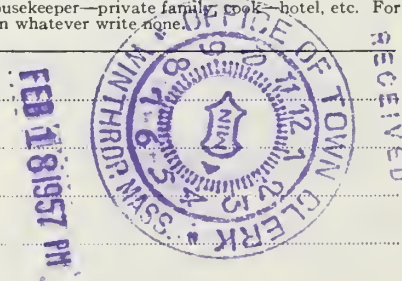
DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER



IR-301A

INSTRUCTIONS
FOR
CERTIFICATEgiving
OF DEATHnot enter
than one
for each
(b) and (c)Does not mean
of dying,
heart failure,
etc. It means
e, or compli-
which causedms. if any,
ave rise to
cause (a),
the under-
cause last.ions contrib-
death but not
the terminal
condition givenChapter 137,
1954, requires
ns to print or
e cause or
of death on
rtificates.

m.S.

PLACE OF DEATH

1

(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.

STANDARD

CERTIFICATE OF DEATH

Registered No.

40

No.

WINTHROP Community Hosp.

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

2 FULL NAME

Mc Chesney - Mrs. Lillian H

(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)

66 SHORE DRIVE

WINTHROP Community Hosp

WINTHROP Mass

(If nonresident, give city or town and State)

Length of stay: In place of death years months 20 days. In place of residence 2 years 8 months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF
DEATH

Feb 18 1957

(Month)

(Day)

(Year)

4 I HEREBY CERTIFY That I attended deceased from

Oct. 1956 to Feb. 18 1957

I last saw him alive on Feb 18 1957, death is said to
have occurred on the date stated above, at 8:30 p.m.INTERVAL
BETWEEN
ONSET AND
DEATH

2 days

4 days

year

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Bronchopneumonia
(Terminal)

Due To

(b) UREMIA

Due To

(c) Arteriosclerosis gene
ralizedOTHER
SIGNIFICANT
CONDITIONS Carcinoma of
Rectum

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 J. Begone, M. D.

(Address) 194 Washington Date 2/19 1957

6

CEDAR GROVE DORCHESTER
Place of Burial or Cremation (City or Town)

DATE OF BURIAL FEB 21 1957

7 NAME OF

FUNERAL DIRECTOR GERALD F SCALLY

ADDRESS

54 PLEASANT ST DOR.

Received and filed

19

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX

F.

9 COLOR

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 M. MC CHESNEY
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12

AGE 80 Years Months Days

If under 24 hours

Hours Minutes

13 Usual

Occupation:

(Kind of work done during most of working life)

14 Industry

or Business:

HOUSEWIFE

15 Social Security No.

028-03-04370

16 BIRTHPLACE (City)

CANADA

(State or country)

17 NAME OF

FATHER

JAMES CASEY

18 BIRTHPLACE OF

FATHER (City)

CANADA

(State or country)

19 MAIDEN NAME

OF MOTHER

ADELL POINDESTRE

20 BIRTHPLACE OF

MOTHER (City)

CANADA

(State or country)

21

Informant

(Address)

MRS CAREY SOLOMONT
7 MT HOOD RD. BOSTON (NIECE)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)

50M-5-56-917573

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

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

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States 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 persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. . . General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

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

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

RULES OF PRACTICE

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

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

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

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

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper, private family cook, hotel, etc. For a person who had 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. *41*

No. *22 Elliot St.* (If death occurred in a hospital or institution,
St. { give its NAME instead of street and number)

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

PHYSICIAN — IMPORTANT

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

(a) Residence. No. *22 Elliot St Winthrop* St. (If nonresident, give city or town and State)
(Usual place of abode)

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

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH *February 18 1957*
(Month) (Day) (Year)

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

*ARTERIOSCLEROTIC HEART
DISEASE
ACUTE 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.....
(Signed) *Michael J. Thompson* M. D.
(Address) *25 Shattuck St* Date *2/18 1957*

7 *Woodlawn Crematory* *Everett*
Place of Burial, or Cremation. (City or Town)

DATE OF BURIAL *Feb 20 1957*

8 NAME OF FUNERAL DIRECTOR *Howard J. Smith*

ADDRESS *11 Main St*

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 *Widow*

11a If married, widowed, or divorced

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

(or) WIFE of *Frank E Whitman*
(Husband's name in full)

12 IF STILLBORN, enter that fact here.

13 *83* *6* *20*
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: *Own home*

16 Social Security No. *None*

17 BIRTHPLACE (City) *Unable to obtain*
(State or country) *Nova Scotia*

18 NAME OF FATHER *William Dexter*

19 BIRTHPLACE OF FATHER (City) *Unable to obtain*
(State or country) *Nova Scotia*

20 MAIDEN NAME OF MOTHER *Antelina Freeman*

21 BIRTHPLACE OF MOTHER (City) *Unable to obtain*
(State or country) *Nova Scotia*

22 Informant *Daisy Fairhurst*
(Address) *Swansey New Hampshire*

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

Frank E. Thompson
(Signature of Agent of Board of Health or other)

Health Officer
(Official Designation)

2/19/57
(Date of Issue of Permit)

N. B. — WRITE PLAINLY, WITH UNFADING BLACK INK — THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. MEDICAL EXAMINERS should state CAUSE AND MANNER OF DEATH in plain terms, so that it may be properly classified under the International Classification of Causes of Death. See reverse side for extracts from the laws relative to the return of certificates of death.

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

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

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

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

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

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the 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-302

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

WHITE PLAIN, WITH UNFOLDING DEATH RECORD AS A PERMANENT RECORD

22

SOM. 11-55 918145

1

PLACE OF DEATH

Suffolk

(County)

Revere

(City or Town)



The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH

DIVISION OF VITAL STATISTICS

REVERE

(City or Town making this return)

COPY OF

CERTIFICATE OF DEATH

Registered No.

42

No. 405 Washington Ave. - Grover Manor Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Walter C. 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. 45 Waldemar Ave.

(Usual place of abode)

Winthrop

(If nonresident, give city or town and State)

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

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH February 22, 1957
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from Sept. 53 Feb. 21, 1957
I last saw him alive on Feb. 21, 1957, death is said to have occurred on the date stated above, at 1:05 P. m.

INTERVAL BETWEEN ONSET AND DEATH 72 hrs.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Cerebral Thrombosis (recurrent)

Due To Cerebral Arterio-sclerosis

15 yrs.

Due To Generalized Arterio-sclerosis

18 yrs.

OTHER SIGNIFICANT CONDITIONS Arteriosclerotic Heart Disease

18 yrs.

Was autopsy performed? No
What test confirmed diagnosis? Clinical

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

(Signed) Arthur C. Murray M. D.
(Address) Winthrop Date Feb. 22 1957
Winthrop Winthrop

6 Place of Burial or Cremation (City or Town)
DATE OF BURIAL February 25, 1957

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

Received and filed FEB 28 1957

(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

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

10a If married, widowed or divorced HUSBAND of Anne Gilmore
(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 7 Months 24 Days If under 24 hours Hours Minutes

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

14 Industry or Business Health Department

15 Social Security No. None

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

17 NAME OF FATHER Charles R. Baker

18 BIRTHPLACE OF FATHER Hartford
(City) Conn.
(State or country)

19 MAIDEN NAME OF MOTHER Eliza Fairchild

20 BIRTHPLACE OF MOTHER Windsor Locks
(City) Conn.
(State or country)

21 Informant Anne Baker
(Address) 45 Waldemar Ave., Winthrop

A TRUE COPY

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

DATE FILED February 26 1957

V.B.V.

RECEIVED



FEB 28 1957 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.

43

STANDARD
CERTIFICATE OF DEATH

Registered No.

PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)

No.

7 Locust

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

2 FULL NAME

ZAROUHI Nahabedian

(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.

7 Locust St.

St.

(Usual place of abode)

(If nonresident, give city or town and State)

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

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH Feb. 22 1957
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
Nov. 13, 1955, to Feb. 22, 1957I last saw him alive on Feb. 20, 1957, death is said to
have occurred on the date stated above, at 7:20 A.M.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Acute left Ventricular
dilatationINTERVAL
BETWEEN
ONSET AND
DEATH

minutes

Due To myocardial heart
(b) disease

years

Due To arteriosclerosis -
(c) generalized

years

OTHER
SIGNIFICANT
CONDITIONS Diabetes Mellitus

years

Was autopsy performed?

What test confirmed diagnosis?

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

(Signed) Kerop Nahabedian, M. D.

(Address) 194 Washington St. Date 2/22/57

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

DATE OF BURIAL Feb. 25, 1957

7 NAME OF FUNERAL DIRECTOR Aram Bedrosian

ADDRESS 538 W. Auburn St. Watertown

Received and filed FEB 25 1957

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

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

10a If married, widowed, or divorced

HUSBAND of (Give maiden name of wife in full)

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

11 IF STILLBORN, enter that fact here.

12 AGE 65 Years Months Days If under 24 hours
Hours Minutes13 Usual Occupation: Housewife
(Kind of work done during most of working life)

14 Industry or Business: at home

15 Social Security No. none

16 BIRTHPLACE (City) Harpoot
(State or country) Armenia

17 NAME OF FATHER Nigogos Kapikian

18 BIRTHPLACE OF FATHER (City) Harpoot
(State or country) Armenia

19 MAIDEN NAME OF MOTHER Dalita Kulenderian

20 BIRTHPLACE OF MOTHER (City) Harpoot
(State or country) Armenia21 Informant Kerop Nahabedian
(Address) 7 Locust St., Winthrop, Mass.I HEREBY CERTIFY that a satisfactory standard certificate of death
was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation) (Date of Issue of Permit) 2/25/57

EXTRACTS
FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

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

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

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

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

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

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance 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. 44

PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)

No. Mounts Rest Home 104 Highland Ave. St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Catherine A O'Brien Nee Quick
(If deceased 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. 154 Falcon St East Boston St. (If nonresident, give city or town and State)

Length of stay: In place of death. 7 years 17 months 17 days. In place of residence 40 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH FEB 24 1957
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
FEB 7 1957, to FEB 24 1957
I last saw him alive on FEB 24 1957, death is said to

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

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) CEREBRAL Hemorrhage.

INTERVAL
BETWEEN
ONSET AND
DEATHDue To (b) Arteriosclerosis.
Generalized.

Due To (c)

OTHER SIGNIFICANT CONDITIONS Diabetes Mellitus

Was autopsy performed? No
What test confirmed diagnosis? —5 Was disease or injury in any way related to occupation of deceased? No
If so, specify.(Signed) E. J. Grande
(Address) 2127 E. Broadway 2/27/57

Holy Cross Malden Mass

Place of Burial or Cremation (City or Town)

DATE OF BURIAL Feb. 27 1957

7 NAME OF FUNERAL DIRECTOR Ernest P Caggiano
ADDRESS 147 Winthrop St Winthrop

Received and filed FEB 25 1957

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Female 9 COLOR 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 Michael J O'Brien
(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: At Home

15 Social Security No.

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

17 NAME OF FATHER Thomas Quick

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

19 MAIDEN NAME OF MOTHER Ellen Rogers

20 BIRTHPLACE OF MOTHER (City) Newfoundland
(State or country) Nova Scotia21 Informant Michael J O'Brien
(Address) 154 Falcon 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) 2/25/57

R-301A

INSTRUCTIONS
FOR
CERTIFICATEgiving
OF DEATHnot enter
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ns to print or
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of death on
certificates.

100-11-55-9161-45

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

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

R-301A

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rtificates.

100M-11-55-916145

PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)

No. Winthrop Community Hospital

2 FULL NAME Carmello Adamo

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

(a) Residence. No. 162 Bartlett Road, Winthrop, Mass. St.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of stay: In place of death. 18 years. 17 months. 17 days. In place of residence. 17 years. 17 months. 17 days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH February 28, 1957

(Month)

(Day)

(Year)

4 I HEREBY CERTIFY That I attended deceased from

No. 0, 19. 56, to Feb. 28, 19. 57

I last saw him alive on Feb. 28, 19. 57, death is said to

have occurred on the date stated above, at 4.30 P. m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) myocardial heart disease

Due To

(b) hypertension - essential

Due To

(c) arteriosclerosis - gen

OTHER
SIGNIFICANT
CONDITIONS

plems

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 Cemetery, Malden,

Place of Burial or Cremation

(City or Town)

DATE OF BURIAL March 4, 1957

7 NAME OF

FUNERAL DIRECTOR Vincent Rapino

ADDRESS 9 Chelsea Street, East Boston, Mass.

Received and filed

March 4, 1957

(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. 45

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

PHYSICIAN — IMPORTANT

(Was deceased a

U. S. War Veteran, no

if so specify WAR)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX

male

9 COLOR

white

10 SINGLE (write the word)

MARRIED

WIDOWED married

or DIVORCED

10a If married, widowed, or divorced

HUSBAND of Anna Sicurella

(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: Retired

(Kind of work done during most of working life)

14 Industry

or Business: -----

15 Social Security No. None

16 BIRTHPLACE (City)

(State or country)

Italy

17 NAME OF
FATHER

Sabastiano Adamo

18 BIRTHPLACE OF

FATHER (City)

(State or country)

Italy

19 MAIDEN NAME

OF MOTHER

Marion Dracoti

20 BIRTHPLACE OF

MOTHER (City)

(State or country)

Italy

21

Informant Anna Adamo (wife)

(Address) 162 Bartlett Road, Winthrop, Mass.

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

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit) 3/4/57

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
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SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

MAR 2 1957 PM



RECEIVED

DUCTIONS
FOR
CERTIFICATEgiving
OF DEATHnot enter
than one
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ause (a),
the under-
ause last.ions contrib-
death but not
the terminal
condition givenChapter 137,
1954, requires
ns to print or
e cause or
of death on
rtificates.

PLACE OF DEATH

Suffolk
(County)Winthrop
(City or Town)

No. Winthrop Community Hospital

2 FULL NAME

Joseph Lanzilli

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

1205 Pennington St.

(a) Residence. No.

(Usual place of abode)

East Boston

(If nonresident, give city or town and State)

Length of stay: In place of death. 28 years. months. days. In place of residence 65 years. months. days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH February 28, 1957
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
Feb. 1, 1957, to Feb. 28, 1957

I last saw him alive on Feb. 27, 1957, death is said to

have occurred on the date stated above, at 4:45 a.m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Cerebral Embolism

Due To (b) Coronary Thrombosis

Due To (c)

OTHER
SIGNIFICANT
CONDITIONSWas autopsy performed? no
What test confirmed diagnosis? EKG5 Was disease or injury in any way related to occupation of deceased? no
If so, specify

(Signed) D.D. Patti, M. D.

(Address) 174 Pennington St. Date 2/28 1957
E. Boston6 Holy Cross Malden
Place of Burial or Cremation (City or Town)

DATE OF BURIAL March 2, 1957

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

Received and filed MAR 1 1957

(Registrar)

The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICSSTANDARD
CERTIFICATE OF DEATH

Registered No. 46

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

PHYSICIAN - IMPORTANT

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

PERSONAL AND STATISTICAL PARTICULARS

8 SEX male 9 COLOR white 10 SINGLE (write the word)
MARRIED
WIDOWED
or DIVORCED married10a If married, widowed or divorced
HUSBAND of Theresa Ciampa
(Give maiden name of wife in full)

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

11 IF STILLBORN, enter that fact here.

12 AGE 76 years. Months. Days If under 24 hours
Hours. Minutes13 Usual Occupation: tailor
(Kind of work done during most of working life)

14 Industry or Business: self employed

15 Social Security No.

16 BIRTHPLACE (City) Italy
(State or country)

17 NAME OF FATHER Nicholas Lanzilli

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

19 MAIDEN NAME OF MOTHER Rose Coletta

20 BIRTHPLACE OF MOTHER (City) Italy
(State or country)21 Informant Theresa Lanzilli
(Address) 1205 Pennington 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:J. E. Seelanne
(Signature of Agent of Board of Health or other)
Health Officer (Official Designation) 3/1/57
(Date of Issue of Permit)

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

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

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

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

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

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

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

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

RULES OF PRACTICE

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

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

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

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

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

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

Nahant
(City or Town making this return)

COPY OF CERTIFICATE OF DEATH

Registered No. 5 47

Essex

(County)

Nahant

(City or Town)

271 Nahant Road

No.

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

2 FULL NAME Elizabeth (Bloomfield) Graham

(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)

28 Palmyra

St.

Winthrop, Mass.

(If nonresident, give city or town and State)

Length of stay: In place of death 2 years 5 months days. In place of residence 37 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF
DEATH

January 16, 1957

(Month)

(Day)

(Year)

4 I HEREBY CERTIFY That I attended deceased from

Aug. 3, 1954, to Jan. 16, 1957

I last saw her alive on Jan. 15, 1957, death is said to

have occurred on the date stated above, at 3.00 A.M.

INTERVAL
BETWEEN
ONSET AND
DEATH

1 hr

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Acute Myocardial Infarct.

Due To

Coronary Sclerosis

(b)

5 yrs

Due To

(c)

OTHER
SIGNIFICANT
CONDITIONS

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) Lester H. Tobin M. D.

(Address) 84 Humphrey St. Swampscott

Date 1/16/57

6 Place of Burial or Cremation Winthrop, Mass.

(City or Town)

DATE OF BURIAL Jan. 18, 1957

7 NAME OF FUNERAL DIRECTOR Howard S. Reynold

Winthrop, Mass.

ADDRESS

Received and filed MAR 26 1957

(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX

Female

9 COLOR

white

10 SINGLE (write the word)

MARRIED
WIDOWED Widow
or DIVORCED

10a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

Benjamin Graham

(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12

86

2

Months

24

Days

If under 24 hours

AGE

Years

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)

Jersey City

N.J.

17 NAME OF

FATHER

Harry Blomfield

18 BIRTHPLACE OF

FATHER (City)

(State or country)

England

19 MAIDEN NAME

OF MOTHER

Maria Stewart

20 BIRTHPLACE OF

MOTHER (City)

(State or country)

Scotland

21

Informant

(Address)

Edward C. Kemp.

86 Aspen Ave. Swampscott

A TRUE COPY

ATTEST:

(Registrar of City or Town where death occurred)

DATE FILED

January 16, 1957

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, (i. l.))

RECEIVED



MAR 26 1957 AM

PLACE OF DEATH

Suffolk

(County)
Boston

(City or Town)

New England Deaconess Hopt.

No.

Ida Abrams

The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

Boston

(City or Town making this return)

COPY OF

CERTIFICATE OF DEATH

Registered No.

1172

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.)

264 River Road

Winthrop Mass.

(a) Residence. No.

(Usual place of abode)

St.

(If nonresident, give city or town and State)

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

6 hrs 25 minutes

MEDICAL CERTIFICATE OF DEATH

3 DATE OF
DEATH

Feb. 2/57

(Month)

(Day)

(Year)

4 I HEREBY CERTIFY, That I attended deceased from

Feb. 2 57 Feb. 2 57

I last saw h.....alive on Feb. 2 57 death is said to

have occurred on the date stated above, at 2:40 PM.

INTERVAL
BETWEEN
ONSET AND
DEATH

4 Hrs

11 Yrs

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a)

Diabetic coma

Due To

Diabetes mellitus

(b)

Due To

(c)

OTHER
SIGNIFICANT
CONDITIONS

Cerebral vascular insufficiency

Was autopsy performed?

Yes

What test confirmed diagnosis?

Lab.

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

If so, specify.....

(Signed)

Alikais

(Address)

New End Deaconess Hopt 2-2-57

Tifereth Israel Everett Mass.

6

Place of Burial or Cremation Feb. 3/57 (City or Town)

DATE OF BURIAL

7 NAME OF
FUNERAL DIRECTORTorf Funeral Service
Chelsea Mass.

ADDRESS

Received and filed

MAR 27 1957

19

(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX

F

9 COLOR

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

Henry Abrams

(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12

AGE 61 Years.....Months.....Days

If under 24 hours

Hours.....Minutes

13 Usual

Occupation:

Housewife

(Kind of work done during most of working life)

14 Industry

or Business:

Own Home

15 Social Security No.

16 BIRTHPLACE (City)

(State or country)

Russia

17 NAME OF

FATHER

Abraham Rubin

18 BIRTHPLACE OF

FATHER (City)

Russia

(State or country)

19 MAIDEN NAME

OF MOTHER

Gertrude ----

20 BIRTHPLACE OF

MOTHER (City)

Russia

(State or country)

21

Informant

(Address)

Henry Abrams

264 River Road
Winthrop Mass.

A TRUE COPY

ATTEST:

(Registrar of City or Town where death occurred)

Feb. 7/57

DATE FILED

19

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

RECEIVED



MAR 27 1957 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, (i. L.).

25M-8-56-918227

PLACE OF DEATH

1

Essex

(County)

Danvers

(City or Town)



The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH

DIVISION OF VITAL STATISTICS

COPY OF

CERTIFICATE OF DEATH

Registered No.

49

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 Dolan

(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. 30 Revere

(Usual place of abode)

St.

Winthrop, Mass.

(If nonresident, give city or town and State)

Length of stay: In place of death 21 years 3 months 29 days. In place of residence years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH Feb. 10, 1957

(Month)

(Day)

(Year)

I HEREBY CERTIFY That I attended deceased from Apr. 10, 1950 to Feb. 10, 1957

I last saw her alive on Feb. 10, 1957, death is said to

have occurred on the date stated above, at 8:10 p. m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Marasmus

Due To

(b)

Due To

(c)

OTHER SIGNIFICANT CONDITIONS

Was autopsy performed?

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 III, M. D.

(Address) Hathorne, Mass. Date 2/10 1957

6 Dan. State Hosp. Gen. Hathorne, Mass.

Place of Burial or Cremation Grave #663 (City or Town)

DATE OF BURIAL March 8, 1957

7 NAME OF FUNERAL DIRECTOR Wm. H. Crosby, Inc.

ADDRESS Danvers, Mass.

Received and filed MAR 19 1957

(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX

9 COLOR

10 SINGLE (write the word)

Female

White

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 61 Years 4 Months 8 Days If under 24 hours Hours Minutes

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

14 Industry or Business:

15 Social Security No. Cambridge

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

17 NAME OF FATHER William J. Dolan

18 BIRTHPLACE OF FATHER (City)

(State or country) Connecticut

19 MAIDEN NAME OF MOTHER Mary Jane McAlley

20 BIRTHPLACE OF MOTHER (City)

(State or country) Pennsylvania

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

A TRUE COPY

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

DATE FILED March 11, 1957

RECEIVED



MAR 19 1957 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

MEDICAL EXAMINER'S
CERTIFICATE OF DEATH

BOSTON

(City or town making return)

Registered No.

1597 50

No. Enroute to Mass Genl Hospt

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

2 FULL NAME **Arthur C Totman**
(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. **51 Loring Road**
(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 **44** years.....months.....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF **February** **13** **1957**
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 are as follows: (If an injury was involved, state fully.)

Fracture of Skull
Bilateral Compound Fractures of
Legs

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

Date and hour of injury **Feb 13** **1957**

Where did
Injury occur? **Revere, Mass**
(City or town and State)

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

Manner of
Injury **Pedestrian struck**
(How did injury occur?)

Nature of
Injury **by motor car**

While at work? **No** Was autopsy performed? **No**

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

If so, specify

(Signed) **M A Luongo** M. D.
(Address) **Boston** Date **2-14** **1957**

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

DATE OF BURIAL **Feb 17** **1957**

8 NAME OF
FUNERAL DIRECTOR **A B Marsh**
ADDRESS **Winthrop, Mass**

Received and filed **APR 9 1957** 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
or **WIDOWED** **Married**
or **DIVORCED**

11a If married, widowed, or divorced
HUSBAND of **Richard Tolman Dunbar**
(Give maiden name of wife in full)

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

12 IF STILLBORN, enter that fact here.

13 **78**
AGE Years Months Days If under 24 hours
Hours Minutes

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

15 Industry **Ice Cream & Confectionary Co**
or Business:

16 Social Security No. **Clinton**

17 BIRTHPLACE (City) **Me**
(State or country)

18 NAME OF **Willis Vincent Totman**
FATHER

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

20 MAIDEN NAME **Martha Hunter**
OF MOTHER

21 BIRTHPLACE OF
MOTHER (City) **Maine**
(State or country)

22 **Wife**
Informant (Address)

A TRUE COPY.

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

DATE FILED **Feb 18** **1957**

RECEIVED



APR - 9 1957 AM

R-301A

CTIONS
OR
CERTIFICATEiving
F DEATHenter
an one
or each
) and (c)es not mean
of dying,
art failure,
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or compli-
which caused, if any,
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use last.ns contrib-
ath but not
the terminal
dition givenChapter 137,
54, requires
to print or
cause or
death on
ificates.

DOM-5-56-817375

PLACE OF DEATH

Suffolk
(County)
Winthrop
(City or Town)Boston
x-8-57

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. 51

No. Winthrop Community Hospital (If death occurred in a hospital or institution,
St. {give its NAME instead of street and number})2 FULL NAME Elizabeth B. Burns (Canavan) 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. 112 Byron St. St. East Boston, Mass.
(Usual place of abode) (If nonresident, give city or town and State)

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

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH MARCH 2 1957
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
Jan 3, 1956, to March 2, 1957
I last saw her alive on 3/2, 1957, death is said to
have occurred on the date stated above, at 6.55 P. m.INTERVAL
BETWEEN
ONSET AND
DEATH
3 DAYS

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) CORONARY THROMBOSIS

Due To (b) ARTERIO-SCLEROTIC
HEART DISEASE

3 yrs

Due To (c)

OTHER
SIGNIFICANT
CONDITIONS

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) Fred O'Regan, M. D.

(Address) 113 Pleasant St. Winthrop, Mass. Date 3/2 1957

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

DATE OF BURIAL March 6, 1957

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

Received and filed 1957 19

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Female 9 COLOR White 10 SINGLE (write the word)
MARRIED
WIDOWED
or DIVORCED Widowed10a If married, widowed, or divorced
HUSBAND of (Give maiden name of wife in full)
(or) WIFE of George M. Burns
(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: Own Home

15 Social Security No. None

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

17 NAME OF FATHER Patrick Canavan

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

19 MAIDEN NAME OF MOTHER Emma Dubberley

20 BIRTHPLACE OF MOTHER (City)
(State or country) Nova Scotia21 Informant John A. Canavan
(Address) 212 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 C. Seabury
(Signature of Agent of Board of Health or other)
Seabury
(Official Designation) 3/5/57
(Date of Issue of Permit)

EXTRACTS
FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

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

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

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

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

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

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

RULES OF PRACTICE

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

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

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance 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

MAR - 6 1957 AM



RECEIVED

INSTRUCTIONS
FOR
CERTIFICATEgiving
OF DEATH

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

Does not mean
of dying,
heart failure,
etc. It means
e, or compli-
which caused

ns, if any,
ave rise to
cause (a),
the under-
cause last.

ions contrib-
death but not
the terminal
condition given

Chapter 137,
1954, requires
ns to print or
e cause or
of death on
certificates.

PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)

No. Winthrop Comm Hospital

2 FULL NAME Maria Sabina Donati (Salotti)

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

(a) Residence. No. 29 Leyden St East Boston

(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 29 years.....months.....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH March 2 1957

(Month)

(Day)

(Year)

4 I HEREBY CERTIFY, That I attended deceased from Feb 12 1957, to March 2 1957

I last saw her alive on March 2 1957, death is said to

have occurred on the date stated above, at 12:05 P.M.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) CARCINOMA of colon.

Due To
(b)Due To
(c)

OTHER SIGNIFICANT CONDITIONS Acute peritonitis.

Was autopsy performed? No
What test confirmed diagnosis? Operation.5 Was disease or injury in any way related to occupation of deceased? No
If so, specify.

(Signed) Harry J. Wiener, M. D.

(Address) 36 Kennedy Ave Date MAR 2 19 57

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

DATE OF BURIAL March 5 19 57

7 NAME OF FUNERAL DIRECTOR Ernest P Caggiano
ADDRESS 147 Winthrop St Winthrop

Received and filed MAR 4 1957

(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. 52

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

PHYSICIAN — IMPORTANT

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

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Female 9 COLOR 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 Luigi Donati
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 79 Years 7 Months Days If under 24 hours
Hours Minutes13 Usual Occupation: Restaurant Worker
(Kind of work done during most of working life)

14 Industry or Business: Restaurant

15 Social Security No. CIO-092-418

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

17 NAME OF FATHER Luigi Salotti

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

19 MAIDEN NAME OF MOTHER Angelina Bernaidi

20 BIRTHPLACE OF MOTHER (City) Forciandoro
(State or country) Italy21 Informant Louis Bernardi
(Address) 29 Leyden St. E/ BostonI HEREBY CERTIFY that a satisfactory standard certificate of death
was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation) (Date of Issue of Permit) 3/3 1957

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

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

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

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

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

Winthron

(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. 53

No. Mayflower Nursing Home(If death occurred in a hospital or institution,
St. [give its NAME instead of street and number])2 FULL NAME Eliza Jane Pace (Paul)
(If deceased 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. 287 Carter Street
(Usual place of abode)St. Chelsea, Mass.
(If nonresident, give city or town and State)Length of stay: In place of death 14 years 14 months 14 days. In place of residence 75 years 14 months 14 days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH March 4, 1957
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
Jan 1, 1956, to March 4, 1957I last saw her alive on March 4, 1957, death is said to
have occurred on the date stated above, at 10:30 P.M.INTERVAL
BETWEEN
ONSET AND
DEATH18 months

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) CANCER OF
Sigmoid

Due To (b) _____

Due To (c) _____

OTHER
SIGNIFICANT
CONDITIONSChronic Interstitial
NEPHRITIS 1 yearWas autopsy performed? NoWhat test confirmed diagnosis? Clinical + pathologic5 Was disease or injury in any way related to occupation of deceased?
If so, specify no(Signed) Benjamin, M. D.(Address) Chelsea Date 3/5 19576 Glennwood Cemetery Everett, Mass.
Place of Burial or Cremation (City or Town)DATE OF BURIAL March 7, 19577 NAME OF FUNERAL DIRECTOR Frank J. Welsh & Sons
ADDRESS 713 Broadway Chelsea, Mass.Received and filed MAR 6 1957 19

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Female 9 COLOR White 10 SINGLE (write the word)
MARRIED
WIDOWED
or DIVORCED Widow10a If married, widowed, or divorced
HUSBAND of _____
(Give maiden name of wife in full)(or) WIFE of Alfred Pace
(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) Boston
(State or country) Mass.17 NAME OF FATHER Andrew Paul18 BIRTHPLACE OF FATHER (City) St. John, N.B.
(State or country) Canada19 MAIDEN NAME OF MOTHER Leticia Gordon20 BIRTHPLACE OF MOTHER (City) St. John, N.B.
(State or country) Canada21 Informant Mildred Cooper (daughter)
(Address) North Wood, New HampshireI HEREBY CERTIFY that a satisfactory standard certificate of death
was filed with me BEFORE the burial or transit permit was issued:John C. Brennan
(Signature of Agent of Board of Health or other)Robert J. Grier 3/5/57
(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 or registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

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

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

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RULES OF PRACTICE

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

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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

MAR 6 1957 AM



R-301A

CTIONS
R
CERTIFICATEiving
F DEATH
enter
man one
or each
) and (c)es not mean
of dying,
art failure,
c. It means
or compli-
which causeds, if any,
ve rise to
use (a),
he under-
use last.ons contrib-
ath but not
the terminal
dition givenChapter 137,
954, requires
s to print or
cause or
death on
ificates.

100M-11-55-916145

PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)

No. 991 Shirley St.

2 FULL NAME William F Morrison
(If deceased is a married, widowed or divorced woman, give also maiden name.)(a) Residence. No. 991 Shirley St
(Usual place of abode)

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

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH March 7 1957
(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 10:45 P.m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Natural Causes

Due To Presumably Coronary
(b) Occlusion hoursDue To
(c)OTHER
SIGNIFICANT
CONDITIONSWas 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) Ralph C. Morrison M. D.

Winthrop Board of Health 9 March 1957

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

DATE OF BURIAL March 11 1957

7 NAME OF FUNERAL DIRECTOR Edward S. Smith

ADDRESS Winthrop 23 years

Received and filed MAR 11 1957 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. 54

{(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, W W 1
if so specify WAR)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Male 9 COLOR White 10 SINGLE (write the word)
MARRIED
WIDOWED Married
or DIVORCED10a If married, widowed, or divorced
HUSBAND of Jennie Campbell
(Give maiden name of wife in full)(or) WIFE of
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 70 Years 4 Months 4 Days
If under 24 hours
Hours Minutes13 Usual Occupation: Officer
(Kind of work done during most of working life)

14 Industry or Business: Prison

15 Social Security No. None
16 BIRTHPLACE (City) Boston
(State or country) MASS.

17 NAME OF FATHER James Morrison

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

19 MAIDEN NAME OF MOTHER Emily Kedey

20 BIRTHPLACE OF MOTHER (City) St. John
(State or country) New Brunswick21 Informant: Jennie Morrison
(Address) 991 Shirley St. Winthrop1 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) 3/11/57

EXTRACTS
FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

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

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

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

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or 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 July 8 1918

DATE OF DISCHARGE April 11 1919

RANK, RATING Private

ORGANIZATION AND OUTFIT Army

SERVICE NUMBER 398460



R-301A

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MEDICAL EXAMINER NOTIFIED & DECLINED JURISDICTION

SOM-3-54-917575

PLACE OF DEATH

Suffolk
(County)Winthron
(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.

55

No. Winthron Community Hospital

(If death occurred in a hospital or institution,
St. give its NAME instead of street and number)2 FULL NAME Elythe Maude Savage
(If deceased 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. 170 Nahant Avenue
(Usual place of abode)

St.

(If nonresident, give city or town and State)

Length of stay: In place of death 7 hours
years 35 months 35 days. In place of residence 35 years 35 months 35 days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH MAR 12 1957
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
MAR 12, 1957, to MAR 12, 1957I last saw her alive on MAR 12, 1957, death is said to
have occurred on the date stated above, at 5:50 P. m.INTERVAL
BETWEEN
ONSET AND
DEATH
1 DAY

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) CEREBRAL HEMORRHAGEDue To (b) HYPERTENSION

?

Due To (c)

OTHER
SIGNIFICANT
CONDITIONSWas autopsy performed? NoWhat test confirmed diagnosis? CLINICAL5 Was disease or injury in any way related to occupation of deceased?
If so, specify No(Signed) Myron H. King, M. D.(Address) 122 PLEASANT ST. WINTHROP Date 3/12 19576 Southside Cemetery Skowhegan, Maine
Place of Burial or Cremation (City or Town)DATE OF BURIAL March 16, 19577 NAME OF FUNERAL DIRECTOR Alfred B. MarshADDRESS 174 Winthrop St. Winthrop, Mass.Received and filed MAR 19 1957

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX

9 COLOR

10 SINGLE (write the word)
MARRIED
WIDOWED married
or DIVORCEDfemale white

10a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of Edland Donald Savage
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12

AGE 70 Years 3 Months 3 DaysIf under 24 hours
Hours Minutes

13 Usual

Occupation: housewife

(Kind of work done during most of working life)

14 Industry

or Business: own home15 Social Security No. 011-10-443416 BIRTHPLACE (City)
(State or country)Overtown
Penna.17 NAME OF
FATHERAugustus Bleiler

18 BIRTHPLACE OF

FATHER (City) Allentown

(State or country)

Penna.

19 MAIDEN NAME

OF MOTHER

Loretta Sherman

20 BIRTHPLACE OF

MOTHER (City)

Overtown

(State or country)

Penna.

21

Informant

(Address)

Edland Donald Savage170 Nahant Ave. WinthropI HEREBY CERTIFY that a satisfactory standard certificate of death
was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

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

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

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

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

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

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

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had 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-3-36-817573

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.

56

No. Winthrop Community Hospital

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

2 FULL NAME Ruth E (Webster) Beckler

(If deceased 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 Sea View Ave.

(Usual place of abode)

St.

(If nonresident, give city or town and State)

Length of stay: In place of death 21 years months 40 days. In place of residence 40 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH Mar. 17 1957
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from

DEC, 1956, to MAR 17, 1957

I last saw him alive on MAR 17, 1957, death is said to
have occurred on the date stated above, at 7:32 A.M.INTERVAL
BETWEEN
ONSET AND
DEATH

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) CARCINOMA CT. BREAST
WITH METASTASIS TO

LIVER AND JAUNDICE

(b)

Due To (c)

OTHER SIGNIFICANT CONDITIONS COMPRESSION FRACTURE
SLIGHT 4th & 5th LUMBAR VERTEBR

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 NO

(Signed) Myron H. King, M. D.

(Address) 222 PLEASANT ST. Date 3/17 1957

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

DATE OF BURIAL March 20 1957

7 NAME OF FUNERAL DIRECTOR Edward S. Reynolds

ADDRESS 411 Main St. Winthrop

Received and filed MAR 19 1957 19

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX

9 COLOR

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 A Beckler

(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12

AGE 65 Years 7 Months 15 Days

If under 24 hours

Hours Minutes

13 Usual

Occupation: Housewife

(Kind of work done during most of working life)

14 Industry

or Business: At home

15 Social Security No. 024-09-5367

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

17 NAME OF

FATHER George Webster

18 BIRTHPLACE OF

FATHER (City) Boston

(State or country) Mass

19 MAIDEN NAME

OF MOTHER Eliza Ferguson

20 BIRTHPLACE OF

MOTHER (City) Unable to obtain

(State or country) Nova Scotia

21

Informant William Beckler

(Address) 61 Sea View Ave. Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death
was filed with me BEFORE the burial or transit permit was issued:Ralph E. Williams
(Signature of Agent of Board of Health) (Inker)Heather Jones
(Official Designation)3/19/57
(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

MAR 1 1957 PM



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.3-54-911RR7

PLACE OF DEATH

1

Suffolk
(County)Winthrop
(City or Town)

No.

39 Groves Ave
Mayflower Nursing Home

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

2 FULL NAME.

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

(a) Residence. No.

39 Groves Ave 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 DEATH

March-19-1957
(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.)

General Arterio Sclerosis

Coronary Artery Heart Disease

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)..... M. D.

(Address).....

7 Holy Cross Cemetery, Malden

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

DATE OF BURIAL March 23, 1957

8 NAME OF

FUNERAL DIRECTOR Vincent Rapino

ADDRESS 9 Chelsea St., East Boston, Mass.

Received and filed..... MAR 22 1957.....19.....

(Registrar)

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. 57

PHYSICIAN — IMPORTANT

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

PERSONAL AND STATISTICAL PARTICULARS

9 SEX

female

10 COLOR OR RACE

white

11 SINGLE

(write the word)

MARRIED

WIDOWED

or DIVORCED

11a If married, widowed, or divorced

HUSBAND of.....

(Give maiden name of wife in full)

(or) WIFE of Luigi Cutillo

(Husband's name in full)

12 IF STILLBORN, enter that fact here.

13

AGE 72 Years.....Months.....Days

If under 24 hours

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

14 Usual

Occupation: Housewife

(Kind of work done during most of working life)

15 Industry

or Business: ---

16 Social Security No.

None

17 BIRTHPLACE (City)

(State or country)

Italy

18 NAME OF FATHER

James Mocillo

19 BIRTHPLACE OF

FATHER (City)

(State or country)

Italy

20 MAIDEN NAME

OF MOTHER

Maria Salerno

21 BIRTHPLACE OF

MOTHER (City)

(State or country)

Italy

22

Informant Theresa Douglass (daughter)

(Address) 16 Yarmouth St., Boston

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

John J. Scannone
(Signature of Agent of Board of Health or other)
Health Officer
(Official Designation) 3/22/57
(Date of Issue of Permit)

EXTRACTS
FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

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

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

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

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L. 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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Chapter 137,
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100M-11-35-916145

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. 58

PLACE OF DEATH

Suffolk

(County)

Winthron

(City or Town)

No. 12 River Road

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

2 FULL NAME Ragnhild Oliver Nelson

(If deceased 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. 12 River Road

(Usual place of abode)

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

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

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH March 20 1957
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from
17 May 1955, to 20 March 1957
I last saw her alive on 19 March 1957, death is said to

have occurred on the date stated above, at 7:45 A. m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Parkinsonism

INTERVAL
BETWEEN
ONSET AND
DEATH

4 yrs

Due To (b) Encephalitis

4 yrs

Due To (c)

OTHER
SIGNIFICANT
CONDITIONS

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) Winthron Date 21 March 57

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

DATE OF BURIAL March 23 1957

7 NAME OF FUNERAL DIRECTOR Alfred B. Marsh

ADDRESS 174 Winthron St. Winthron, Mass.

Received and filed. MAR 22 1957

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX female 9 COLOR 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 Conrad Nelson
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 60 Years 6 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: own home

15 Social Security No. none

16 BIRTHPLACE (City) Farsund
(State or country) Norway

17 NAME OF FATHER Julius Jakobsen

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

19 MAIDEN NAME OF MOTHER Jorgine Martine Berntsen

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

21 Informant (Address) James C. Nelson
12 River Road, Winthron

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) 3/23/57

EXTRACTS
FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

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

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

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

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

R-301A

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cause or
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100M-11-95-916145

PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)

No. 96 Upland

Rd.

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

Registered No.

59

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

The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICSSTANDARD
CERTIFICATE OF DEATH

2 FULL NAME James T. Sharkey

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

PHYSICIAN — IMPORTANT

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

No

(a) Residence. No. 96 Upland

(Usual place of abode)

Rd.

(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 March 21 1957
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
19 to 19

I last saw h alive on 19 death is said to

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

INTERVAL
BETWEEN
ONSET AND
DEATH

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Natural Causes

Due To Arteriosclerotic Heart yrs
(b) DiseaseDue To Generalized Arterio- yrs
(c) SclerosisOTHER
SIGNIFICANT
CONDITIONSWas autopsy performed? no
What test confirmed diagnosis? clinical5 Was disease or injury in any way related to occupation of deceased? no
If so, specifySignature of Arthur C. Murray M. D.
Winthrop Board of Health Date 21 March 19576 Holy Cross Malden
Place of Burial or Cremation (City or Town)

DATE OF BURIAL March 23, 1957

7 NAME OF FUNERAL DIRECTOR Arthur J. Forcella
ADDRESS 276 Winthrop Ave., Revere

Received and filed MAR 22 1957 19

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

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

10a If married, widowed, or divorced

HUSBAND of (Give maiden name of wife in full)

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

11 IF STILLBORN, enter that fact here.

12 AGE 77 Years Months Days If under 24 hours
Hours Minutes13 Usual Occupation: Ret. clerk
(Kind of work done during most of working life)14 Industry
or Business:

15 Social Security No. none

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

17 NAME OF FATHER Bernard Sharkey

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

19 MAIDEN NAME OF MOTHER Margaret Campbell

20 BIRTHPLACE OF MOTHER (City) Ireland
(State or country)21 Informant Joseph J. Gallagher
(Address) 96 Upland 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:

Signature of Agent of Board of Health or Other

Official Designation Date of Issue of Permit 3/22/57

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

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

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

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

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

SPACE FOR ADDITIONAL INFORMATION

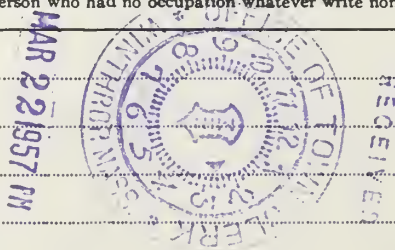
DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER



PLACE OF DEATH

1

(County)

(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.

60

No. 38 GR Winthrop Community Hospital (If death occurred in a hospital or institution,
St. (give its NAME instead of street and number)2 FULL NAME Bigwood, Harold Smith
(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. 30 GROVERS Ave. St. (If nonresident, give city or town and State)
(Usual place of abode)Length of stay: In place of death 1 years 1 months 1 days. In place of residence 4 years 1 months 1 days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH MAR 22 1957
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
MAR 21, 1957, to MAR 22, 1957
I last saw him alive on MAR 21, 1957, death is said to
have occurred on the date stated above, at 905 A.m.INTERVAL
BETWEEN
ONSET AND
DEATH
6 MO.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) GENERAL CARCINOMATOSIS(b) Due To CARCINOMA OF PROSTATE
T BLADDER1 YR.

(c) Due To

OTHER
SIGNIFICANT
CONDITIONS NONEWas autopsy performed? No.What test confirmed diagnosis? PATHOLOGICAL5 Was disease or injury in any way related to occupation of deceased No.
If so, specify(Signed) Myron H. King, M. D.(Address) 22 Pleasant St. Waltham Date 3/22 19576 Rosedale Cemetery Manchester
Place of Burial or Cremation (City or Town)DATE OF BURIAL MARCH 25 19577 NAME OF FUNERAL DIRECTOR Mary J. Stately
ADDRESS 79 West Foster St. MelroseReceived and filed MAR 22 1957 19

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Male 9 COLOR White 10 SINGLE (write the word)
MARRIED
WIDOWED MARRIED
or DIVORCED10a If married, widowed, or divorced
HUSBAND of Florence Lyons
(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 8 Months 22 Days If under 24 hours
Hours Minutes13 Usual Occupation: Shipper
(Kind of work done during most of working life)14 Industry or Business: Studios Inc.15 Social Security No. 010-28-161816 BIRTHPLACE (City) Everett
(State or country) MASS.17 NAME OF FATHER Benjamin F. Bigwood18 BIRTHPLACE OF FATHER (City) Manchester
(State or country) MASS.19 MAIDEN NAME OF MOTHER Ada Jane Smith20 BIRTHPLACE OF MOTHER (City) Rockport
(State or country) MASS.21 Informant Mr. Harold S. Bigwood
(Address) 30 Severn Ave. WinthropI HEREBY CERTIFY that a satisfactory standard certificate of death
was filed with me BEFORE the burial or transit permit was issued:J. H. Severn
(Signature of Agent of Board of Health or other)
Health Officer (Official Designation) 3/22/57 (Date of Issue of Permit)

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

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

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

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

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

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

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

RULES OF PRACTICE

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

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

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

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

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

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

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

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. 61

PLACE OF DEATH

SUFFOLK
(County)WINTHROP
(City or Town)

No. 361 SHIRLEY

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

PHYSICIAN — IMPORTANT

(Was deceased a
U. S. War Veteran,
if so specify WAR) N.Y.(a) Residence. No. 361 SHIRLEY
(Usual place of abode)St. WINTHROP
(If nonresident, give city or town and State)

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

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH March 23, 1957
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
July 1952 to March 23, 1957
I last saw her alive on March 23, 1957, death is said to
have occurred on the date stated above, at 6:00 A.M.DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a) Acute Coronary
OcclusionINTERVAL BE-
TWEEN ONSET
AND DEATH

24 hrs.

ANTECEDENT CAUSES (b) Coronary Artery
Heart Disease

4 yrs

Due To (c) Arteriosclerosis

10 yrs

OTHER
SIGNIFICANT
CONDITIONS None.

Major findings: None.

Date of operation Was autopsy performed? No.

What test confirmed diagnosis? Clinical.

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

If so, specify

(Signed) Charles L. Lickman

(Address) Wintthrop Mass Date 3/23/1957 M. D.

6 ADATIA ISRAEL - BROOKLYN
Place of Burial or Cremation (City or Town)

DATE OF BURIAL MARCH 24 1957

7 NAME OF FUNERAL DIRECTOR ARON GULOV

ADDRESS 1665 BENCON ST, B'KLINE

Received and filed APR 4 1957 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 MAX CHAFETZ
(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: HOUSEWORK
(Kind of work done during most of working life)

14 Industry or Business: AT HOME

15 Social Security No. NONE

16 BIRTHPLACE (City) RUSSIA
(State or country)

17 NAME OF FATHER NOAH BASKIN

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

19 MAIDEN NAME OF MOTHER ESTHER — C. B. L.

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

21 ROSE ROBINS - DAUGHTER

Informant (Address) 103 DANE HILL RD NEWTON HIGHLANDS

I HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:Ralph E. Lickman
(Signature of Agent of Board of Health or other)Health Agent March 23, 1957
(Official Designation) (Date of Issue of Permit)

50M-3-53-990096

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

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SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

CERTIFICATE

F DEATH

enter
an one
or each
and (c)

s not mean
of dying,
art failure,
It means
or compli-
caused

e, if any,
ve rise to
use (a),
e under-
use last.

ns contrib-
ath but not
he terminal
dition given

Chapter 137,
54, requires
to print or
cause or
death on
ificates.

1004.11.55.916145

PLACE OF DEATH

1

Suffolk County
Winthrop
(City or Town)



The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH

DIVISION OF VITAL STATISTICS

STANDARD

CERTIFICATE OF DEATH

Registered No.

62

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

No.

Mayflower Nursing Home

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

2 FULL NAME

ANGELINA AMERLENGO

(If deceased 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)

12 Commons St

East Boston

(If nonresident, give city or town and State)

Length of stay: In place of death. years. months. *34* days. In place of residence. *40* years. months. days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH

March 24th 1957
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from

Dec 1955 to *MARCH 24*, 19*57*

I last saw him alive on *MARCH 24*, 19*57*, death is said tohave occurred on the date stated above, at *8:30 P. M.*

INTERVAL
BETWEEN
ONSET AND
DEATH

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) *CEREBRAL THROMBOSIS*

1 mos

Due To *GENERALIZED ARTERIO-*

SCLEROSIS.

2 yrs

Due To *HYPERTENSIVE HEART*

(c)

2 yrs

OTHER SIGNIFICANT CONDITIONS

CONGESTIVE HEART FAILURE

1 day

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) *Andrew Catano*, M. D.(Address) *603 Broadway* Date *Mar 26* 19*57*6 Place of Burial or Cremation *Holy Cross* (City or Town) *Malden*DATE OF BURIAL *March 28* 19*57*

7 NAME OF FUNERAL DIRECTOR

Lee Branca Jr.

ADDRESS *713 Moody St* *Winthrop*

Received and filed

MAR 26 1957

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX

9 COLOR

10 SINGLE (write the word)

MARRIED
WIDOWED
or DIVORCED

Female

White

Widowed

10a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

Antonio Amerlengo
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12

AGE *72* Years Months Days

If under 24 hours
Hours Minutes

13 Usual

Occupation:

House Work

(Kind of work done during most of working life)

14 Industry

or Business:

Her Own

15 Social Security No.

None

16 BIRTHPLACE (City)

(State or country)

Cellina Italy

17 NAME OF FATHER

Ralph Sabbatini

18 BIRTHPLACE OF

FATHER (City)

(State or country)

Italy

19 MAIDEN NAME

OF MOTHER

Unknown

20 BIRTHPLACE OF

MOTHER (City)

(State or country)

Italy

21

Informant

(Address)

Benjamin Amerlengo
45 Clayton St Dorchester

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

1957-2-15
(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

EXTRACTS

FROM THE LAWS OF THE

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GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

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

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. 63

PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)

No. 43 Sea View Ave

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

2 FULL NAME John J. Archdeacon

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

PHYSICIAN — IMPORTANT

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

(a) Residence. No. 43 Sea View Ave

(Usual place of abode)

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

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

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH March 26, 1957

(Month)

(Day)

(Year)

4 I HEREBY CERTIFY, That I attended deceased from

10/26, 1956, to 3/25/57, 1957

I last saw him alive on 3/25, 1957, death is said to

have occurred on the date stated above, at 3 A. m.

INTERVAL
BETWEEN
ONSET AND
DEATH
1 hr

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) ARTERIO-SCLEROTIC
HEART DISEASE

Due To (b) DIABETES MELLITUS 2 yrs

Due To (c)

OTHER
SIGNIFICANT
CONDITIONS

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) Fred O. Pegan M. D.

(Address) 113 Pleasant Valley 3/26 1957

Holy Cross

Malden Mass

Place of Burial or Cremation

(City or Town)

DATE OF BURIAL March 29 1957

7 NAME OF FUNERAL DIRECTOR Arthur J. O'Maley

ADDRESS Winthrop Mass

Received and filed MAR 23 1957

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX

9 COLOR

10 SINGLE (write the word)

Male

White

MARRIED

WIDOWED

or DIVORCED

Married

10a If married, widowed, or divorced

HUSBAND of Florence Manning

(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:

Clerk

(Kind of work done during most of working life)

14 Industry

or Business:

Penal Institution

15 Social Security No.

16 BIRTHPLACE (City)

(State or country)

Boston

Mass

17 NAME OF

FATHER

John J. Archdeacon

18 BIRTHPLACE OF

FATHER (City)

Boston

(State or country)

Mass

19 MAIDEN NAME

OF MOTHER Annie F. Smith

20 BIRTHPLACE OF

MOTHER (City)

Boston

(State or country)

Mass.

21

Informant

(Address)

Florence Archdeacon

43 Sea View Avw., Winthrop

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

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

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

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

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

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

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

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

RULES OF PRACTICE

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

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

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

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

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

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

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

RECEIVED
MAR 28 1957 AM



PLACE OF DEATH

Suffolk
(County)
Wintthrop
(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. 61

No. 44 Quincy Ave
St. (If death occurred in a hospital or institution,
give its NAME instead of street and number)2 FULL NAME Peter J. Ferrile
(If deceased 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. 44 Quincy Ave
(Usual place of abode) St. (If nonresident, give city or town and State)

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

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH March 27, 1957
(Month) (Day) (Year)I HEREBY CERTIFY That I attended deceased from
March 26, 1957, to March 27, 1957.
I last saw him alive on March 27, 1957, death is said to
have occurred on the date stated above, at 3:00 P. M.INTERVAL
BETWEEN
ONSET AND
DEATH

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Coronary Occlusion

24 hrs.

Due To Arteriosclerosis

10 yrs.

Due To Coronary Artery Heart
(c) Disease

5 yrs

OTHER
SIGNIFICANT
CONDITIONS NoneWas 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) Wintthrop Date June 29, 57

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

DATE OF BURIAL March 30, 1957

7 NAME OF FUNERAL DIRECTOR Maurice H. Faby

ADDRESS Wintthrop

Received and filed APR - 3 1957

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Male 9 COLOR White 10 SINGLE (write the word)
MARRIED WIDOWED
or DIVORCED Divorced10a If married, widowed, or divorced
HUSBAND of Eugenia Piccarolo
(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 Importer
(Kind of work done during most of working life)

14 Industry or Business

15 Social Security No. none

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

17 NAME OF FATHER Stephen Ferrile

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

19 MAIDEN NAME OF MOTHER Theresa Ratto

20 BIRTHPLACE OF MOTHER (City) Genoa
(State or country) Italy21 Informant (Address) Peter Ferrile
44 Quincy Ave WintthropI HEREBY CERTIFY that a satisfactory standard certificate of death
was filed with me BEFORE the burial or transit permit was issued:Gale E. Ferranney
(Signature of Agent of Board of Health or other)Health Office 3/29/57
(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 the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

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

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RULES OF PRACTICE

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

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

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

APR 3 1957 PM



R-301A

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4, requires
to print or
cause or
death on
ificates.

50M-3-56-917573

PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)

Winthrop Community Hospital

No.

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

2 FULL NAME

Baby Boy Pelletier

(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.

838 Summer St.

St. Lynn

(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 March 29, 1957
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from

Mar. 29, 1957, to -, 19

I last saw h - alive on -, 1957, death is said to

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

INTERVAL
BETWEEN
ONSET AND
DEATH

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Stillborn

Due To

(b) -

Due To

(c) -

OTHER
SIGNIFICANT
CONDITIONS

Was autopsy performed?

What test confirmed diagnosis?

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

If so, specify

(Signed)

Charles Meloni M.D.

(Address)

305 Haver St. Boston

Date Mar 30, 1957

6

Holy Cross

Halden

Place of Burial or Cremation

(City or Town)

DATE OF BURIAL

April 2

19

7 NAME OF

FUNERAL DIRECTOR

Frederick J. Garrath

East Boston

ADDRESS

Received and filed

APR - 1 1957

19

(Registrar)

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.

65

PERSONAL AND STATISTICAL PARTICULARS

8 SEX
male9 COLOR
white10 SINGLE (write the word)
MARRIED single
WIDOWED
or DIVORCED

10a If married, widowed, or divorced

HUSBAND of (Give maiden name of wife in full)

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

11 IF STILLBORN, enter that fact here. stillborn

12

AGE Years Months Days

If under 24 hours

Hours Minutes

13 Usual

Occupation:

(Kind of work done during most of working life)

14 Industry
or Business:

15 Social Security No.

16 BIRTHPLACE (City)

(State or country)

Winthrop

Mass.

P

A

R

E

N

T

S

17 NAME OF

FATHER

Louis Pelletier

18 BIRTHPLACE OF

FATHER (City)

Salem

(State or country)

Mass.

19 MAIDEN NAME

OF MOTHER

Evelyn Horne

20 BIRTHPLACE OF

MOTHER (City)

East Boston

(State or country)

Mass.

21

Informant

Louis Pelletier

(Address)

838 Summer St. Lynn

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)

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.

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

RULES OF PRACTICE

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

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

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

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

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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

R-301A

CERTIFICATE

F DEATH

enter
than one
for each
) and (c)

es not mean
of dying,
art failure,
c. It means
or compli-
which caused

s, if any,
ve rise to
ause (a),
he under-
use last.

ons contrib-
ath but not
the terminal
dition given

Chapter 137,
954, requires
s to print or
e cause or
f death on
ificates.

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.

66

PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)

No. Braemar Rest Home

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

2 FULL NAME. Cora (Pearson) Sawtell

(If deceased 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. 290 Bowdoin Street

(Usual place of abode)

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

Length of stay: In place of death 1 years 2 months days. In place of residence 43 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH March 31 1957

4 I HEREBY CERTIFY, That I attended deceased from April 1953 to March 31, 1957

I last saw her alive on MAR 31, 1957, death is said to have occurred on the date stated above, at 7 P. m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) GENERAL CARCINOMATOSIS

INTERVAL
BETWEEN
ONSET AND
DEATH

6 MOS

Due To (h) CARCINOMA OF CAECUM

1 1/2 Yrs

Due To (c)

OTHER SIGNIFICANT CONDITIONS GENERAL ARTERIOSCLEROSIS

5 YRS

Was autopsy performed? No

What test confirmed diagnosis? X-Ray

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

(Signed) Myron N. King M. D.

(Address) 222 PLEASANT ST Date 4/1 1957

Cremation Mount Auburn Cambridge, Mass.

DATE OF BURIAL April 3 1957

7 NAME OF FUNERAL DIRECTOR Alfred B. Marsh

ADDRESS 174 Winthrop St. Winthrop, Mass.

Received and filed 19

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

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

10a If married, widowed, or divorced HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of Harry Edgar Sawtell

11 IF STILLBORN, enter that fact here.

12 AGE 87 Years 1 Months 13 Days If under 24 hours Hours Minutes

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

14 Industry or Business: own home

15 Social Security No. none

16 BIRTHPLACE (City) (State or country) Nashua

17 NAME OF FATHER N.H. William Augustus Pearson

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

19 MAIDEN NAME OF MOTHER TAYLOR Lucy Caroline

20 BIRTHPLACE OF MOTHER (City) (State or country) MONTPELIER unable to obtain VERMONT

21 Informant (Address) Mrs. Arthur N. Saylor Hotel Hemenway, 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)
Health Officer 4/2/57
(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 of burial ground in which the interment is made.

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

RULES OF PRACTICE

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

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

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

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

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

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

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

PLACE OF DEATH

Suffolk

(County)

Boston

(City or Town)

Boston City Hospt.

No.

The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

Boston

(City or Town making this return)

COPY OF

CERTIFICATE OF DEATH

Registered No.

20157

2 FULL NAME

Mildred B Olsen

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

226 Woodside Ave.

(a) Residence. No.

(Usual place of abode)

St.

Winthrop Mass.

(If nonresident, give city or town and State)

Length of stay: In place of death.....years.....months5.....days. In place of residence.....21.....years.....months.....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH

Feb. 25/57

(Month)

(Day)

(Year)

4 I HEREBY CERTIFY, That I attended deceased from

Feb. 21

19

57

to

Feb. 25

19

57

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

have occurred on the date stated above, at 1:50A m.

INTERVAL
BETWEEN
ONSET AND
DEATH

1-2 Mos

Days

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Malignant lymphoma

Due To (b) Broncho pneumonia

Due To (c)

OTHER
SIGNIFICANT
CONDITIONS

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 W O'Connell, M. D.

(Address) Boston City Hospt Date Feb. 25/57

6 Winthrop Cem-Winthron Mass.

Place of Burial or Cremation

(City or Town)

DATE OF BURIAL Feb. 28/57

19

7 NAME OF FUNERAL DIRECTOR

A B Marsh

Winthrop Mass.

ADDRESS

Received and filed

APR 23 1957

19

(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX

F

9 COLOR

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

Albert E Olsen

(Husband's name in full)

11 IF STILLBORN, enter that fact here.

AGE 47 Years 3 Months 7 Days

If under 24 hours
Hours.....Minutes

13 Usual

Occupation:

Clerk Fleet Rater

(Kind of work done during most of working life)

14 Industry

or Business:

Boston Mutual Ins. Co.

15 Social Security No.

011-30-9965

16 BIRTHPLACE (City)

(State or country)

Somerville Mass.

17 NAME OF FATHER

Michael John O'Connell

18 BIRTHPLACE OF

FATHER (City)

Fall River Mass.

(State or country)

19 MAIDEN NAME

OF MOTHER

Emily Gorell

20 BIRTHPLACE OF

MOTHER (City)

Cambridge Mass.

(State or country)

21

Informant

(Address)

Albert E Olsen

A TRUE COPY

226 Woodside Ave.

Winthrop Mass.

ATTEST:

(Registrar of City or Town where death occurred)

DATE FILED

March 1/57

19

RECEIVED



APR 23 1957 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

(City or Town making this return)

COPY OF
CERTIFICATE OF DEATH

Registered No. 237668

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

2 FULL NAME **Daniel J Boylan** { (Was deceased a
(If deceased is a married, widowed or divorced woman, give also maiden name.) U. S. War Veteran,
if so specify WAR)

(a) Residence. No. **59 Townsend** St. **Winthrop, Mass**
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death years months **17** days. In place of residence **73** years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH **March 6 1957**
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from
Feb 17, 19 **57** to **Mar 6**, 19 **57**
I last saw h alive on **Mar 6**, 19 **57** death is said to
have occurred on the date stated above, at **8:15A** m.

INTERVAL
BETWEEN
ONSET AND
DEATH

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) **Coronary heart disease**
with Myocardial infarction, yrs
interventricular septum 2 wks

Due (b) **Interventricular septum**

Due To
(c)

OTHER SIGNIFICANT CONDITIONS **Carcinoma, base of** unkn
tongue mos

Was autopsy performed? **Yes**
What test confirmed diagnosis? **Autopsy**

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

(Signed) **C L Clay**, M. D.

(Address) **Mass Genl Hospt** Date **--** 19

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

DATE OF BURIAL **Mar 9**, 19 **57**

7 NAME OF FUNERAL DIRECTOR **A J O'Malley**
Winthrop, Mass
ADDRESS

Received and filed **MAY 1 - 1957** 19

(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX **M** 9 COLOR **W** 10 SINGLE (write the word)
MARRIED
WIDOWED
or **DIVORCED** **Married**

10a If married, widowed or divorced
HUSBAND of **Mildred Rogers**
(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: **President**
(Kind of work done during most of working life)

14 Industry or Business: **Boston Sand & Gravel Co**

15 Social Security No. **Winthrop**

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

17 NAME OF FATHER **Stephen Boylan**

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

19 MAIDEN NAME OF MOTHER **Catherine McCauley**

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

21 Informant **Dean F Boyland**
(Address)

A TRUE COPY
ATTEST: **Charles J. [Signature]**
(Registrar of City or Town where death occurred)

DATE FILED **Mar 15** 19 **57**

RECEIVED



MAY - 1 1957 PM

The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

BOSTON

(City or Town making this return)

COPY OF
CERTIFICATE OF DEATH

Registered No. 2481 69

PLACE OF DEATH

SUFFOLK

(County)

(City or Town)



No. Mass Genl Hospt

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

2 FULL NAME Arthur H Shoppeltry

(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. 95 Beach Road
(Usual place of abode)

St. Winthrop, Mass

(If nonresident, give city or town and State)

Length of stay: In place of death years months 1 days. In place of residence 32 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH March 7 1957
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
Mar 7, 1957, to Mar 7, 1957
I last saw h. alive on Mar 7, 1957 death is said to
have occurred on the date stated above, at 7:05P m.INTERVAL
BETWEEN
ONSET AND
DEATH

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Pulmonary Edema and
Congestion

mins

(b) Due To Coronary heart disease
with old myocardial
infarction

3 yrs

OTHER SIGNIFICANT CONDITIONS Active duodenal Ulcers (20
previously bleeding 3 daysWas autopsy performed? Yes
What test confirmed diagnosis? Autopsy5 Was disease or injury in any way related to occupation of deceased?
If so, specify.

(Signed) C. L. Clay, M. D.

(Address) Mass Genl Hospt Date 3-8 1957

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

DATE OF BURIAL Mar 12 1957

7 NAME OF FUNERAL DIRECTOR H S Reynolds

ADDRESS Winthrop, Mass

Received and filed MAY 6 1957 19

(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

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

10a If married, widowed, or divorced

HUSBAND of Charlotte Quinn
(Give maiden name of wife in full)(or) WIFE of
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 70 Years 7 Months 6 Days If under 24 hours
Hours Minutes13 Usual Occupation: Salesman
(Kind of work done during most of working life)

14 Industry or Business: Stationary

15 Social Security No. Everett
Mass16 BIRTHPLACE (City)
(State or country)

17 NAME OF FATHER William Shoppeltry

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

New York

19 MAIDEN NAME OF MOTHER Clara Zimmerman

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

New York

21 Informant Wife
(Address)A TRUE COPY
ATTEST: (Registrar of City or Town where death occurred)

DATE FILED Mar 20 19 57

V.B.

RECEIVED



MAY - 6 1957 AM

X

The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

REVERE

(City or town making return)

Suffolk

(County)

Revere

(City or Town)

COPY OF
CERTIFICATE OF DEATH

Registered No. 70

Grover Manor Hospital

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

2 FULL NAME Arthur F. Doherty
(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. 25 Read Street
(Usual place of abode)St. Winthrop
(If nonresident, give city or town and State)

Length of stay: In place of death. 13 years. months. 13 days. In place of residence 72 years. months. days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH March 8, 1957
(Month) (Day) (Year)I HEREBY CERTIFY, That I attended deceased from
Feb. 23 1957 to March 8 1957
I last saw him alive on March 8 1957, death is said to
have occurred on the date stated above, at 3:45 A.
INTERVAL BETWEEN ONSET AND DEATH 48 hrs.DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a) Carcinoma of buccal
mucosaANTECEDENT CAUSES (b) Carcinoma of buccal
mucosa

Due To (c)

1 year

OTHER SIGNIFICANT CONDITIONS

Major findings: No Pathology

Date of operation Was autopsy performed? 19

What test confirmed diagnosis?

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

If so, specify (Signed) 537 Broadway 3/8 1957
(Address) Everett Winthrop Date Winthrop6 Place of Burial or Cremation March 11 (City or Town) 57
DATE OF BURIAL7 NAME OF FUNERAL DIRECTOR Maurice W. Kirby
ADDRESS Winthrop, Mass.

Received and filed APR 20 1957 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 DIVORCED10a If married, widowed, or divorced HUSBAND of Mary McAuliffe
(Give maiden name of wife in full)

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

11 IF STILLBORN, enter that fact here.

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

13 Usual Occupation: Custodian
(Kind of work done during most of working life)14 Industry or Business: School Dept.
none

15 Social Security No. Winthrop

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

17 NAME OF FATHER John Doherty

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

19 MAIDEN NAME OF MOTHER Mary E. Lockwood

20 BIRTHPLACE OF MOTHER (City) Cannot be learned
(State or country)21 Informant Mary Doherty
(Address) 25 Read St., Winthrop

A TRUE COPY

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

DATE FILED March 11, 1957

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

RECEIVED



APR 29 1957 AM

PLACE OF DEATH

1

(County)

(City or Town)



The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

(City or Town making this return)

COPY OF
CERTIFICATE OF DEATH

Registered No. 2540 71

No. Vet Adm Hospt

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

2 FULL NAME Edwin F Silck

(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. 615 Bennington

(Usual place of abode)

St. East Boston, Mass

(If nonresident, give city or town and State)

Length of stay: In place of death years 2 months 20 days. In place of residence 13 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH March 10 1957
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
Dec 18, 1956, to Mar 10, 1957

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

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

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Arteriosclerotic heart
disease with old anterior
and posterior myocardial
(b) infarctions with con-
gestive heart failure yrsDue To
(c) Pulmonary infarction unknOTHER
SIGNIFICANT
CONDITIONSINTERVAL
BETWEEN
ONSET AND
DEATHWas autopsy performed? Yes
What test confirmed diagnosis? Autopsy5 Was disease or injury in any way related to occupation of deceased?
If so, specify.

(Signed) W. Mercer, M. D.

(Address) VAH, Boston Date 3-10 1957

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

DATE OF BURIAL Mar 13 1957

7 NAME OF FUNERAL DIRECTOR L M Norton

ADDRESS Malden, Mass

Received and filed MAY 6 1957 19

(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX M 9 COLOR W 10 SINGLE (write the word)
MARRIED
WIDOWED
or DIVORCED Married10a If married, widowed, or divorced
HUSBAND of Elizabeth Bertucelli
(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 7 Months 29 Days If under 24 hours
Hours Minutes13 Usual Occupation: Boiler Maker
(Kind of work done during most of working life)

14 Industry or Business: Navy Yard Boston

15 Social Security No. 011-01-6524

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

17 NAME OF FATHER Albert Silck

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

19 MAIDEN NAME OF MOTHER Delia Connolly

20 BIRTHPLACE OF MOTHER (City) Boston
(State or country) Mass21 Informant VA Hospt Records
(Address)A TRUE COPY
ATTEST: Charles A. French
(Registrar of City or Town where death occurred)

DATE FILED Mar 20 1957

RECEIVED



MAY 6 1957 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

50M-11 95 916145

PLACE OF DEATH

Suffolk

(County)

Chelsea

(City or Town)

The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

Chelsea

(City or Town making this return)

COPY OF
CERTIFICATE OF DEATH

Registered No. 121 72

No. Soldiers' Home Hospital

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

2 FULL NAME Howard A. Perkins
(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. 53 Loring Rd.,
(Usual place of abode)

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

Length of stay: In place of death... years... 2 months... 13 days. In place of residence... years... months... days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH Mar. 12, 1957

(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from
Dec. 27, 1956, to Mar. 12, 1957.

I last saw him live on Mar. 12, 1957 death is said to
have occurred on the date stated above, at 6:05p.m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Pulmonary emphysema

Due To Broncho-asthma

Due To Coronary heart disease

OTHER
SIGNIFICANT
CONDITIONS

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) Eleanor S. Wang, M. D.

(Address) Soldiers' Home Date 3/13/57, 19

6 Winthrop Cem., Winthrop, Mass.

Place of Burial or Cremation (City or Town)

DATE OF BURIAL Mar. 16, 1957 19

7 NAME OF FUNERAL DIRECTOR Reynolds Fun. Service

ADDRESS 180 Winthrop St., Winthrop

Received and filed Apr. 15, 1957 19

(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

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

10a If married, widowed, or divorced
HUSBAND of Marie L. MacKenzie
(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 0 Months 19 Days If under 24 hours
Hours Minutes

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

14 Industry or Business: Town of Winthrop

15 Social Security No. cannot be learned

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

17 NAME OF FATHER Francis

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

19 MAIDEN NAME OF MOTHER Louella L. Barker

20 BIRTHPLACE OF MOTHER (City)
(State or country) Providence, R.I.

21 Informant Hospital Records
(Address)

A TRUE COPY

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

DATE FILED Mar. 13, 1957

19

RECEIVED



APR 15 1957 AM

Enlisted 7/24/17

Discharged 4/28/19

Pfc.

M.G.Co., 101st Inf.

62987

PLACE OF DEATH

The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH

DIVISION OF VITAL STATISTICS

COPY OF

MEDICAL EXAMINER'S
CERTIFICATE OF DEATH

BOSTON

(City or town making return)

Registered No. 2726

173

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

2 FULL NAME Elmer R. Stowell
(If deceased is a married, widowed or divorced woman, give also maiden name.)(Was deceased a
U. S. War Veteran
if so specify WAR) W 2(a) Residence. No. 851 Winthrop Ave
(Usual place of abode)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 15 1957
(Month) (Day) (Year)

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

Arteriosclerotic heart disease

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

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

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

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

Manner of
Injury.....
(Specify type of place)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) R. Ford M. D.

(Address) Boston Date 3-16-57

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

DATE OF BURIAL Mar 19 1957

8 NAME OF FUNERAL DIRECTOR A. S. Porcella

ADDRESS Revere, Mass

Received and filed MAY 1957 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 Single11a 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 59 Years 4 Months 15 Days If under 24 hours
Hours.....Minutes14 Usual Occupation: Guard
(Kind of work done during most of working life)

15 Industry or Business:.....

16 Social Security No. --

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

18 NAME OF FATHER Ferdinand Stowell

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

20 MAIDEN NAME OF MOTHER Josephine Springford

21 BIRTHPLACE OF MOTHER (City) England
(State or country)22 Informant Mrs F Stowell (sister-in-law)
(Address)

A TRUE COPY.

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

DATE FILED Mar 25 1957

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.)

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MAY - 9 1957 AM

1

PLACE OF DEATH

The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

(City or Town making this return)

COPY OF

CERTIFICATE OF DEATH

Registered No. 2734 24

No. Mass Genl Hospt

St. { (If death occurred in a hospital or institution,
give its NAME instead of street and number)2 FULL NAME Elizabeth Wood
(If deceased is a married, widowed or divorced woman, give also maiden name.){ (Was deceased a
U. S. War Veteran,
if so specify WAR)(a) Residence. No. 7 Vine 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 30.....years.....months.....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH March 17 1957
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
Mar 14, 1957, to Mar 17, 1957I last saw him alive on Mar 17, 1957, death is said to
have occurred on the date stated above, at 10:30P.m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Pulmonary Embolism,
bilateralINTERVAL
BETWEEN
ONSET AND
DEATHDue To
(b)

Thrombophlebitis

unkn hrs

Due To
(c)OTHER
SIGNIFICANT
CONDITIONSWas autopsy performed? Yes
What test confirmed diagnosis? Autopsy5 Was disease or injury in any way related to occupation of deceased?
If so, specify.

(Signed) C L Clay, M. D.

(Address) Mass Genl Hospt Date 3-18 19 57

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

DATE OF BURIAL Mar 21 19 57

7 NAME OF FUNERAL DIRECTOR H S Reynold

ADDRESS Winthrop, Mass

Received and filed. MAY 19 19

(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX F 9 COLOR 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 Frank W Wood
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 71 Years 5 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:

15 Social Security No. --

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

17 NAME OF FATHER John Churchill

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

19 MAIDEN NAME OF MOTHER Cecelia Reid

20 BIRTHPLACE OF MOTHER (City) St Johns
(State or country) NF21 Informant Gladys Blankenbeckler
(Address)

A TRUE COPY

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

DATE FILED Mar 25 19 57

RECEIVED



MAY - 9 1957 AM

PLACE OF DEATH

Suffolk

(County)

Boston

(City or Town)

Mass. General Hosp.

No.

The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

Boston

(City or Town making this return)

COPY OF

CERTIFICATE OF DEATH

Registered No.

281175

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

2 FULL NAME

Elizabeth Stoner

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

91 Washington Ave.

(a) Residence. No.

(Usual place of abode)

St.

Winthrop Mass.

(If nonresident, give city or town and State)

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

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH

March 19/57

(Month)

(Day)

(Year)

4 I HEREBY CERTIFY, That I attended deceased from

March 19 57 to

March 19 57

19 57

I last saw him alive on March 19 19 57, death is said to

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

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Myocardia infarction

Due To

Coronary heart disease

(b)

Due To

(c)

OTHER
SIGNIFICANT
CONDITIONS

Pulmonary congestion

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) C L Clay

M. D.

(Address) Mass. General Hosp. 3-19 19 57

Holy Cross-Malden Mass.

6 Place of Burial or Cremation

(City or Town)

DATE OF BURIAL

March 22/57

19

7 NAME OF FUNERAL DIRECTOR

M W Kirby

ADDRESS

Winthrop Mass.

Received and filed.

MAY 10 1957

19

(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX

F

9 COLOR

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

George H Stoner

(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12

AGE 67 Years.....Months.....Days

If under 24 hours

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

13 Usual

Occupation:

Housewife

(Kind of work done during most of working life)

14 Industry

or Business:

None

15 Social Security No.

None

16 BIRTHPLACE (City)

(State or country)

East Boston Mass.

17 NAME OF FATHER

William McCarthy

18 BIRTHPLACE OF FATHER (City)

England

(State or country)

19 MAIDEN NAME

OF MOTHER

Arnie Kelly

20 BIRTHPLACE OF MOTHER (City)

(State or country)

Boston Mass.

21

Informant (Address)

George Stoner

Winthrop Mass.

A TRUE COPY

ATTEST:

(Registrar of City or Town where death occurred)

DATE FILED

March 26/57 19

RECEIVED



MAY 10 1957 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

MEDICAL EXAMINER'S
CERTIFICATE OF DEATH

BOSTON

(City or town making return)

Registered No. 2798 26

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

2 FULL NAME Mischa B Tulin (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. 58 Birch Road Winthrop, Mass. (If nonresident, give city or town and State)

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

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH March 20 1957 (Month) (Day) (Year)

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

Multiple Fractures Skull
Multiple Fractured Ribs
Internal Injuries. Manner to be determined. Still Pending.

5 Accident, suicide, or homicide (specify)

Date and hour of injury Mar 20 1957

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

Did injury occur in or about home, on farm, in industrial place, or in public place? Jumped or fell from upper (Specify type of place)

Manner of Injury story of burning building (How did injury occur?)

Nature of Injury at Boston Mar 20-1957

While at work? ? Was autopsy performed? --

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

If so, specify

(Signed) W J Brickley M. D.

(Address) Boston Date 3-20 57

Staro Constantino Com W. Roxbury (City or Town)

DATE OF BURIAL Mar 22 57

8 NAME OF FUNERAL DIRECTOR P R Levine

ADDRESS Brookline, Mass

Received and filed MAY 20, 1957 19

(Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

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

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

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

12 IF STILLBORN, enter that fact here.

13 54 AGE Years Months Days If under 24 hours Hours Minutes

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

15 Industry or Business Electronics

16 Social Security No. --

17 BIRTHPLACE (City) Russia (State or country)

18 NAME OF FATHER Max Tulin

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

20 MAIDEN NAME OF MOTHER Fannie --

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

22 Wife

Informant (Address)

A TRUE COPY

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

DATE FILED Mar 25 19 57

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.)

RECEIVED



MAY 10 1957

INSTRUCTIONS
FOR
CERTIFICATEgiving
OF DEATH

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

Does not mean
of dying,
heart failure,
etc. It means
cause, or compli-
which caused

ons, if any,
rise to
cause (a),
the under-
cause last.

itions contrib-
death but not
the terminal
condition given

Chapter 137,
1954, requires
ns to print or
e cause or
of death on
certificates.

100M.11.55.916145

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. 877

No. 183 WINTHROP ST. St. (If death occurred in a hospital or institution,
give its NAME instead of street and number)2 FULL NAME MARGARET A DEMPSEY (NOLAN)
(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. 183 WINTHROP ST. St.
(Usual place of abode) (If nonresident, give city or town and State)

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

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH April 3 1957
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
25 March 1957, to 3 April 1957I last saw her alive on 3 April 1957, death is said to
have occurred on the date stated above, at 11:00 P. M.INTERVAL
BETWEEN
ONSET AND
DEATH
2 days

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Cerebral Thrombosis

Due To (b) Cerebral Arteriosclerosis years

Due To (c) Generalized Arteriosclerosis years

OTHER
SIGNIFICANT
CONDITIONSWas autopsy performed? no
What test confirmed diagnosis? clinical5 Was disease or injury in any way related to occupation of deceased? no
If so, specify

(Signature) Arthur C. Murray, M. D.

(Address) Wintthrop Date 5 April 1957

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

DATE OF BURIAL APRIL 6 1957

7 NAME OF FUNERAL DIRECTOR Maurice H. Ruby
ADDRESS WINTHROP

Received and filed. APR 1957

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX FEMALE 9 COLOR 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 PETER J. DEMPSEY
(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: HOME
(Kind of work done during most of working life)14 Industry
or Business:

15 Social Security No. NONE

16 BIRTHPLACE (City) HAMDEN
(State or country) CONN.

17 NAME OF FATHER THOMAS NOLAN

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

19 MAIDEN NAME OF MOTHER ANN LANNON

20 BIRTHPLACE OF MOTHER (City) IRELAND
(State or country)21 Informant MRS. MARIE FRENCH
(Address) 183 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)
Health Officer 4/5/57
(Official Designation) (Date of Issue of Permit)

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

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

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

100 Waldemar Ave

No.

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. 78

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

2 FULL NAME Mary C Mullaney

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

(a) Residence. No. 128 Miles St
(Usual place of abode)

St. Haverhill Mass.

(If nonresident, give city or town and State)

Length of stay: In place of death. 1 years 14 months 20 days. In place of residence. 20 years 14 months 20 days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH April 4 1957
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
30 March 1957 to 4 April 1957I last saw her alive on April 4, 1957, death is said to
have occurred on the date stated above, at 5:30 A.m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Cerebral Hemorrhage

INTERVAL
BETWEEN
ONSET AND
DEATH

4 hrs.

Due To (b) Hypertension

10 yrs

Due To (c) —

OTHER
SIGNIFICANT
CONDITIONSWas 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) Arthur C. Murray M.D.

(Address) Winthrop Mass Date 4 April 1957

6 St. Marys Lee
Place of Burial or Cremation (City or Town)

DATE OF BURIAL April 6, 1957

7 NAME OF FUNERAL DIRECTOR Edward J. Cronin
ADDRESS Winthrop Mass

Received and filed APR - 1957

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Female 9 COLOR 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 65 Years 11 Months 11 Days If under 24 hours
Hours Minutes13 Usual Occupation: Nurse
(Kind of work done during most of working life)

14 Industry or Business: Private

15 Social Security No. None

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

17 NAME OF FATHER Thomas Mullaney

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

19 MAIDEN NAME OF MOTHER Jane McLaughlin

20 BIRTHPLACE OF MOTHER (City) Ireland
(State or country)21 Informant Mrs George Basinait
(Address) Lee 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)
Nathaniel J. McCarthy
(Official Designation) (Date of Issue of Permit) 4/4/57CTIONS
OR
CERTIFICATEgiving
OF DEATHnot enter
than one
for each
(b) and (c)does not mean
of dying,
heart failure,
etc. It means
e, or compli-
which causedms, if any,
ave rise to
ause (a),
the under-
ause last.ions contrib-
cath but not
the terminal
ndition givenChapter 137,
1954, requires
as to print or
e cause or
of death on
rtificates.

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

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

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

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

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

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

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SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

R-301A

DUCTIONS
OR
CERTIFICATEgiving
OF DEATHot enter
than one
for each
b) and (c)oes not mean
of dying,
heart failure,
etc. It means
e, or compli-
which causedns, if any,
ave rise to
cause (a),
the under-
ause last.ions contrib-
death but not
the terminal
condition givenChapter 137,
1954, requires
s to print or
e cause or
f death on
rtificates.

1004-11-55 916145

PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)

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

2 FULL NAME Osibee Landry

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

(a) Residence. No. 256 Parkland Avenue

(Usual place of abode)

St. Lynn

(If nonresident, give city or town and State)

Length of stay: In place of death. 0 years. 2 months. 14 days. In place of residence. 47 years. - months. - days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH 4 10 1957
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from

FEB. 22, 19 57 to 4/19/57, 19

I last saw him alive on 4/19/57, 19, death is said to

have occurred on the date stated above, at 2.05 A.m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) BRONCHO PNEUMONIA

INTERVAL
BETWEEN
ONSET AND
DEATH
2 DAYS

Due To (b) CEREBRAL SCLEROSES 5 yrs

Due To (c)

OTHER
SIGNIFICANT
CONDITIONSWas autopsy performed? *no*What test confirmed diagnosis? *nc*5 Was disease or injury in any way related to occupation of deceased? *nc*
If so, specify(Signed) *Fred R. Regan* M. D.(Address) *113 Pleasant St. Winthrop* Date *4/11/57*6 St. Jean Baptiste Cemetery Lynn
Place of Burial or Cremation (City or Town)

DATE OF BURIAL April 12, 19 57

7 NAME OF FUNERAL DIRECTOR Armand J. St. Laurent

ADDRESS 554 Western Avenue Lynn

Received and filed APR 12 1957 19

(Registrar)

The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH

DIVISION OF VITAL STATISTICS

STANDARD

CERTIFICATE OF DEATH

Registered No. 29

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

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Male 9 COLOR White 10 SINGLE (write the word)
MARRIED WIDOWED Widowed
or DIVORCED10a If married, widowed, or divorced
HUSBAND of Henriett Cormier
(Give maiden name of wife in full)

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

11 IF STILLBORN, enter that fact here.

12 AG 88 Years. - Months. - Days If under 24 hours
Hours. Minutes13 Usual Occupation: Coal Yard Worker
(Kind of work done during most of working life)

14 Industry or Business: Retired

15 Social Security No. 021-12-2777

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

17 NAME OF FATHER Louis Landry

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

19 MAIDEN NAME OF MOTHER Odille (Landry) Landry

20 BIRTHPLACE OF MOTHER (City) Canada
(State or country)21 Informant Alphonse Landry Son
(Address) 256 Parkland Avenue LynnI HEREBY CERTIFY that a satisfactory standard certificate of death
was filed with me BEFORE the burial or transit permit was issued:*Fred R. Regan*
(Signature of Agent of Board of Health or other)*Fred R. Regan* 4/11/57
(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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(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

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

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

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

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

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

The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

(City or Town making this return)

STANDARD
CERTIFICATE OF DEATH

Registered No. 80

No. 274
2 FULL NAME William H. Shely
(If deceased is a married, widowed or divorced woman, give also maiden name.)
St. (If death occurred in a hospital or institution, give its NAME instead of street and number)(a) Residence. No. 274 Winthrop
(Usual place of abode) 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.

INSTRUCTIONS
OR
A CERTIFICATEGiving
OF DEATHnot enter
more than one
for each
(b) and (c)does not mean
of dying,
heart failure,
etc. It means
cause, or compli-
which causedas, if any,
rise to
cause (a),
the under-
cause last.ons contrib-
death but not
the terminal
condition given

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH APRIL 12 5:7
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
APRIL 1956, to APRIL 12 1957I last saw him alive on APRIL 11 1957, death is said to
have occurred on the date stated above, at 1:30 A.M.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) MYOCARDIAL INFARCTION

Due To ARTERIO SCLEROTIC HEART
(b) DISEASEDue To
(c)OTHER
SIGNIFICANT
CONDITIONSWas autopsy performed? NO
What test confirmed diagnosis? NONE5 Was disease or injury in any way related to occupation of deceased? NO
If so, specify.

(Signed) Charles J. Cataldo, M. D.

(Address) 48 BYRON ST. BOSTON 14, MASS.

6 St. Josephs Em. V. Roxbury
Place of Burial or Cremation (City or Town)

DATE OF BURIAL April 15 1957

7 NAME OF FUNERAL DIRECTOR Richard T. Mansfield
ADDRESS 62 School St. Taunton, Mass.

Received and filed APR 12 1957

(Registrar)

A TRUE COPY ATTEST:

PERSONAL AND STATISTICAL PARTICULARS

8 SEX M. 9 COLOR W. 10 SINGLE (write the word) MARRIED WIDOWED OR DIVORCED Widowed

10a If married, widowed or divorced
HUSBAND of Ellen E. Loran
(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 0 Months 10 Days If under 24 hours Hours Minutes

13 Usual Occupation Credit Manager, Retired
(Kind of work done during most of working life)

14 Industry or Business Gray-Bar Electric

15 Social Security No. None

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

17 NAME OF FATHER George T. Shely

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

19 MAIDEN NAME OF MOTHER Johanna Wiscall

20 BIRTHPLACE OF MOTHER (City) Boston, Mass.
(State or country)21 Informant (Address) Miss Rita Shely
274 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)
Galen C. S. ...
Healy Greer 4/13/57
(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

(County)

(City or Town)



The Commonwealth of Massachusetts

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

STANDARD
CERTIFICATE OF DEATH

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

Registered No.

81

No.

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

2 FULL NAME

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

PHYSICIAN - IMPORTANT

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

(a) Residence. No.

(Usual place of abode)

St.

(If nonresident, give city or town and State)

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

MEDICAL CERTIFICATE OF DEATH

3 DATE OF
DEATH

April 12

(Day)

1957

(Year)

4 I HEREBY CERTIFY, That I attended deceased from

April 12, 1957, to April 12, 1957

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

have occurred on the date stated above, at 11:00 A.M.

INTERVAL
BETWEEN
ONSET AND
DEATH

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a)

still born

10 571

Due To

(b)

Prematurity

Expected July 21, 1957

Due To

(c)

OTHER
SIGNIFICANT
CONDITIONS

Was autopsy performed?

What test confirmed diagnosis?

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

If so, specify

(Signed)

A. Paul D. Hays

M. D.

(Address)

39 ARYAN CHALSEA

Date April 12, 1957

6

Place of Burial or Cremation

(City or Town)

DATE OF BURIAL

11-57

1957

7 NAME OF

FUNERAL DIRECTOR

ADDRESS

257 Laurel Garden

Received and filed

APR 15 1957

19

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX

9 COLOR

10 SINGLE (write the word)

MARRIED
WIDOWED
or DIVORCED

10a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

11 IF STILLBORN, enter that fact here.

Stillborn

12

AGE

Years

Months

Days

If under 24 hours

Hours Minutes

13 Usual

Occupation:

(Kind of work done during most of working life)

14 Industry

or Business:

15 Social Security No.

16 BIRTHPLACE (City)

(State or country)

17 NAME OF
FATHER

18 BIRTHPLACE OF

FATHER (City)

(State or country)

19 MAIDEN NAME

OF MOTHER

PARENTS

20 BIRTHPLACE OF

MOTHER (City)

(State or country)

21

Informant

(Address)

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

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

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

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

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

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

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

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

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

RULES OF PRACTICE

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

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

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

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

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

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

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

-301A

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DOM-3-36-917573

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.STANDARD
CERTIFICATE OF DEATH

Registered No. 82

No.

Winthrop Com. Hosp.

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

2 FULL NAME

Louis (Guinasso) Reilly

(If deceased 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 River 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 45 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF
DEATHApril APRIL 19 1957
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from

June 1946, to April 19, 1957

I last saw him alive on April 18, 1957, death is said to
have occurred on the date stated above, at 9:20 A.M.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) myocardial
heart diseaseINTERVAL
BETWEEN
ONSET AND
DEATH

yr

Due To

(b) arteriosclerosis
generalized

yr

Due To

(c) Senility

yr

OTHER
SIGNIFICANT
CONDITIONS

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 J. George, M. D.

(Address) 184 Washington St. Date 4-19, 1957

6 Place of Burial or Cremation

Winthrop Winthrop
(City or Town)

DATE OF BURIAL

April 23 1957

7 NAME OF
FUNERAL DIRECTOR

Massimo A. Ruby

ADDRESS

Winthrop

Received and filed

APR 23 1957

19

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX

Female

9 COLOR

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 Reilly

(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12

AGE 82 years Months Days

If under 24 hours

Hours Minutes

13 Usual

Occupation: at home

(Kind of work done during most of working life)

14 Industry
or Business:

15 Social Security No.

none

16 BIRTHPLACE (City)
(State or country)

Boston Mass

17 NAME OF
FATHER

Unknown Guinasso

18 BIRTHPLACE OF

FATHER (City)

(State or country)

Italy

19 MAIDEN NAME

OF MOTHER

Rose (Unknown)

20 BIRTHPLACE OF

MOTHER (City)

(State or country)

Italy

21

Informant
(Address)Robert Reilly
304 River Rd WinthropI HEREBY CERTIFY that a satisfactory standard certificate of death
was filed with me BEFORE the burial or transit permit was issued:Nathan C. Tablaume
(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit) 4/23/57

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

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

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

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SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)

No. 61 Read St.

2 FULL NAME Cather'ne O'Brien

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

(a) Residence. No. 61 Read St
(Usual place of abode){(If death occurred in a hospital or institution,
St. { give its NAME instead of street and number)

Registered No.

83

PHYSICIAN — IMPORTANT

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

Length of stay: In place of death 21 years.....months.....days. In place of residence 22 years.....months.....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH APRIL 30 - 1957
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
1947, to APRIL 20, 1957
I last saw her alive on April - 20, 1957 death is said to
have occurred on the date stated above, at 1:30 p.m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Arteriosclerotic Heart Disease

INTERVAL
BETWEEN
ONSET AND
DEATH

10 yrs.

Due To
(b)Due To
(c)OTHER
SIGNIFICANT
CONDITIONSWas 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 Meloni, M. D.

(Address) 305 Harvard St. Boston Date April 20, 1957

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

DATE OF BURIAL April 23 19 57

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

Received and filed APR 22 1957 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.

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Female 9 COLOR 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 Michael O'Brien

(Husband's name in full)

11 IF STILLBORN, enter that fact here.

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

14 Industry or Business: Own Home

15 Social Security No.
16 BIRTHPLACE (City) Cork
(State or country) Ireland

17 NAME OF FATHER Timothy O'Connor

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

19 MAIDEN NAME OF MOTHER Mary McCarthy

20 BIRTHPLACE OF MOTHER (City) Ireland
(State or country)21 Informant. Mary Nolan
(Address) 61 Read 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 (Date of Issue of Permit) 4/22/57

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

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

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

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

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

R-301A

CERTIFICATE

F DEATH

enter
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or each
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or compli-
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use last.ns contrib-
ath but not
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dition givenchapter 137,
54, requires
to print or
cause or
death on
ificates.

100M.11.85.9181.45

PLACE OF DEATH

Suffolk
(County)
Winthrop
(City or Town)

The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD

CERTIFICATE OF DEATH

Registered No. 81

No. 142 Pleasant Winthrop (Crescent Home St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Nicola Catizone
(If deceased 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. 12 Benton Rd
(Usual place of abode)St. Revere
(If nonresident, give city or town and State)

Length of stay: In place of death 3 years months days. In place of residence 30 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH April 23 1957
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
Apr 12, 1957, to Apr 1 23, 1957
I last saw him alive on Apr 1 23, 1957, death is said to
have occurred on the date stated above, at 7 P. m.INTERVAL
BETWEEN
ONSET AND
DEATH

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Cerebral Hemorrhage

(b) Due To Hypertensive
Heart Disease(c) Due To General
ArteriosclerosisOTHER
SIGNIFICANT
CONDITIONSWas autopsy performed? Yes
What test confirmed diagnosis? Alcohol5 Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) Arthur H. Villars M. D.

(Address) 37 Main St. W. H. 24, 1957

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

DATE OF BURIAL April 25 1957

7 NAME OF FUNERAL DIRECTOR Frederick A. Fasso

ADDRESS 65 Clark St. Everett

Received and filed APR 26 1957 19

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Male 9 COLOR White 10 SINGLE (write the word)
MARRIED
WIDOWED
or DIVORCED Widowed10a If married, widowed or divorced
HUSBAND of Maria Elia
(Give maiden name of wife in full)(or) WIFE of
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

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

14 Industry or Business: Retired

15 Social Security No. none

16 BIRTHPLACE (City) Italy
(State or country)

17 NAME OF FATHER Pietro Catizone

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

19 MAIDEN NAME OF MOTHER Unknown

20 BIRTHPLACE OF MOTHER (City) Italy
(State or country)21 Informant Vincent Catizone
(Address) 25 Keayne St. RevereI HEREBY CERTIFY that a satisfactory standard certificate of death
was filed with me BEFORE the burial or transit permit was issued:Ralph S. Perreault
(Signature of Agent of Board of Health or other)Health Officer 4/24/57
(Official Designation) (Date of Issue of Permit)

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

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

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

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

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

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

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RULES OF PRACTICE

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

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance 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.

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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

R-301A

CONDITIONS
OR
CERTIFICATEiving
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100M.11.55.916145

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.

85

STANDARD
CERTIFICATE OF DEATH

Registered No.

PLACE OF DEATH

SUFFOLK
(County)WINTHROP
(City or Town)

No. 25 JEFFERSON

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

2 FULL NAME Ellen T (Ryan) Van Dalinda

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

PHYSICIAN - IMPORTANT

(Was deceased a
U. S. War Veteran,
if so specify WAR) NA(a) Residence. No. 25 Jefferson St.
(Usual place of abode)

(If nonresident, give city or town and State)

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

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH April 27, 1957
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
Feb. 20, 1950 to April 27, 1957

I last saw him alive on April 26, 1957, death is said to

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

INTERVAL
BETWEEN
ONSET AND
DEATH

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Arteriosclerotic & hyper-
tensive heart disease

2 yrs

(b) Due To Generalized arterioscler-
osis

5 yrs

(c) Due To

OTHER
SIGNIFICANT Benign nephrosclero-
CONDITIONS sis

3 yrs

Was autopsy performed? no

What test confirmed diagnosis? Clinical &
Laboratory5 Was disease or injury in any way related to occupation of deceased? no
If so, specify.

(Signed) M. Tranter Jr. M. D.

(Address) 562 SHIRLEY ST. WINTHROP. Apr. 27, 1957

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

DATE OF BURIAL APRIL 30 1957

7 NAME OF FUNERAL DIRECTOR Margaret H. Ruby
ADDRESS 210 WINTHROP ST. WINTHROP

Received and filed APR 30 1957

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX 9 COLOR 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 H.

(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: HOME WORKER
(Kind of work done during most of working life)14 Industry
or Business:

15 Social Security No. NONE

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

17 NAME OF FATHER DENNIS RYAN

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

19 MAIDEN NAME OF MOTHER CATHERINE BRESNAHAN

20 BIRTHPLACE OF MOTHER (City) IRELAND
(State or country)21 Informant WILLIAM H. VAN DALINDA
(Address) 25 JEFFERSON ST.I HEREBY CERTIFY that a satisfactory standard certificate of death
was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

Health Officer 4/29/57
(Official Designation) (Date of Issue of Permit)

V.B.

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

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

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen 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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(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also, deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

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

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

No.

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

Registered No.

86

PHYSICIAN — IMPORTANT

(Was deceased a
U. S. War Veteran,
if so specify WAR)(a) Residence. No. 94 Somerset 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 35 years.....months.....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH April 28 1957
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
9/27, 1955, to 4/28, 1957
I last saw her live on 4/28, 1957, death is said to

have occurred on the date stated above, at 6 P. M.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) CARCINOMA OF SIGMOID
COLON.Due To WITH METASTASIS TO
(b) LIVERDue To
(c)OTHER SIGNIFICANT CONDITIONS CHRONIC CHOLECYSTITIS
WITH LITHIASIS.INTERVAL
BETWEEN
ONSET AND
DEATH

4 MO.

2 MO

2 YRS.

Was autopsy performed? YES

What test confirmed diagnosis? PATHOLOGICAL

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

(Signed) Myron N. King, M. D.

(Address) 222 PLEASANT ST. WINTHROP, MA. 4/29 1957

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

DATE OF BURIAL May 1 1957

7 NAME OF FUNERAL DIRECTOR Louis S. Reynolds

ADDRESS Winthrop, Mass.

Received and filed MAY 1 1957 19

(Registrar)

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

PERSONAL AND STATISTICAL PARTICULARS

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

10a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of Charles Moore

(Husband's name in full)

11 IF STILLBORN, enter that fact here.

AGE 85 Years 5 Months 29 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) New Britain
(State or country) Conn.

17 NAME OF FATHER William Pearson

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

19 MAIDEN NAME OF MOTHER Hannah McCollum

20 BIRTHPLACE OF MOTHER (City) Scotland
(State or country)21 Informant: Edwin A. Hoadley
(Address) 409 Commercial St. WeymouthI HEREBY CERTIFY that a satisfactory standard certificate of death
was filed with me BEFORE the burial or transit permit was issued:Ralph C. Sullivan
(Signature of Agent of Board of Health or other)

(Official Designation) Health Officer (Date of Issue of Permit) 4/30/57

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

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SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

PLACE OF DEATH

1

The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

BOSTON

(City or Town making this return)

COPY OF
CERTIFICATE OF DEATH

Registered No. 2334 87

No. 441 Stuart

St. (If death occurred in a hospital or institution,
give its NAME instead of street and number)2 FULL NAME Eugene J McCarthy
(If deceased is a married, widowed or divorced woman, give also maiden name.)(Was deceased a
U. S. War Veteran,
if so specify WAR)(a) Residence. No. 215 Pleasant
(Usual place of abode)St. Winthrop, Mass
(If nonresident, give city or town and State)

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

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH March 18 1957
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
Mar 7, 1952 to Mar 18, 1957
I last saw h. alive on Mar 13, 1957, death is said to
have occurred on the date stated above, at 9:51A.m.INTERVAL
BETWEEN
ONSET AND
DEATH

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Coronary thrombosis hrs

Due To

(b) Malignant Hypertension 3 yrs

Due To

(c)

OTHER
SIGNIFICANT
CONDITIONSWas autopsy performed? No
What test confirmed diagnosis? Physical Exam5 Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) J I Robert M. D.

(Address) 441 Stuart St Date 3-18 1957

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

DATE OF BURIAL Mar 21 1957

7 NAME OF FUNERAL DIRECTOR A J O'Malley

ADDRESS Winthrop, Mass

Received and filed MAY 13 1957 19

(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX M 9 COLOR W 10 SINGLE (write the word)
MARRIED
WIDOWED
or DIVORCED Married10a If married, widowed, or divorced
HUSBAND of Katherine Moran
(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: Attorney
(Kind of work done during most of working life)

14 Industry or Business: N.E. Power Co

15 Social Security No. --

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

17 NAME OF FATHER Frank D McCarthy

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

19 MAIDEN NAME OF MOTHER Mary P Donovan

20 BIRTHPLACE OF MOTHER (City) Boston
(State or country) Mass21 Informant Wife
(Address)

A TRUE COPY

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

DATE FILED Mar 26 1957

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.)

RECEIVED



MAY 13 1957 AM

NORFOLK

(County)
BROOKLINE

(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

BROOKLINE

(City or town making return)

Registered No. 245 88

PLACE OF DEATH

No. 9 Sewall Avenue

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

2 FULL NAME John A. Hunter

(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. 121 Tafts Avenue
(Usual place of abode)

St. Winthrop, Massachusetts

(If nonresident, give city or town and State)

Length of stay: In place of death years months 1 3/4 hrs
In place of residence 2 years months days

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH April 11 1957
(Month) (Day) (Year)4 I HEREBY CERTIFY that I have investigated the death
of the person above-named and that the CAUSE AND MANNER thereof
are as follows: (If an injury was involved, state fully.)Arterio-sclerotic hypertensive heart
disease with acute Coronary Occlusion
(sudden death)

5 Accident, suicide, or homicide (specify) no

Date and hour of injury 19

Where did
Injury occur? (City or town and State)Did injury occur in or about home, on farm, in industrial place, or in public
place? (Specify type of place)Manner of
Injury (How did injury occur?)Nature of
Injury

While at work? no Was autopsy performed? no

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

If so, specify

(Signed) Thomas P. Kendrick M. D.
154 Washington St.
(Address) Brookline, Mass. Date Apr. 11 19 577 Holy Cross Cemetery, Malden, Massachusetts
Place of Burial, or Cremation. (City or Town)

DATE OF BURIAL April 15 19 57

8 NAME OF
FUNERAL DIRECTOR John C. Kelly

ADDRESS 286 Meridian St., East Boston, Mass.

Received and filed MAY 13 1957 19

(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

9 SEX 10 COLOR OR RACE 11 SINGLE (write the word)
male white MARRIED
WIDOWED
or DIVORCED widowed11a If married, widowed, or divorced
HUSBAND of Mary A. Doherty
(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: Superintendent
(Kind of work done during most of working life)

15 Industry or Business: Dry Goods

16 Social Security No. 025-09-1212

17 BIRTHPLACE (City) West Quincy
(State or country) Massachusetts18 NAME OF
FATHER Hugh Hunter19 BIRTHPLACE OF
FATHER (City) Scotland
(State or country)20 MAIDEN NAME
OF MOTHER Elizabeth Harvey21 BIRTHPLACE OF
MOTHER (City) Scotland
(State or country)22 Informant Roger J. Hunter
(Address) 121 Tafts Avenue, Winthrop, Mass.A TRUE COPY
TEST: (Registrar of City or Town where death occurred)

DATE FILED April 17 19 57

Copies of returns of deaths which occurred in your city or town in case the deceased resided in another city or town at the time of death should be transmitted on Form R-303 to the clerk of the city or town in which the deceased resided as soon as possible after the close of the month in which the death occurred. (See Chap. 46, Sec. 12, G. L.)

25M-5-52-907046

RECEIVED



MAY 13 1957

The Commonwealth of Massachusetts

Boston

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

(City or Town making this return)

COPY OF

3622

CERTIFICATE OF DEATH

Registered No.

PLACE OF DEATH

Suffolk

(County)

Boston

(City or Town)



No.

Mass. General Hospt.

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

2 FULL NAME

John H A Moran

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

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

89

42 Harbor View Ave.

St. Winthrop Mass.

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

(If nonresident, give city or town and State)

Length of stay: In place of death.....years.....months.13days. In place of residence.37years.....months.....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF
DEATH

April 13/57

(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from

April 1 19. 57, to April 13, 19. 57

I last saw him alive on April 13, 19. 57, death is said to
have occurred on the date stated above, at 9:55A.m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Uremia

INTERVAL
BETWEEN
ONSET AND
DEATH

4 Days

Due To
(b)Hypertensive arterio
sclerotic heart disease with
congestive heart failure

5 Yrs

Due To
(c)

3 Wks.

OTHER
SIGNIFICANT
CONDITIONS

Diabetes mellitus

17 Yrs

Was autopsy performed?

What test confirmed diagnosis?

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

(Signed) C L Clay, M. D.

(Address) Mass. General Hospt 4-13 19. 57

6 St Joseph's Cem-West Roxbury Mass.
Place of Burial or Cremation (City or Town)

DATE OF BURIAL April 16/57 19.

7 NAME OF
FUNERAL DIRECTOR R C Kirby

ADDRESS East Boston Mass.

Received and filed MAY 24 19.

(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX

M

9 COLOR

W

10 SINGLE (write the word)
MARRIED
WIDOWED Married
or DIVORCED10a If married, widowed, or divorced
HUSBAND of Mary Louise Walsh
(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 8 Months 20 Days
If under 24 hours
Hours Minutes13 Usual Occupation: Ass't Supt. of Mail
(Kind of work done during most of working life)

14 Industry or Business: U S Post Office

15 Social Security No. None
East Boston Mass.16 BIRTHPLACE (City)
(State or country)17 NAME OF
FATHER Hugh F Moran18 BIRTHPLACE OF
FATHER (City) Ireland
(State or country)19 MAIDEN NAME
OF MOTHER Margaret Connelly20 BIRTHPLACE OF
MOTHER (City) Ireland
(State or country)21 Informant Wife
(Address)

A TRUE COPY

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

DATE FILED April 17/57 19.

RECEIVED



MAY 24 1957 AM

The Commonwealth of Massachusetts

Boston

Suffolk

(County)

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

(City or Town making this return)

Boston

(City or Town)

COPY OF

CERTIFICATE OF DEATH

Registered No. 367230

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

Patrick Mulraney

(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.

19 Fremont

St.

Winthrop Mass.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of stay: In place of death.....years.....months.....33 days. In place of residence 47 years.....months.....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF
DEATH

April 15/57

(Month)

(Day)

(Year)

4 I HEREBY CERTIFY, That I attended deceased from

March 13 57 to April 15 19 57

I last saw him alive on April 15 19 57, death is said to

have occurred on the date stated above, at 3 AM m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Carcinoma of stomach

INTERVAL
BETWEEN
ONSET AND
DEATH
2 Mos

Due To

(b)

Myocardial infarction

Term.

Due To

(c)

OTHER
SIGNIFICANT
CONDITIONS

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) V M Cass M. D.

(Address) Peter Bent Brigham Hospt 4-15-57

Winthrop Cem-Winthrop Mass.

6 Place of Burial or Cremation (City or Town)

DATE OF BURIAL April 17/57 19

7 NAME OF
FUNERAL DIRECTOR A J O'Maley

ADDRESS Winthrop Mass.

Received and filed MAY 24 1957 19

(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX

M

9 COLOR

W

10 SINGLE (write the word)

MARRIED

WIDOWED

Married

10a If married, widowed, or divorced
HUSBAND of Delia Ferrins

(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: Retired Custodian

(Kind of work done during most of working life)

14 Industry or Business: Public School

15 Social Security No. 024-24-9849

16 BIRTHPLACE (City) Ireland
(State or country)17 NAME OF
FATHER

Edward Mulraney

18 BIRTHPLACE OF

FATHER (City) Ireland

(State or country)

19 MAIDEN NAME

OF MOTHER

Bridget McDade

20 BIRTHPLACE OF

MOTHER (City)

(State or country)

Ireland

21

Informant

(Address)

Delia Mulraney

A TRUE COPY

ATTEST:

(Registrar of City or Town where death occurred)

DATE FILED

April 18/57 19

V.B.V.

RECEIVED



MAY 24 1957 AM

PLACE OF DEATH

SUFFOLK
BOSTON

The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH

DIVISION OF VITAL STATISTICS

COPY OF

MEDICAL EXAMINER'S
CERTIFICATE OF DEATH

BOSTON

(City or town making return)

3859

Registered No.

No. Mass. General Hospt. St. (If death occurred in a hospital or institution, give its NAME instead of street and number)2 FULL NAME Ida M Block (If deceased is a married, widowed or divorced woman, give also maiden name.) (Was deceased a U. S. War Veteran, if so specify WAR) 91(a) Residence. No. 41 Ocean Ave. St. Winthrop Mass. (Usual place of abode) (If nonresident, give city or town and State)Length of stay: In place of death.....years.....1 months.....14 days. In place of residence.....18 years.....months.....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH April 23/57
(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 fracture of femur5 Accident, suicide, or homicide (specify).....accident
Date and hour of injury.....March 21 19 57Where 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.....Fracture of femurWhile at work?.....No Was autopsy performed?.....No

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

If so, specify.....Michael A Luongo
(Signed).....25 Shattuck St. Date 4-23 19 57
(Address).....7 Place of Burial, or Cremation.....Tifereth Israel of Winthrop
(City or Town)DATE OF BURIAL.....April 24/57 198 NAME OF FUNERAL DIRECTOR.....Murray Goldman
ADDRESS.....Malden Mass.Received and filed.....MAY 29 1957 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 DIVORCED11a If married, widowed, or divorced HUSBAND of.....Henry H Block
(Give maiden name of wife in full)
(or) WIFE of.....
(Husband's name in full)

12 IF STILLBORN, enter that fact here.

13 AGE 80 Years.....Months.....Days If under 24 hours
Hours.....Minutes14 Usual Occupation.....Housewife
(Kind of work done during most of working life)15 Industry or Business.....At Home

16 Social Security No.....

17 BIRTHPLACE (City).....Russia
(State or country)18 NAME OF FATHER.....Max Astrin19 BIRTHPLACE OF FATHER (City).....Russia
(State or country)20 MAIDEN NAME OF MOTHER.....Libby21 BIRTHPLACE OF MOTHER (City).....Russia
(State or country)22 Informant.....Julian L Block
(Address)A TRUE COPY
ATTEST: Charles H Mackie
(Registrar of City or Town where death occurred)DATE FILED.....April 24/57 19

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

RECEIVED



MAY 29 1957 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

Boston

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

(City or Town making this return)

Suffolk

(County)

Boston

(City or Town)



COPY OF

CERTIFICATE OF DEATH

Registered No. 4018

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

2 FULL NAME Goldie Gorodetsky (If deceased is a married, widowed or divorced woman, give also maiden name.) (Was deceased a U. S. War Veteran, if so specify WAR) 32

(a) Residence. No. 100 Locust St. Winthrop Mass. (Usual place of abode) (If nonresident, give city or town and State)

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

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH April 24/57 (Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from March 1 19 57 to April 24 19 57 I last saw him alive on April 24 19 57 death is said to have occurred on the date stated above, at 9 PM m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Pulmonary edema

INTERVAL BETWEEN ONSET AND DEATH 2 Days

Due To (b) Broncho pneumonia congestion heart failure

5 Days

Due To (c) Universal arterio sclerosis

OTHER SIGNIFICANT CONDITIONS

Was autopsy performed? None What test confirmed diagnosis? Physical examination

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

(Signed) Dr Tanos Tarai M. D. Jewish Mem. Hospt Date 4-25 19 57

6 Anshe Lebovitz Woburn Mass. (City or Town)

DATE OF BURIAL April 28/57 19

7 NAME OF FUNERAL DIRECTOR B Schlossberg & Sons ADDRESS Mattapan Mass.

Received and filed JUN 3 1957 19

(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX F 9 COLOR 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 Frank Gorodetsky (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 82 Years Months Days If under 24 hours Hours Minutes

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

14 Industry or Business: At Home

15 Social Security No. None

16 BIRTHPLACE (City) Russia (State or country)

17 NAME OF FATHER Mones Schneiderman

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

19 MAIDEN NAME OF MOTHER Sossel

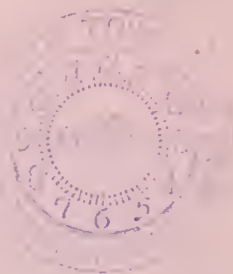
20 BIRTHPLACE OF MOTHER (City) Russia (State or country)

21 Informant Harry Gore (Address)

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

DATE FILED April 29/57 19

RECEIVED



JUN - 3 1957 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-402 to the clerk of the city or town in which the deceased resided as soon as possible, after the close of the month in which the death occurred. (See Chap. 46, Sec. 12, G. L.)

R-302

50M-11.25-9-13145

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

Boston

(City or Town making this return)

COPY OF CERTIFICATE OF DEATH

Registered No.

40338

No.

Mass. Eye & Ear Infirmary

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

2 FULL NAME

George Leet

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

(a) Residence. No.

Cambridge St.

St.

Burlington Mass.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of stay: In place of death.....years.....months.....9.....days. In place of residence.....10.....years.....months.....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH

(Month)

April 24/57

(Day)

(Year)

4 I HEREBY CERTIFY, That I attended deceased from

April 15/ 57 to April 24, 1957

I last saw him alive on April 24, 1957, death is said to

have occurred on the date stated above, at 10 PM m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Broncho pneumonia

INTERVAL
BETWEEN
ONSET AND
DEATH
1 Week

Due To Carcinoma of larynx with metastases

(b)

3 Yrs

Due To

(c)

OTHER
SIGNIFICANT
CONDITIONS

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) I Robinson, M. D.

(Address) Mass. Eye & Ear Inf. 4-2519 57

6 Winthrop Cem-Winthrop Mass.

Place of Burial or Cremation

(City or Town)

DATE OF BURIAL April 27/57

19.

7 NAME OF FUNERAL DIRECTOR

A P Gahan

ADDRESS

Woburn Mass.

Received and filed JUN 3 1957 19.

(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX

M

9 COLOR

W

10 SINGLE (write the word)

MARRIED

WIDOWED

or DIVORCED

Married

10a If married, widowed, or divorced

HUSBAND of

Josephine Doggett

(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

7

Months

11

Days

If under 24 hours

Hours

Minutes

13 Usual

Occupation:

Retired

(Kind of work done during most of working life)

14 Industry

or Business:

Disabled Veteran

15 Social Security No.

022-12-0714

16 BIRTHPLACE (City)

East Boston Mass.

(State or country)

17 NAME OF FATHER

George Leet

18 BIRTHPLACE OF FATHER (City)

(State or country)

P.E.I.

19 MAIDEN NAME OF MOTHER

Maud Cook

20 BIRTHPLACE OF MOTHER (City)

(State or country)

Waltham Mass.

21

Informant

(Address)

Josephine Leet

A TRUE COPY

ATTEST:

(Registrar of City or Town where death occurred)

DATE FILED

April 29/57

19.

RECEIVED

JUN -- 28 53

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

R-302

50M-11-55-9161-45

PLACE OF DEATH

Middlesex
(County)

Medford
(City or Town)



The Commonwealth of Massachusetts

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

Medford

(City or Town making this return)

COPY OF CERTIFICATE OF DEATH

Registered No. 91

No. Ring Nursing Home, 264 High St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Emma M. 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) no

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

Length of stay: In place of death 4 years months days. In place of residence 25 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH May 1 1957
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from Aug 55 to May 1 1957
I last saw her alive on Apr 30 1957 death is said to have occurred on the date stated above, at 8.15 A.M.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Cerebral Thrombosis

INTERVAL
BETWEEN
ONSET AND
DEATH

Due To
(b)

Due To
(c)

OTHER SIGNIFICANT CONDITIONS Bronchopneumonia

7dys

Was autopsy performed? no
What test confirmed diagnosis? Phys. Exam

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

(Signed) Peter H. Contompasis M. D.
417 High St.
(Address) Medford Date 5/1 19 57

6 Men. Park Cem, Grand Forks, N. D.
Place of Burial or Cremation (City or Town)

DATE OF BURIAL May 6, 1957 19

7 NAME OF FUNERAL DIRECTOR Conrad Z. Granath
ADDRESS 23 Forest St., Medford

Received and filed MAY 6 1957 19

(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX female 9 COLOR 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 Charles O. Baker (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 86 Years - Months - Days If under 24 hours Hours Minutes

13 Usual Occupation: 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) Sweden

17 NAME OF FATHER Francis Hagart

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

19 MAIDEN NAME OF MOTHER Cannot be learned

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

21 Informant W.B. Tucker- Attorney
(Address) 30 Federal St. Boston

A TRUE COPY

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

DATE FILED May 3, 1957 19

RECEIVED



MAY - 6 1957 AM

X
PLACE OF DEATH

Suffolk County

Winthrop
(City or Town)

No. Winthrop Convalescent Home St.

2 FULL NAME Ole Olsen

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

(a) Residence. No. 206 Falcon St.

(Usual place of abode)

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 DEATH MAY 5 1957
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
2/1, 1957, to 5/4, 1957
I last saw him alive on 5/4, 1957 death is said to

have occurred on the date stated above, at 3:30 A. m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) BRONCHO-PNEUMONIA

INTERVAL
BETWEEN
ONSET AND
DEATH

30 DAYS

Due To CARCINOMA OF
(b) LIVER

2 yrs

Due To
(c)OTHER
SIGNIFICANT
CONDITIONS

Was autopsy performed? NO

What test confirmed diagnosis?

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

(Signed) Fred C. Rosen, M. D.

(Address) 13 Pleasant St. Winthrop Date 5/6 1957

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

DATE OF BURIAL MAY 8 1957

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

Received and filed MAY 6 - 1957 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. 95

{ 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 white 10 SINGLE (write the word)
MARRIED MARRIED
WIDOWED or DIVORCED10a If married, widowed or divorced
HUSBAND of MARGARET Bentsen
(Give maiden name of wife in full)(or) WIFE of.....
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 74 Years.....Months.....Days If under 24 hours
Hours.....Minutes13 Usual Occupation: Watchman
(Kind of work done during most of working life)14 Industry or Business: Socony-Vacuum Oil Co.
Cnbl

15 Social Security No.

16 BIRTHPLACE (City)
(State or country) NORWAY

17 NAME OF FATHER Andrew Olsen

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

19 MAIDEN NAME OF MOTHER CAROL ANN -

20 BIRTHPLACE OF MOTHER (City)
(State or country) NORWAY21 Informant (Address) MARGARET OLSEN
206 FALCON 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) 5/6/57

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 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
e of dying,
heart failure,
etc. It means
se, or compli-
which causedons, if any,
gave rise to
cause (a),
the under-
cause last.itions contrib-
death but not
o the terminal
condition givenChapter 137,
1954, requires
ns to print or
he cause or
of death on
ertificates.

100M-11-85-916148

PLACE OF DEATH

SUFFOLK

(County)

WINTHROP

(City or Town)

No.

104 HIGHLAND AVE

2 FULL NAME

PHILIPP B ASON

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

(a) Residence. No.

25 DWIGHT ST

(Usual place of abode)

St.

BOSTON

(If nonresident, give city or town and State)

Length of stay: In place of death years 2 months days. In place of residence 68 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF
DEATH

May

6

1957

(Month)

(Day)

(Year)

4 I HEREBY CERTIFY, That I attended deceased from

March 13 1957 to May 6 1957

I last saw him alive on May 6 1957, death is said to

have occurred on the date stated above, at 2:50 P.M.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Cerebro vascular
accident

Due To

(b)

arteriosclerosis
generalized

Due To

(c)

senility

OTHER
SIGNIFICANT
CONDITIONS

hemiplegia-left

INTERVAL
BETWEEN
ONSET AND
DEATH

1/2 hr

yr

yrs

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 Greene, M. D.
194 Washington St. Date 5-6 1957

6 HOLY CROSS

MALDEN

Place of Burial or Cremation

(City or Town)

DATE OF BURIAL

MAY 8

1957

7 NAME OF

FUNERAL DIRECTOR

Maurice H. Kirby

ADDRESS

21 WINTHROP ST WINTHROP

Received and filed

MAY 8 1957

19

(Registrar)

The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH

DIVISION OF VITAL STATISTICS

STANDARD

CERTIFICATE OF DEATH

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

Registered No.

96

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

PHYSICIAN — IMPORTANT

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

no

INSTRUCTIONS
FOR
CERTIFICATEgiving
OF DEATHnot enter
than one
for each
(b) and (c)does not mean
e of dying,
heart failure,
etc. It means
se, or compli-
which causedons, if any,
gave rise to
cause (a),
the under-
cause last.itions contrib-
death but not
o the terminal
condition givenChapter 137,
1954, requires
ns to print or
he cause or
of death on
ertificates.

100M-11-85-916148

PERSONAL AND STATISTICAL PARTICULARS

8 SEX

9 COLOR

10 SINGLE (write the word)

MALE

WHITE

MARRIED

WIDOWED

OR DIVORCED

WIDOWED

10a If married, widowed or divorced

HUSBAND of MARY E. HIGGINS

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12

AGE 77 Years Months Days

If under 24 hours

Hours Minutes

13 Usual

Occupation: CHEF

(Kind of work done during most of working life)

14 Industry

or Business:

RESTAURANT

15 Social Security No.

011-12-5295A

16 BIRTHPLACE (City)

(State or country)

CANADA

17 NAME OF

FATHER

PETER ASON

18 BIRTHPLACE OF

FATHER (City)

CANADA

(State or country)

19 MAIDEN NAME

OF MOTHER

MARY WHITE

20 BIRTHPLACE OF

MOTHER (City)

CANADA

(State or country)

21

Informant

(Address)

MRS. PHYLLIS M. JORDEN
9 GREEN ST WINTHROPI HEREBY CERTIFY that a satisfactory standard certificate of death
was filed with me BEFORE the burial or transit permit was issued:

Washed & Buried

(Signature of Agent of Board of Health or other)

Washed & Buried

(Official Designation)

5/7/57

(Date of Issue of Permit)

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

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

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

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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 STATISTICSSTANDARD
CERTIFICATE OF DEATHTo be filed for burial permit
with Board of Health
or its Agent.

Registered No.

97

No. Winthron Community Hospital(If death occurred in a hospital or institution,
St. (give its NAME instead of street and number)2 FULL NAME Everett Orris Newman

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

PHYSICIAN — IMPORTANT

(Was deceased a
U. S. War Veteran, W.W.2
if so specify WAR)(a) Residence. No. 160 Quincy Avenue
(Usual place of abode) 30 minutes

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 MAY 11 1957
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
Dec, 1954, to May 11, 1957I last saw him alive on May 11, 1957, death is said tohave occurred on the date stated above, at 4:40 A.M.INTERVAL
BETWEEN
ONSET AND
DEATH

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Coronary Occlusion, acute 6 hrsDue To Coronary Artery
(b) Heart Disease. 2 1/2 yrs.Due To Myocardial infarction
(c) Anterior, healed 2 1/2 yrs.OTHER
SIGNIFICANT
CONDITIONS None.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) Charles Liberman M. D.(Address) Winthrop Date 5/11/19576 Rushtown Cemetery Rushtown, Ohio
Place of Burial or Cremation (City or Town)DATE OF BURIAL May 16, 19577 NAME OF FUNERAL DIRECTOR Arthur B. MarshADDRESS 174 Winthron St. Winthron, Mass.

Received and filed

MAY 13 1957

19

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX

9 COLOR

10 SINGLE (write the word)
MARRIED
WIDOWED married
or DIVORCED

male

white

10a If married, widowed, or divorced

HUSBAND of Delbertta Nazimova, Hale
(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 9 Days

If under 24 hours

Hours Minutes

13 Usual

Occupation: C.A.A. Inspector
(Kind of work done during most of working life)

14 Industry

or Business: U.S. Air Force

15 Social Security No.

275-01-1486

16 BIRTHPLACE (City)

(State or country)

RardenOhio

17 NAME OF

FATHER Randolph Jackson Newman

18 BIRTHPLACE OF

FATHER (City)

(State or country)

SabinaOhio

19 MAIDEN NAME

OF MOTHER

Nora Freeman

20 BIRTHPLACE OF

MOTHER (City)

(State or country)

SabinaOhio

21

Informant

(Address)

Mrs. Everett O. Newman160 Quincy Ave. WinthronI HEREBY CERTIFY that a satisfactory standard certificate of death
was filed with me BEFORE the burial or transit permit was issued.Raymond J. Liberman

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

K.B.

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

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of 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 March 14, 1942

DATE OF DISCHARGE June 26, 1945

RANK, RATING Lt. Col.

ORGANIZATION AND OUTFIT U.S. Air Force

SERVICE NUMBER O-900-627



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.

98

STANDARD
CERTIFICATE OF DEATH

Registered No.

PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)



No. 239 Pleasant St.

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

2 FULL NAME Beatrice C. Phillips

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

PHYSICIAN — IMPORTANT

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

(a) Residence. No. 239 Pleasant St.

(Usual place of abode)

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

Length of stay: In place of death 3 years.....months.....days. In place of residence 30 years.....months.....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH May 12, 1957.

(Month)

(Day)

(Year)

4 I HEREBY CERTIFY, That I attended deceased from
JAN 22, 1954, to MAY 12, 1957

I last saw her alive on 5/13, 1957, death is said to

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

INTERVAL
BETWEEN
ONSET AND
DEATH
1 HR.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) ROUTE CORONARY OCCLUSION

Due To ARTERIO-SCLEROTIC HEART

(b) DISEASE WITH CONGESTIVE FAILURE 6 mo

Due To

(c)

OTHER
SIGNIFICANT
CONDITIONS
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) Thompson H. King, M. D.

(Address) 222 PLEASANT ST. Winthrop Date 5/13, 1957

6 Winthrop Winthrop

Place of Burial or Cremation

(City or Town)

DATE OF BURIAL May 15, 1957

7 NAME OF FUNERAL DIRECTOR Arthur J. O'Maley

ADDRESS Winthrop Mass

Received and filed MAY 14 1957

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Female 9 COLOR 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 Phillips

(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 78 Years Months Days If under 24 hours
Hours Minutes13 Usual Occupation: Housewife
(Kind of work done during most of working life)

14 Industry or Business: Own Home

15 Social Security No.
16 BIRTHPLACE (City) Ireland
(State or country)

17 NAME OF FATHER Patrick Crofton

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

19 MAIDEN NAME OF MOTHER Bridget Spellman

20 BIRTHPLACE OF MOTHER (City) Ireland
(State or country)21 Informant: Old Age Ass't Records
(Address) 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)

(Official Designation)

(Date of Issue of Permit) 5/14/57

VRV

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

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

A 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-two, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. . . — General Laws, Chap. 38, Sec. 6, as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical Examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

INSTRUCTIONS
FOR
CERTIFICATEgiving
OF DEATH

not enter
than one
for each
(b) and (c)

does not mean
le of dying,
heart failure,
etc. It means
se, or compli-
which caused

ons, if any,
gave rise to
cause (a),
the under-
cause last.

itions contrib-
death but not
o the terminal
condition given

Chapter 137,
1954, requires
ans to print or
be cause or
of death on
certificates.

1004-11-95-916140

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. MOUNTS REST HOME, 104 HIGHLAND AVE St. { (If death occurred in a hospital or institution, give its NAME instead of street and number)2 FULL NAME Evelyn Allen
(If deceased 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. 104 Highland Ave St. W. Highland 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 1 years.....months.....days. W. Winthrop

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH May 16 1958
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from

Jane, 1956, to May 16, 1958I last saw her alive on May 6, 1958, death is said tohave occurred on the date stated above, at 1145 A. M.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Cerebrovascular
accidentINTERVAL
BETWEEN
ONSET AND
DEATH5 minDue To (b) arteriosclerosis
generalizedyears

Due To (c)

OTHER
SIGNIFICANT
CONDITIONS

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 J. Regan, M. D.(Address) 194 Washington St Date 5-16-586 WINTHROP WINTHROP
Place of Burial or Cremation (City or Town)DATE OF BURIAL MAY 18 19587 NAME OF FUNERAL DIRECTOR Maureen W. Ruby
ADDRESS 2100 WINTHROP ST WINTHROPReceived and filed MAY 21 1958 19.....

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX FEMALE 9 COLOR 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.....Minutes13 Usual Occupation: RESTAURANT WORKER
(Kind of work done during most of working life)14 Industry or Business: RESTAURANT RESTAURANT15 Social Security No. UNABLE TO OBTAIN16 BIRTHPLACE (City) BAPTISTOWN
(State or country) ISLE OF BARBADOS17 NAME OF FATHER FREDERICK BARBADOS18 BIRTHPLACE OF FATHER (City) ISLE OF BARBADOS
(State or country)19 MAIDEN NAME OF MOTHER ETHEL POLGREEN BARBADOS20 BIRTHPLACE OF MOTHER (City) ISLE OF BARBADOS
(State or country)21 Informant: PERCY REESE BARBADOS
(Address) N.Y.I HEREBY CERTIFY that a satisfactory standard certificate of death
was filed with me BEFORE the burial or transit permit was issued:Joseph J. Regan
(Signature of Agent of Board of Health or other)Maureen W. Ruby 5/17/58
(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.

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SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

INSTRUCTIONS
FOR
CERTIFICATEgiving
OF DEATH

not enter
than one
for each
(b) and (c)

does not mean
e of dying,
heart failure,
etc. It means
se, or compli-
which caused

ons, if any,
gave rise to
cause (a),
the under-
cause last.

itions contrib-
death but not
o the terminal
condition given

Chapter 137,
1954, requires
ans to print or
he cause or
of death on
certificates.

100M-11-35-916149

PLACE OF DEATH

1

SUFFOLK
(County)
WINTHROP
(City or Town)



The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICSSTANDARD
CERTIFICATE OF DEATHTo be filed for burial permit
with Board of Health
or its Agent.

Registered No. 100

No. 53 OTIS ST

St. (If death occurred in a hospital or institution,
give its NAME instead of street and number)2 FULL NAME RICHARD J. BRUGMAN
(If deceased 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. 53 OTIS ST
(Usual place of abode)

(If nonresident, give city or town and State)

Length of stay: In place of death 35 years.....months.....days. In place of residence 35 years.....months.....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH May 16 1957
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
May 15 1956, to May 16 1957.I last saw him alive on May 15 1957, death is said to

have occurred on the date stated above, at 2:00 p.m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Malignant Lymphoma

INTERVAL
BETWEEN
ONSET AND
DEATH
1 yearDue To ---
(b)Due To ---
(c)OTHER
SIGNIFICANT
CONDITIONS ---Was autopsy performed? No.
What test confirmed diagnosis? Biopsy July 19565 Was disease or injury in any way related to occupation of deceased?
If so, specify.

(Signed) John F. Collins M.D., M. D.

(Address) 27 Bennington St. Date May 18 1957
Revere 51, Mass.6 WINTHROP WINTHROP
Place of Burial or Cremation (City or Town)

DATE OF BURIAL MAY 20 1957

7 NAME OF FUNERAL DIRECTOR Maurice W. Kelly
ADDRESS 210 W. 1st St. Wintthrop
Received and filed MAY 23 1957

John Mark (Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX MALE 9 COLOR WHITE 10 SINGLE (write the word)
MARRIED
WIDOWED
or DIVORCED MARRIED10a If married, widowed or divorced
HUSBAND of MARGA M. MACCORMACK
(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: BUSINESS 1111-1-1
(Kind of work done during most of working life)

14 Industry or Business: SHIP CAULKING CONTRACTOR INC

15 Social Security No. 028-09-1994

16 BIRTHPLACE (City) EAST BOSTON
(State or country) MASS

17 NAME OF FATHER RICHARD J BRUGMAN

18 BIRTHPLACE OF FATHER (City)
(State or country) IRELAND

19 MAIDEN NAME OF MOTHER CATHERINE FEARON

20 BIRTHPLACE OF MOTHER (City)
(State or country) IRELAND21 Informant MRS RICHARD J BRUGMAN
(Address) 53 OTIS 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) 5/20/57

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

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. 101

PLACE OF DEATH

Suffolk
(County)

Winthrop
(City or Town)

No. Mayflower Nursing Home

St. (If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME James J. Guilfoyle
(If deceased 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. 7 Atlantic Avenue, Revere 51, Mass.
(Usual place of abode)

(If nonresident, give city or town and State)

Length of stay: In place of death years months 11 days. In place of residence 45 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH May 16 1957
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from
Sept. 17, 1954, to May 16, 1957

I last saw him alive on May 16, 1957 death is said to
have occurred on the date stated above, at 3:45 p.m.

INTERVAL
BETWEEN
ONSET AND
DEATH

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Arteriosclerotic Heart Disease

4 yrs.

Due To
(h) Generalized Arteriosclerosis

over
4 yrs.

Due To
(c) Aneurysm of Aorta
Hypertrophied Prostate

1 yr.
6 mos.

OTHER
SIGNIFICANT
CONDITIONS

Was autopsy performed? No
What test confirmed diagnosis? Electro-cardiogram &
X-Rays

5 Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) Arthur J. Corcoran, M. D.

(Address) Revere Mass Date 17 May 1957

6 Holy Cross Malden
Place of Burial or Cremation (City or Town)

DATE OF BURIAL May 20, 1957

7 NAME OF FUNERAL DIRECTOR Arthur J. Corcoran
ADDRESS 876 Winthrop Ave., Revere

Received and filed MAY 20 1957

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX M 9 COLOR W 10 SINGLE (write the word)
MARRIED WIDOWED Married
or DIVORCED

10a If married, widowed, or divorced
HUSBAND of Mary Letourneau
(Give maiden name of wife in full)

(or) WIFE of
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 74 Years Months Days If under 24 hours
Hours Minutes

13 Usual Occupation: Bookkeeper
(Kind of work done during most of working life)

14 Industry or Business: Office

15 Social Security No. 013-03-4771

16 BIRTHPLACE (City) Dover,
(State or country) N. H.

17 NAME OF FATHER Daniel Guilfoyle

18 BIRTHPLACE OF FATHER (City) Lawrence,
(State or country) Mass.

19 MAIDEN NAME OF MOTHER Ellen Sinnott

20 BIRTHPLACE OF MOTHER (City) Ireland
(State or country)

21 Informant Mary Guilfoyle wife
(Address) 7 Atlantic Ave., Revere

I HEREBY CERTIFY that a satisfactory standard certificate of death
was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation) (Date of Issue of Permit) 5/20/57

R-301A

INSTRUCTIONS
FOR
CERTIFICATE

giving
OF DEATH

not enter
than one
for each
(b) and (c)

does not mean
of dying,
heart failure,
etc. It means
cause, or compli-
which caused

ons, if any,
gave rise to
cause (a),
the under-
cause last.

tions contrib-
death but not
to the terminal
condition given

- Chapter 137,
1954, requires
ans to print or
the cause or
of death on
certificates.

1004-11-55-916145

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A 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-two, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or 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.

MAY 20 1957 AM

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had 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.

Suffolk

(County)

Winthrop

(City or Town)



STANDARD

CERTIFICATE OF DEATH

Registered No. 102

No. Winthrop Community Hospital

St. { (If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME George Arthur Sawyer

(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT

(Was deceased a
U. S. War Veteran,
if so specify WAR)

(a) Residence. No. 39 Palmyra St.

(Usual place of abode)

St. (If nonresident, give city or town and State)

Length of stay: In place of death 1 months 6 days. In place of residence 70 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH May 16 1957
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from
17 Jan 1957, to 16 May 1957
I last saw him alive on 15 May 1957, death is said to
have occurred on the date stated above, at 9:30 A. M.

INTERVAL
BETWEEN
ONSET AND
DEATH
1 yr

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Adenocarcinoma of liver

Due To Adenocarcinoma of
(b) Sigmoid Colon 4 yrs

Due To
(c)

OTHER
SIGNIFICANT
CONDITIONS none

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 17 May 1957

6 Winthrop Winthrop
Place of Burial or Cremation (City or Town)

DATE OF BURIAL May 18 1957

7 NAME OF FUNERAL DIRECTOR Edward S. Reynolds
ADDRESS Winthrop Mass.

Received and filed MAY 17 1957

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Male 9 COLOR White 10 SINGLE (write the word)
MARRIED
WIDOWED
or DIVORCED Widow

10a If married, widowed, or divorced
HUSBAND of Carolynne Fadden
(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 6 Months 0 Days If under 24 hours
Hours Minutes

13 Usual Occupation Contractor
(Kind of work done during most of working life)

14 Industry or Business Store fronts

15 Social Security No. 070-16-7200

16 BIRTHPLACE (City) Liegton - Leighton
(State or country) Penn.

17 NAME OF FATHER George W. Sawyer

18 BIRTHPLACE OF FATHER (City) Haverhill
(State or country) MASS.

19 MAIDEN NAME OF MOTHER Edith Gibhardt

20 BIRTHPLACE OF MOTHER (City) Liegton Leighton
(State or country) Penn.

21 Informant Edith Perry
(Address) 39 Palmyra 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) 5/17/57

1004-11-25-916145

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. . . . General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.

Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

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(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

CTIONS
OR
CERTIFICATEgiving
OF DEATHt enter
han one
for each
b) and (c)es not mean
of dying,
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ause last.ions contrib-
eath but not
the terminal
ndition givenChapter 137,
1954, requires
s to print or
e cause or
of death on
rtificates.

100M-11-95-9161-45

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. 103

PLACE OF DEATH

Suffolk

(County)

Boston Winthrop

(City or Town)

No. 95 Banks Street

St. (If death occurred in a hospital or institution,
give its NAME instead of street and number)2 FULL NAME Frank Orlando
(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. 95 Banks Street
(Usual place of abode)St. Winthrop, Mass.
(If nonresident, 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.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH May 18, 1957
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
March 3, 1957, to May 18, 1957.
I last saw him alive on May 17, 1957, 19, death is said to

have occurred on the date stated above, at 3:45 p. m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

Cirrhosis of the liver

(a) (Laennec type)

INTERVAL
BETWEEN
ONSET AND
DEATH

5 yrs.

Due To
(b)Due To
(c)OTHER
SIGNIFICANT
CONDITIONS

Was autopsy performed? no

What test confirmed diagnosis?

5 Was disease or injury in any way related to occupation of deceased?

If so, specify no

(Signed) John J. Lepsi, M. D.

(Address) 821 Saratoga St., East Boston, Mass.
Date May 20, 19576 Holy Cross Cemetery Malden
Place of Burial or Cremation (City or Town)

DATE OF BURIAL May 22, 1957

7 NAME OF DIRECTOR Vincent Rapino
FUNERAL 9 Chelsea St., East Boston, Mass.
ADDRESS

Received and filed MAY 22 1957 19

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX male 9 COLOR white 10 SINGLE (write the word)
MARRIED widowed
WIDOWED
or DIVORCED10a If married, widowed, or divorced Carmella Ruggiero
HUSBAND of.
(Give maiden name of wife in full)(or) WIFE of.
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 68 Years Months Days If under 24 hours
Hours Minutes13 Usual Occupation: Contractor
(Kind of work done during most of working life)

14 Industry or Business: Retired

15 Social Security No. 012-16-0657

16 BIRTHPLACE (City) Italy
(State or country)

17 NAME OF FATHER Demitrio Orlando

18 BIRTHPLACE OF FATHER (City) Italy
(State or country)

19 MAIDEN NAME OF MOTHER Clara Romano

20 BIRTHPLACE OF MOTHER (City) Italy
(State or country)21 Informant Joseph Ciampa
(Address) 95 Banks St., Winthrop, Mass.I HEREBY CERTIFY that a satisfactory standard certificate of death
was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit) 5/22/57

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

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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.
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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

R-301A

DUCTIONS
FOR
CERTIFICATEgiving
OF DEATHnot enter
than one
for each
(b) and (c)does not mean
of dying,
heart failure,
etc. It means
e, or compli-
which causedons, if any,
ave rise to
cause (a),
the under-
cause last.tions contrib-
death but not
the terminal
condition givenChapter 137,
1954, requires
ns to print or
e cause or
of death on
rtificates.

100-11-35-9161-45

PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)

No. Winthrop Community Hospital

(If death occurred in a hospital or institution,
St. { give its NAME instead of street and number)2 FULL NAME Sarah F. 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) no(a) Residence. No. 56 Waldemar Ave. St. Winthrop
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death. years. months. days. In place of residence. years. months. days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH May 19, 1957
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
March, 1957, to May 19, 1957.
I last saw her alive on May 19, 1957, death is said to
have occurred on the date stated above, at 10:15 A.M.INTERVAL
BETWEEN
ONSET AND
DEATH

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) ACUTE MYOCARDIAL INSUFFICIENCY

Due To ARTERIOSCLEROTIC HEART
(b) DISEASEDue To
(c)OTHER
SIGNIFICANT ACUTE POST-PHARYNGEAL
CONDITIONS ULCER - BENIGNWas autopsy performed? No
What test confirmed diagnosis? ULCER - BIOPSY5 Was disease or injury in any way related to occupation of deceased? No
If so, specify.

(Signed) Dorothy Cherry Appleton, M. D.

(Address) 197 Waldemar Ave. Date May 20, 1957
Winthrop, Mass.6 Winthrop Winthrop
Place of Burial or Cremation (City or Town)

DATE OF BURIAL May 22, 1957

7 NAME OF FUNERAL DIRECTOR Frederick J. Macroth
East Boston

ADDRESS

Received and filed MAY 21 1957

(Registrar)

The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH

DIVISION OF VITAL STATISTICS

STANDARD

CERTIFICATE OF DEATH

Registered No. 104

To be filed for burial permit
with Board of Health
or its Agent.

PERSONAL AND STATISTICAL PARTICULARS

8 SEX female 9 COLOR white 10 SINGLE (write the word)
MARRIED MARRIED
WIDOWED WIDOWED
or DIVORCED or DIVORCED10a If married, widowed, or divorced
HUSBAND of (Give maiden name of wife in full)(or) WIFE of Charles E. 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: own home

15 Social Security No.

16 BIRTHPLACE (City) Brooklyn, New York
(State or country)

17 NAME OF FATHER John O'Keefe

18 BIRTHPLACE OF

FATHER (City) Ireland
(State or country)

19 MAIDEN NAME OF MOTHER unknown

20 BIRTHPLACE OF MOTHER (City) unknown
(State or country)21 Informant Charles F. Murphy
(Address) 56 Waldemar Ave. WinthropI HEREBY CERTIFY that a satisfactory standard certificate of death
was filed with me BEFORE the burial or transit permit was issued:Harry J. McCarthy
(Signature of Agent of Board of Health or other)Health Officer 4/21/57
(Official Designation) (Date of Issue of Permit)

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhumate a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. . . — General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical Examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

R-301A

INSTRUCTIONS
FOR
CERTIFICATEgiving
OF DEATHnot enter
than one
for each
b) and (c)does not mean
of dying,
heart failure,
etc. It means
or compli-
which causedas, if any,
ave rise to
cause (a),
the under-
ause last.ons contrib-
death but not
the terminal
ndition givenChapter 137,
954, requires
s to print or
e cause or
f death on
ificates.

504-3-36-917573

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.STANDARD
CERTIFICATE OF DEATH

Registered No. 105

No. WINTHROP COM. HOSP.

{(If death occurred in a hospital or institution,
St. {give its NAME instead of street and number)2 FULL NAME ANGELINA (FERRIO) POLLOCK
(If deceased is a married, widowed or divorced woman, give also maiden name.){ PHYSICIAN - IMPORTANT
(Was deceased a
U. S. War Veteran,
if so specify WAR) NO(a) Residence. No. 24 BEACON ST
(Usual place of abode)

St. (If nonresident, give city or town and State)

Length of stay: In place of death years months 20 days. In place of residence 35 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH MAY 19 1957
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
Oct. 1955, to May 19 1957.
I last saw her alive on May 5 1957, death is said to
have occurred on the date stated above, at 5:50 P.m.INTERVAL
BETWEEN
ONSET AND
DEATH

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Diverticulitis of Colon 1 1/2 yrs

Due To
(b)Due To
(c)OTHER
SIGNIFICANT
CONDITIONS Hypertension 1 1/2 yrs

Was autopsy performed?

What test confirmed diagnosis? Clinical and operative

5 Was disease or injury in any way related to occupation of deceased? No
If sn, specify

(Signed) Charles Liberman M. D.

(Address) Wintthrop, Mass. Date 5/19/1957

6 WINTHROP WINTHROP
Place of Burial or Cremation (City or Town)

DATE OF BURIAL MAY 22 1957

7 NAME OF FUNERAL DIRECTOR Thomas W. Kelly
ADDRESS 2104 WINTHROP ST WINTHROP

Received and filed MAY 28 1957

19

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX FEMALE 9 COLOR 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 HAROLD H. POLLOCK
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 44 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: IT

15 Social Security No. 010-22-8302

16 BIRTHPLACE (City) CONNEAUT,
(State or country) OHIO

17 NAME OF FATHER MICHAEL FERRIO

18 BIRTHPLACE OF FATHER (City) ITALY
(State or country)

19 MAIDEN NAME OF MOTHER DANA TADDEO

20 BIRTHPLACE OF MOTHER (City) ITALY
(State or country)21 Informant HAROLD H. POLLOCK
(Address) 24 BEACON ST WINTHROPI HEREBY CERTIFY that a satisfactory standard certificate of death
was filed with me BEFORE the burial or transit permit was issued:Charles Liberman
(Signature of Agent of Board of Health or other)Healer Jones 5/21/57
(Official Designation) (Date of Issue of Permit)

H.B.V.

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable 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. 281557

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

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A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and four-
te n, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

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death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

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RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

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- (2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION.....

DATE OF ENTERING MILITARY SERVICE.....

DATE OF DISCHARGE.....

RANK, RATING.....

ORGANIZATION AND OUTFIT.....

SERVICE NUMBER.....

INSTRUCTIONS
FOR
CERTIFICATEgiving
OF DEATH

not enter
than one
for each
b) and (c)

does not mean
of dying,
heart failure,
etc. It means
e, or compli-
which caused

ns, if any,
ave rise to
cause (a),
the under-
ause last.

ions contrib-
icath but not
the terminal
ndition given

Chapter 137,
1954, requires
ns to print or
e cause or
of death on
rtificates.

100M-11-95-916145

PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)

104 Highland Avenue

No. Mounts Convalescent Home

The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICSTo be filed for burial permit
with Board of Health
or its Agent.

STANDARD

CERTIFICATE OF DEATH

Registered No. 107

St. (If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME Harry Possick

(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. 28 Pearl Ave.

(Usual place of abode)

St. Winthrop
(If nonresident, give city or town and State)

Length of stay: In place of death. 1 years 6 months days. In place of residence. 4 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH May 27 1957
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
Aug. 29, 19 52 to May 27, 19 57

I last saw him live on May 27, 19 57 death is said to

have occurred on the date stated above, at 9:50 P.m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Acute Coronary Occlusion

INTERVAL
BETWEEN
ONSET AND
DEATH

10 min

Due To (b) Hypertensive & Arterio-
sclerotic Heart Disease

6 yr

Due To (c)

OTHER SIGNIFICANT CONDITIONS Rt. Hemiplegia

5 yr

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) Myron H. King M.D., M. D.

(Address) 228 Pleasant St., Winthrop, Mass. Date 5/27/ 19 57

6 Linas Hazedek Everett
Place of Burial or Cremation (City or Town)

DATE OF BURIAL May 28 19 57

7 NAME OF FUNERAL DIRECTOR TORE FUNERAL SER., INC.
ADDRESS 1615 Beacon St., Brookline

Received and filed JUN 3 1957 19

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Male 9 COLOR White 10 SINGLE (write the word)
MARRIED
WIDOWED
or DIVORCED Married10a If married, widowed or divorced,
HUSBAND of Rebecca Stiller
(Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 80 Years Months Days If under 24 hours
Hours Minutes13 Usual Occupation Upholsterer
(Kind of work done during most of working life)

14 Industry or Business Furniture

15 Social Security No.

16 BIRTHPLACE (City) Russia
(State or country)

17 NAME OF FATHER Zizzie Possick

18 BIRTHPLACE OF FATHER (City) Russia
(State or country)

19 MAIDEN NAME OF MOTHER (C.B.L.)

20 BIRTHPLACE OF MOTHER (City) Russia
(State or country)21 Informant (Address) Meyer Possick
35 Nazing St., Roxbury, MassI HEREBY CERTIFY that a satisfactory standard certificate of death
was filed with me BEFORE the burial or transit permit was issued:Ralph L. Stiller
(Signature of Agent of Board of Health or other)
Blair B. Bisset
(Official Designation) 5/27/57
(Date of Issue of Permit)

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as ~~are supposed~~ to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. . . — General Laws, Chap. 38, Sec. 6, as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.

Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

R-301A

DUCTIONS
OR
CERTIFICATEgiving
OF DEATHot enter
than one
for each
(b) and (c)does not mean
of dying,
heart failure,
etc. It means
e, or compli-
which causedons, if any,
ave rise to
cause (a),
the under-
cause last.tions contrib-
death but not
o the terminal
condition givenChapter 137,
1954, requires
ns to print or
e cause or
of death on
certificates.

PLACE OF DEATH

SUFFOLK

(County)

WINTHROP

(City or Town)

No

483 SHIRLEY

2 FULL NAME

PANAGIOTES - PETER SPANOS

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No.

483 SHIRLEY

(Usual place of abode)

St.

(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 MAY 31 1957
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from 5/30, 1957, to May 30, 1957
I last saw him alive on MAY 30, 1957 death is said to

have occurred on the date stated above, at 2:15 P.M.

INTERVAL
BETWEEN
ONSET AND
DEATH
1 DAY

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) CORONARY THROMBOSIS

Due To MEDICAL EXAMINER
(b) WAIVED JURISDICTIONDue To
(c)OTHER
SIGNIFICANT
CONDITIONS

Was autopsy performed? -

What test confirmed diagnosis? -

5 Was disease or injury in any way related to occupation of deceased? -
If so, specify

(Signed) Fred P. Regan M. D.

(Address) 113 Pleasant St. Cambridge 5/31/57

6 WINTHROP WINTHROP
Place of Burial or Cremation (City or Town)

DATE OF BURIAL JUNE 4, 1957

7 NAME OF FUNERAL DIRECTOR PAUL P. DEMARRES
ADDRESS 336 BROADWAY - CAMBRIDGE

Received and filed JUN 4 1957 19.

(Registrar)

The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD

CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

Registered No.

108

{ (If death occurred in a hospital or institution,
St. { give its NAME instead of street and number)

PHYSICIAN - IMPORTANT

(Was deceased a
U. S. War Veteran, if so specify WAR) NO

PERSONAL AND STATISTICAL PARTICULARS

8 SEX male 9 COLOR 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 62 Years 10 Months.....Days If under 24 hours
.....Hours.....Minutes13 Usual Occupation: CLERK
(Kind of work done during most of working life)

14 Industry or Business: RETIRED

15 Social Security No. 030-20-9104

16 BIRTHPLACE (City) GREECE
(State or country)

17 NAME OF FATHER JOHN SPANOS

18 BIRTHPLACE OF FATHER (City) GREECE
(State or country)

19 MAIDEN NAME OF MOTHER MARY MOUFOULIE

20 BIRTHPLACE OF MOTHER (City) GREECE
(State or country)21 Informant: THEODORE SPANOS
(Address) 4 BROOKFIELD R.D. 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) JUN 4 1957

V.A.L.

100M-11-55-916145

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
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SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

Copies of returns of deaths which occurred in your city or town in case the deceased resided in another city or town at the time of death should be transmitted on Form R-302 to the clerk of the city or town in which the deceased resided as soon as possible, after the close of the month in which the death occurred. (See Chap. 46, Sec. 12, G. L.)

25M-6-36-916227

PLACE OF DEATH

Suffolk

(County)

Boston

(City or Town)



The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH

DIVISION OF VITAL STATISTICS

Boston

(City or Town making this return)

COPY OF

CERTIFICATE OF DEATH

Registered No.

5201

109

No. Children's Hospt.

St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Baby Girl Jacques

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(Was deceased a U. S. War Veteran, if so specify WAR)

(a) Residence. No.

40 Tewksbury

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.

6 hrs 15 mins.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH

(Month)

May 29/57

(Day)

(Year)

4 I HEREBY CERTIFY, That I attended deceased from

May 29, 19

57 to

May 29, 19

57

I last saw him alive on May 29, 19 57 death is said to have occurred on the date stated above, at 11:30A m.

INTERVAL BETWEEN ONSET AND DEATH

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Hemolytic disease of newborn

Due To (b)

Due To (c)

OTHER SIGNIFICANT CONDITIONS

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) Robert Usher, M. D.

(Address) 300 Longwood Ave. 5-2919 57

6 Winthrop Cem-Winthrop Mass.

Place of Burial or Cremation (City or Town)

DATE OF BURIAL May 31/57 19

7 NAME OF FUNERAL DIRECTOR

M Kirby
Winthrop Mass.

ADDRESS

Received and filed JUN 21 1957 19

(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX

F

9 COLOR

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 Days

If under 24 hours
10 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

William E Jacques

18 BIRTHPLACE OF

FATHER (City) Boston Mass
(State or country)

19 MAIDEN NAME

OF MOTHER Christine A Sepe

20 BIRTHPLACE OF

MOTHER (City) Morristown N.J.
(State or country)

21

Informant William E Jacques
(Address)

A TRUE COPY

ATTEST: Charles A. Mackie
(Registrar of City or Town where death occurred)

DATE FILED June 7/57

19

RECEIVED



JUN 21 1978

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)

97 Johnson Ave.

No.

St. (If death occurred in a hospital or institution,
give its NAME instead of street and number)

Registered No.

110

STANDARD
CERTIFICATE OF DEATH

2 FULL NAME Alice W (Bayley) Packard

(If deceased 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 Johnson Ave.

(Usual place of abode)

St.

(If nonresident, give city or town and State)

Length of stay: In place of death 30 years.....months.....days. In place of residence 30 years.....months.....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH June 1 1957
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from

June 1, 1957, to June 1, 1957

I last saw her alive on June 1, 1957, death is said to

have occurred on the date stated above, at 9:50 P. m.

INTERVAL
BETWEEN
ONSET AND
DEATH

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Bronchopneumonia
(terminal)

1 day

Due To (b) Cerebrovascular

accident

7 days

Due To (c) arteriosclerosis

generalized

yrs

OTHER SIGNIFICANT CONDITIONS Diabetes Mellitus

yrs

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 E. Rego M. D.

(Address) 194 Washington Ave. Date 7-3-1957

6 Woodlawn Everett
(City or Town)

Place of Burial or Cremation

DATE OF BURIAL June 4 1957

7 NAME OF FUNERAL DIRECTOR Howard S. Reynolds

ADDRESS Winthrop

Received and filed JUN 4 1957

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Female 9 COLOR 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 Sydney Packard

(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 82 0 8 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. None

16 BIRTHPLACE (City) Chelsea
(State or country) MASS.

17 NAME OF FATHER Stephine A Bayley

18 BIRTHPLACE OF FATHER (City) Amesbury
(State or country) MASS.

19 MAIDEN NAME OF MOTHER Caroline Wadsworth

20 BIRTHPLACE OF MOTHER (City) Chelsea
(State or country) MASS.21 Informant Barbara P. Emerson
(Address) 99 Johnson Ave WinthropI HEREBY CERTIFY that a satisfactory standard certificate of death
was filed with me BEFORE the burial or transfer permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation) (Date of Issue of Permit) 6/4/57

V.B.V.

R-301A

CTIONS
FOR
CERTIFICATEgiving
OF DEATHnot enter
than one
for each
(b) and (c)does not mean
of dying,
heart failure,
etc. It means
e, or compli-
which causedns, if any,
ave rise to
cause (a),
the under-
cause last.tions contrib-
death but not
the terminal
condition givenChapter 137,
1954, requires
ns to print or
e cause or
of death on
rtificates.

100M.11.55.916145

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of 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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- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical Examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE.....

DATE OF DISCHARGE.....

RANK, RATING.....

ORGANIZATION AND OUTFIT.....

SERVICE NUMBER.....

R-301A

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50M-3-36-817573

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.

111

No. Winthron Community Hosnital

(If death occurred in a hospital or institution,
St. (give its NAME instead of street and number)

2 FULL NAME LeRoy Arthur Dorman

(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. 30 Siren

St.

(If nonresident, give city or town and State)

Length of stay: In place of death years months 3 days. In place of residence 26 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH June 3, 1957
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
Jan. 5, 1953, to June 3, 1957
I last saw him alive on June 3, 1957, death is said to
have occurred on the date stated above, at 1:45 P.M.INTERVAL
BETWEEN
ONSET AND
DEATH

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Arteriosclerotic heart &
Nephrosclerosis with AzotemiaDue To (b) Cirrhosis of liver with
Ascites

Due To (c)

OTHER SIGNIFICANT CONDITIONS Diabetes mellitus
Berger's Disease

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) Myron D. Ruiz, M. D.

(Address) 222 Pleasant Street, 6/3/57

6 Winthrop Cemetery, Winthron, Mass.
Place of Burial or Cremation (City or Town)

DATE OF BURIAL June 6, 1957

7 NAME OF FUNERAL DIRECTOR Alfred B. Marsh

ADDRESS 174 Winthron St. Winthron, Mass.

Received and filed JUN 5 1957

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX

9 COLOR

10 SINGLE (write the word)
MARRIED married
WIDOWED
or DIVORCED

male

white

10a If married, widowed, or divorced

HUSBAND of Ella Josephine Tinning
(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 2 Months 2 Days

If under 24 hours
Hours Minutes13 Usual Occupation: optition
(Kind of work done during most of working life)

14 Industry or Business: Commercial Optical Co.

15 Social Security No. 011-10-2704-A.

16 BIRTHPLACE (City) Worcester
(State or country) Mass

17 NAME OF FATHER Daniel Webster Dorman

18 BIRTHPLACE OF FATHER (City) Worcester
(State or country) Mass.

19 MAIDEN NAME OF MOTHER Hattie Pendleton

20 BIRTHPLACE OF MOTHER (City) Maine
(State or country)21 Informant Mrs. LeRoy A. Dorman
(Address) 30 Siren St. WinthronI HEREBY CERTIFY that a satisfactory standard certificate of death
was filed with me BEFORE the burial or transit permit was issued:

Mass. (Signature of Agent of Board of Health or other)

(Official Designation) (Date of Issue of Permit) 6/4/57

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or 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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s to print or
cause or
death on
ificates.

50M-3-56-917573

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. 112

No. MAYFLOWER NURSING HOME

(If death occurred in a hospital or institution,
St. (give its NAME instead of street and number)

2 FULL NAME HEDDEROP BUR HURLBURT

(If deceased 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. 39 GROVER'S AVE
(Usual place of abode)

St.

(If nonresident, give city or town and State)

Length of stay: In place of death 2 years months days. In place of residence 2 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH June 3 1957
(Month) (Day) (Year)4 I HEREBY CERTIFY That I attended deceased from
Jan 1, 1952 to June 3, 1957
I last saw him alive on June 2, 1957, death is said to

have occurred on the date stated above, at 5:00 P. m.

INTERVAL
BETWEEN
ONSET AND
DEATH

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) CORONARY INSUFFICIENCY

(b) Due To ARTERIO-SCLEROSIS
- generalized 54 years

(c) Due To

OTHER
SIGNIFICANT
CONDITIONS

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) A Benjamin, M. D.

(Address) Chelsea man Date 6/3 1957

6 LOCUST CROVE IPSWICH
Place of Burial or Cremation (City or Town)

DATE OF BURIAL JUNE 5, 1957

7 NAME OF FUNERAL DIRECTOR Wendell M. Dykeman

ADDRESS 23 Barclay Street Chelsea

Received and filed JUN 5 1957 19

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX 9 COLOR 10 SINGLE (write the word)
MALE WHITE MARRIED
WIDOWED
or DIVORCED WIDOWED10a If married, widowed, or divorced
HUSBAND of ANNIE M. BIRD
(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: RETIRED CARPENTER
(Kind of work done during most of working life)

14 Industry or Business: OWN BUSINESS

15 Social Security No. NONE

16 BIRTHPLACE (City) CHANDLER
(State or country) N. H.

17 NAME OF FATHER UNKNOWN

18 BIRTHPLACE OF FATHER (City) " (State or country) "

19 MAIDEN NAME OF MOTHER " (State or country) "

20 BIRTHPLACE OF MOTHER (City) " (State or country) "

21 Informant HANDED HURLBURT
(Address) 14 KINGSWAY AVE DEVERLYI 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) 6/4/57

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

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death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

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No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.

Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

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(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)



The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH

DIVISION OF VITAL STATISTICS

STANDARD

CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent

113

Registered No.

No. Winthrop Community Hospital St. (If death occurred in a hospital or institution,
{ give its NAME instead of street and number)2 FULL NAME Robert Kaplan
(If deceased is a married, widowed or divorced woman, give also maiden name.){ PHYSICIAN - IMPORTANT
(Was deceased a ONE
U. S. War Veteran, ARMY
if so specify WAR)(a) Residence. No. 23 Mermaid Ave Winthrop Mass St.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death. years. months. 28 days. In place of residence. 20 years. months. days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH June 5 1957
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
October 19. 55 to June 5, 1957I last saw him alive on June 5, 1957, death is said to
have occurred on the date stated above, at 8:05 P.M.INTERVAL
BETWEEN
ONSET AND
DEATH

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Cancer of Pancreas

20 months

Due To
(b)Due To
(c)OTHER
SIGNIFICANT
CONDITIONS

None.

Was autopsy performed? No
What test confirmed diagnosis? Surgical and clinical5 Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) Charles Liberman, M. D.

(Address) Winthrop Mass Date June 5, 1957

6 Tifereth Israel Of Winthrop
Place of Burial or Cremation Everett Mass (City or Town)

DATE OF BURIAL June 7 1957

7 NAME OF FUNERAL DIRECTOR Henry Levine

ADDRESS 470 Harvard St Brookline Mass

Received and filed JUN 6 1957 19

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Male 9 COLOR White 10 SINGLE (write the word)
MARRIED WIDOWED Married
or DIVORCED10a If married, widowed, or divorced
HUSBAND of Eva 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 60 Years Months Days If under 24 hours
Hours Minutes13 Usual Occupation: Foreman
(Kind of work done during most of working life)

14 Industry or Business: Furniture Factory

15 Social Security No. 012-03-5053

16 BIRTHPLACE (City) Russia
(State or country)

17 NAME OF FATHER David Kaplan

18 BIRTHPLACE OF FATHER (City) Russia
(State or country)

19 MAIDEN NAME OF MOTHER Freda (Unknown)

20 BIRTHPLACE OF MOTHER (City) Russia
(State or country)21 Informant Eva Kaplan
(Address) 23 Mermaid Ave Winthrop Mass1 HEREBY CERTIFY that a satisfactory standard certificate of death
was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent or Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteenth, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or 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.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

9/21-17 Medford Mass
1-18-19
P. F. B.
Battalion Fr. 301- F. A.
1663223

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OR
CERTIFICATEgiving
OF DEATHot enter
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PLACE OF DEATH

1

Suffolk
(County)
Winthrop
(City or Town)

The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICSTo be filed for burial permit
with Board of Health
or its Agent.STANDARD
CERTIFICATE OF DEATH

Registered No. 114

No. 44 Willow Ave. St. (If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME Daniel A. Leary (If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT

(Was deceased a
U. S. War Veteran, U.W. 1
if so specify WAR)

(a) Residence. No. 44 Willow Ave Winthrop (If nonresident, give city or town and State)

Length of stay: In place of death 13 years months days. In place of residence 13 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH June 7 1957
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
December 4 1951 to June 7 1957

I last saw him alive on June 3 1957, death is said to

have occurred on the date stated above, at 7:45 P.M.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Hypertensive Heart Disease

INTERVAL
BETWEEN
ONSET AND
DEATH

4 yrs.

6 yrs.

6 yrs.

Due To (b) Hypertension

Due To (c) Generalized Arteriosclerosis

OTHER
SIGNIFICANT
CONDITIONS NoneWas autopsy performed? No
What test confirmed diagnosis? X-Rays & Electrocardiograms5 Was disease or injury in any way related to occupation of deceased?
If so, specify No

(Signed) John F. Collins, M. D.

(Address) 27 Bennington St., Date June 8 1957
Revere Mass.6 Winthrop Winthrop
Place of Burial or Cremation (City or Town)

DATE OF BURIAL June 11 1957

7 NAME OF FUNERAL DIRECTOR John E. Kelly
ADDRESS 286 Meridian St., E. B.

Received and filed JUN 19 1957 19

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Male 9 COLOR White 10 SINGLE (write the word)
MARRIED
WIDOWED Married
or DIVORCED10a If married, widowed, or divorced
HUSBAND of Frances M. Donahue
(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 9 Months 7 Days If under 24 hours
Hours Minutes13 Usual Occupation: Salesman
(Kind of work done during most of working life)

14 Industry or Business: Furniture

15 Social Security No. 028-09-4552

16 BIRTHPLACE (City) East Boston
(State or country) Mass.

17 NAME OF FATHER John Leary

18 BIRTHPLACE OF FATHER (City)
(State or country) Ireland

19 MAIDEN NAME OF MOTHER Hannah Murphy

20 BIRTHPLACE OF MOTHER (City)
(State or country) Ireland21 Informant Mrs. Frances M. Leary
(Address) 44 Willow Ave, WINTHROPI HEREBY CERTIFY that a satisfactory standard certificate of death
was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation) (Date of Issue of Permit) 6/10/57

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and four-~~ten~~ shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or 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 had no recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

November 2, 1917

DATE OF DISCHARGE

(Released Aug. 2, 1919) Discharged Sept. 30, 1921

RANK, RATING

Storekeeper 1c

ORGANIZATION AND OUTFIT

USNRF

SERVICE NUMBER

180-79-40

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.

115

No. Mount's Nursing Home(If death occurred in a hospital or institution,
St. {give its NAME instead of street and number})2 FULL NAME Archie Warren Chick

(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT

(Was deceased a
U. S. War Veteran,
if so specify WAR) NO.(a) Residence. No. 43 Grovers Avenue

(Usual place of abode)

St.

(If nonresident, give city or town and State)

Length of stay: In place of death 3 years 3 months 3 days. In place of residence 2 years 0 months 0 days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH June 12 1957
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from

Dec. 15, 1954 to June 12, 1957I last saw him alive on June 12, 1957, death is said tohave occurred on the date stated above, at 12:20 pm.INTERVAL
BETWEEN
ONSET AND
DEATH

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Congestive Cardiac Failure

1 day

Due To (b) Hypertensive Heart Disease

4 yrs.

Due To (c) Hypertension

7 yrs.

OTHER SIGNIFICANT CONDITIONS Arthritis & Paget's DiseaseWas autopsy performed? NoWhat test confirmed diagnosis? X-Rays & Electrocar-
diagram5 Was disease or injury in any way related to occupation of deceased?
If so, specify(Signed) John F. Collins, M. D.(Address) 27 Bennington Street Date June 14 1957
Revere 51, Mass.6 Woodlawn Cemetery Everett, Mass.
Place of Burial or Cremation (City or Town)DATE OF BURIAL June 15, 19577 NAME OF FUNERAL DIRECTOR Alfred B. MarshADDRESS 174 Winthrop St., Winthrop, Mass.

Received and filed

19

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX

9 COLOR

10 SINGLE (write the word)
MARRIED
WIDOWED married
or DIVORCEDmalewhite

10a If married, widowed, or divorced

HUSBAND of Frances Aldana Norton
(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 3 Months 27 DaysIf under 24 hours
— Hours — Minutes

13 Usual

Occupation: retired Grocer
(Kind of work done during most of working life)

14 Industry

or Business: wholesale Fruit and Produce15 Social Security No. 011-09-324116 BIRTHPLACE (City) Somerville
(State or country) Mass.

17 NAME OF

FATHER Horace Wilmot

18 BIRTHPLACE OF

FATHER (City) Kennebunk
(State or country) Maine

19 MAIDEN NAME

OF MOTHER Mary Burgess

20 BIRTHPLACE OF

MOTHER (City) Wayne
(State or country) Maine

21

Informant Mrs. Archie W. Chick
(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) 6/14/57

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or 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

CTIONS
OR
CERTIFICATEiving
F DEATHenter
an one
or each
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of dying,
art failure,
c. It means
or compli-
which causeds, if any,
ve rise to
ause (a),
he under-
use last.ons contrib-
death but not
the terminal
dition givenChapter 137,
954, requires
s to print or
e cause or
f death on
rtificates.

100M-11-95 916145

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. 116

PLACE OF DEATH

Suffolk
(County)Wintthrop
(City or Town)

No. 815 Shirley St.

St. (If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME. MICHAEL DELLO RUSSO

(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT

(Was deceased a
U. S. War Veteran, Wounded War
if so specify WAR) one

(a) Residence. No. 815 Shirley St. Wintthrop St.

(If nonresident, give city or town and State)

Length of stay: In place of death. years. months. days. In place of residence 2 years. months. days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH June 12 1957
(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 8 A.M. m.

INTERVAL
BETWEEN
ONSET AND
DEATH

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Natural Causes

Due To (b) Presumably Coronary Occlusion hours

Due To (c) Arteriosclerotic Heart Disease years

OTHER
SIGNIFICANT
CONDITIONSWas 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) Arthur C. Murray, M. D.
Wintthrop Board of Health Date June 12 19576 Holy Cross Cemetery Malden
Place of Burial or Cremation (City or Town)

DATE OF BURIAL June 18 1957

7 NAME OF FUNERAL DIRECTOR Giovanni's Funeral Home
ADDRESS 215 North St. Boston JUN 14 1957

Received and filed JUN 14 1957

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Male 9 COLOR 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 66 Years Months Days If under 24 hours
Hours Minutes13 Usual Occupation Plumber PIPEFITTER
(Kind of work done during most of working life)

14 Industry or Business Plumber GOVERNMENT

15 Social Security No. 010-14-2139

16 BIRTHPLACE (City) Boston
(State or country) Mass. America

17 NAME OF FATHER Generoso Dello Russo

18 BIRTHPLACE OF FATHER (City) Italy
(State or country)

19 MAIDEN NAME OF MOTHER Amelia Potito

20 BIRTHPLACE OF MOTHER (City) Italy
(State or country)21 Informant Mary Dello Russo (Sister)
(Address) 815 Shirley St. WintthropI HEREBY CERTIFY that a satisfactory standard certificate of death
was filed with me BEFORE the burial or transit permit was issued:Harold C. Scrimmager
(Signature of Agent of Board of Health or other)Health Officer 6/14/57
(Official Designation) (Date of Issue of Permit)

V.B.V.

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourty-n, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "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

JUNE 1, 1917

JUNE 5, 1931

Shipfitter 1c (Provisional)

U.S. Naval Reserve Force

130-59-11

WRITE PLAINLY, WITH UNFADING BLACK INK - THIS IS A PERMANENT RECORD

1 R-302

Copies of returns of deaths which occurred in your city or town in case the deceased resided in another city or town at the time of death should be transmitted on Form R-302 to the clerk of the city or town in which the deceased resided as soon as possible, after the close of the month in which the death occurred. (See Chap. 46, Sec. 12, G. L.)

25M-8-56-918227

1 PLACE OF DEATH

Suffolk
(County)

Boston
(City or Town)



The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

Boston

(City or Town making this return)

COPY OF
CERTIFICATE OF DEATH

Registered No. 5701

No. Children's Hospt.

St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Baby Girl Videau
(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. 345 Winthrop St.
(Usual place of abode)

Winthrop Mass.

(If nonresident, give city or town and State)

Length of stay: In place of death years months 2 days. In place of residence years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH June 14/57
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from June 12 19 57 to June 14 19 57
I last saw him alive on June 14 19 57 death is said to have occurred on the date stated above, at 3:55 PM m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Cardiac failure

INTERVAL BETWEEN ONSET AND DEATH 6 hrs

Due To Erythroblastosis fetalis
(b) hydrops

2 Days

Due To
(c)

OTHER SIGNIFICANT CONDITIONS

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) Sue Buckingham, M. D.
(Address) 300 Longwood Ave. Date 6-14-57

6 Place of Burial or Cremation Winthrop Cem-Winthrop Mass.
(City or Town)

DATE OF BURIAL June 18/57 19

7 NAME OF FUNERAL DIRECTOR Ernest P Caggiano
ADDRESS Winthrop Mass.

Received and filed JUN 28 1957 19

(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX F 9 COLOR W 10 SINGLE (write the word) MARRIED Single WIDOWED or DIVORCED

10a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE Years Months 2 Days If under 24 hours Hours Minutes

13 Usual Occupation: (Kind of work done during most of working life)

14 Industry or Business:

15 Social Security No.

16 BIRTHPLACE (City) Winthrop Mass.
(State or country)

17 NAME OF FATHER Pierre Videau

18 BIRTHPLACE OF FATHER (City) Paris France
(State or country)

19 MAIDEN NAME OF MOTHER Paulette Sansoci

20 BIRTHPLACE OF MOTHER (City) Woonsocket R.I.
(State or country)

21 Informant (Address) Pierre Videau 345 Winthrop St. Winthrop Mass.

A TRUE COPY Charles H. Mack

ATTEST: (Registrar of City or Town where death occurred)

June 20/57

DATE FILED 19

RECEIVED



JUN 28 1957 AM

R-301A

CTIONS
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CERTIFICATEving
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the terminal
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54, requires
to print or
cause or
death on
ificates.DiTomb
3-30-81 7573

PLACE OF DEATH

1

Suffolk
(County)
Winthrop
(City or Town)

The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICSDep #47
Book #1To be filed for burial permit
with Board of Health
or its Agent.

STANDARD

CERTIFICATE OF DEATH

Registered No. 118

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. 155 Chestnut

(Usual place of abode)

St. Chelsea

(If nonresident, give city or town and State)

Length of stay: In place of death _____ years _____ months _____ days. In place of residence _____ years _____ months _____ days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF

DEATH

June

18

1957

(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 2:22 A. m.

INTERVAL
BETWEEN
ONSET AND
DEATH

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) still born

Due To

(b)

Pro lapse of cord

Due To

(c)

Premature separation
of PlacentaOTHER
SIGNIFICANT
CONDITIONS

1 hr. RTA

Was autopsy performed?

What test confirmed diagnosis?

5 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) A. J. McCarthy

M. D.

(Address) 155 Chestnut

Dad June 18 1957

6

Place of Burial or Cremation

DATE OF BURIAL

678 Broadway

(City or Town)

Chelsea

Mass

June 17 1957

7 NAME OF

FUNERAL DIRECTOR

ADDRESS

678 Broadway, Chelsea, Mass

Received and filed

JUN 18 1957

19

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX

9 COLOR

10 SINGLE (write the word)

MARRIED

WIDOWED

or DIVORCED

Male

White

Single

10a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

11 IF STILLBORN, enter that fact here

12

AGE

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)

1 I HEREBY CERTIFY that a satisfactory standard certificate of death
was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

7/18/57

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or 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 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. 474, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had 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. 49 Waldemar Ave.

2 FULL NAME Mary Flora (Gorman) Benson

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 49 Waldemar Ave.
(Usual place of abode)St. (If death occurred in a hospital or institution,
give its NAME instead of street and number)

Registered No.

PHYSICIAN — IMPORTANT

(Was deceased a
U. S. War Veteran,
if so specify WAR)

Length of stay: In place of death 50 years months days. In place of residence 50 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH JUNE 19 1957
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
DEC 16, 1954, to JUNE 19, 1957

I last saw her alive on JUNE 17, 1957 death is said to

have occurred on the date stated above, at 7:40 A.M.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) NEPHROSCLEROSIS

INTERVAL
BETWEEN
ONSET AND
DEATH

2 1/2 YRS

Due To (b) B-GENERAL ARTERIOSCLEROSIS
and ARTERIO-SCLEROTIC HEART

5 YRS

(c) DISEASE and
HYPERTENSIVE HEART DIS.

5 YRS

OTHER
SIGNIFICANT
CONDITIONS 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) Thyrion H. King M. D.

(Address) 222 Pleasant St. Date 6/19/57

6 Woodlawn Everett
Place of Burial or Cremation (City or Town)

DATE OF BURIAL June 21 1957

7 NAME OF FUNERAL DIRECTOR Edward S. Prunicki

ADDRESS Winthrop, Mass.

Received and filed JUN 20 1957 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.

119

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Female 9 COLOR 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 Edgar N Benson

(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 87 Years 1 Months 8 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 James Gorman

18 BIRTHPLACE OF FATHER (City) Ireland
(State or country)

19 MAIDEN NAME OF MOTHER Rose Campbell

20 BIRTHPLACE OF MOTHER (City) Boston
(State or country) Mass.21 Informant Florence Gincerich
(Address) 49 Waldemar Ave.I HEREBY CERTIFY that a satisfactory standard certificate of death
was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit) 6/20/57

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

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RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

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Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

1 R-302

Copies of returns of deaths which occurred in your city or town in case the deceased resided in another city or town at the time of death should be transmitted on Form R-302 to the clerk of the city or town in which the deceased resided as soon as possible, after the close of the month in which the death occurred. (See Chap. 46, Sec. 12, G. L.)

25M-B-56-918227

PLACE OF DEATH

Suffolk

(County)

Boston

(City or Town)



The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

Boston

(City or Town making this return)

COPY OF

CERTIFICATE OF DEATH

Registered No. 5933

No. Mass. General Hospt.

St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Effie Lowe
(If deceased is a married, widowed or divorced woman, give also maiden name.)(a) Residence. No. 47 Seaview Ave. Winthrop Mass.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death.....years.....months.....5 days. In place of residence 40 years.....months.....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH June 21/57
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from June 16 19 57 to June 21 19 57
I last saw him alive on June 21 19 57 death is said to have occurred on the date stated above, at 12:10PM m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Cerebral thrombosis

INTERVAL
BETWEEN
ONSET AND
DEATH

2 1/2 Days

Due To
(b)Due To
(c)

OTHER SIGNIFICANT CONDITIONS Volvulus small intestine with gangrene

5 Days

Was autopsy performed? None
What test confirmed diagnosis? clinical5 Was disease or injury in any way related to occupation of deceased?
If so, specify(Signed) C L Clay, M. D.
(Address) Mass. General Hospt6 Place of Burial or Cremation Winthrop Cem-Winthrop Mass.
(City or Town)

DATE OF BURIAL June 24/57 19

7 NAME OF FUNERAL DIRECTOR H S Reynolds
ADDRESS Winthrop Mass.

Received and filed JUL 3 1957 19

(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX F 9 COLOR W 10 SINGLE (write the word) MARRIED Married
WIDOWED or DIVORCED10a If married, widowed, or divorced HUSBAND of
(Give maiden name of wife in full)(or) WIFE of Lloyd A Lowe
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 72 years 8 months 8 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) Kentville N.S.
(State or country)

17 NAME OF FATHER Edward Mosher

18 BIRTHPLACE OF FATHER (City) Kentville N.S.
(State or country)

19 MAIDEN NAME OF MOTHER -- Unable to learn

20 BIRTHPLACE OF MOTHER (City) Nova Scotia
(State or country)21 Informant L A Lowe Husband
(Address)A TRUE COPY Charles H. Mack
ATTEST: (Registrar of City or Town where death occurred)

DATE FILED June 27/57 19

RECEIVED



JUL - 3 1957 AM

WRITE PLAINLY, WITH UNFADING BLACK INK - THIS IS A PERMANENT RECORD

R-302

Copies of returns of deaths which occurred in your city or town in case the deceased resided in another city or town at the time of death should be transmitted on Form R-302 to the clerk of the city or town in which the deceased resided as soon as possible, after the close of the month in which the death occurred. (See Chap. 46, Sec. 12, G. L.)

25N-8-56-91827

1 PLACE OF DEATH

The Commonwealth of Massachusetts
EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

Suffolk
(County)

Boston
(City or Town)

Jewish Memorial Hospt.

COPY OF
CERTIFICATE OF DEATH

Boston
(City or Town making this return)

121
5888

Registered No.

No. St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME. Louis Freedman
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 39 Nevada St.
(Usual place of abode) St. Winthrop Mass.
(If nonresident, give city or town and State)

Length of stay: In place of death. 7 years. 7 months. days. In place of residence. 30 years. months. days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH June 23/57
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from April 1, 19 57 to June 23, 19 57
I last saw him alive on June 23, 19 57, death is said to have occurred on the date stated above, at 7 AM m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE
(a) Cardiac arrest

Due To (b) Arterio sclerotic heart disease
Few Days

Due To (c) Pulmonary emphysema, chronic bronchitis

OTHER SIGNIFICANT CONDITIONS Universal arterio sclerosis

Was autopsy performed? ..
What test confirmed diagnosis? ..

5 Was disease or injury in any way related to occupation of deceased? ..
If so, specify ..

(Signed) Ta'nos Ta'rai, M. D.
(Address) Jewish Mem. Hospt 6-23, 19 57
Ham in Hand West Roxbury Mass.

6 Place of Burial or Cremation June 24/57
(City or Town)

DATE OF BURIAL June 24/57

7 NAME OF FUNERAL DIRECTOR B F Solomon
ADDRESS Brookline Mass.

Received and filed JUL 3 1957

(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX M	9 COLOR W	10 SINGLE (write the word) MARRIED WIDOWED Married or DIVORCED
------------	--------------	---

10a If married, widowed, or divorced
HUSBAND of Bertha Levy
(Give maiden name of wife in full)

(or) WIFE of ..
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 72 years. Months. Days
If under 24 hours Hours. Minutes

13 Usual Occupation: Plumber Retired
(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 Judah Freedman

18 BIRTHPLACE OF FATHER (City) England
(State or country)

19 MAIDEN NAME OF MOTHER Sarah S

20 BIRTHPLACE OF MOTHER (City) England
(State or country)

21 Informant (Address) Henry Freedman
39 Nevada St. Winthrop

A TRUE COPY Charles H. Mack

ATTEST: ..
(Registrar of City or Town where death occurred)

DATE FILED June 26/57

RECEIVED



JUL - 31 1957 AM

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.

STANDARD

CERTIFICATE OF DEATH

Registered No.

122

No. Winthrop Community Hospital

(If death occurred in a hospital or institution,
St. [give its NAME instead of street and number])

2 FULL NAME Albert William Noll

(If deceased 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. 56 Enfield Road

(Usual place of abode)

St. New York City

(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 JUNE 25 1957
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
JUNE 17, 1957 to JUNE 25, 1957

I last saw him alive on JUNE 25, 1957, death is said to

have occurred on the date stated above, at 8 A. m.

INTERVAL
BETWEEN
ONSET AND
DEATH

1 YR.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) ARTERIO-SCLEROTIC HEART
DISEASE WITH FAILUREDue To (b) LYMPH EDEMA - RT LOWER
EXTREMITY CAUSE UNDETERMINED

Due To (c)

OTHER SIGNIFICANT CONDITIONS GASTRO-INTESTINAL
BLEEDING CAUSE UNDETER. 2 DAYS

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) Myron H. King, M. D.

(Address) 222 PLEASANT ST, WINTHROP, MASS. Date JUNE 25 1957

Cremation Mt. Auburn Cemetery, Cambridge
Place of Burial or Cremation (City or Town)

DATE OF BURIAL June 29 1957

7 NAME OF FUNERAL DIRECTOR Alfred B. Marsh

ADDRESS 174 Winthrop St. Winthrop, Mass.

Received and filed JUN 28 1957

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX male 9 COLOR 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 91 Years 7 Months 1 Days If under 24 hours
Hours Minutes13 Usual Occupation: retired statistical work
(Kind of work done during most of working life)

14 Industry or Business Plumbing & Heating Journal

15 Social Security No. 120-12-2109

16 BIRTHPLACE (City) Boston
(State or country) Mass.

17 NAME OF FATHER Henry Noll

18 BIRTHPLACE OF FATHER (City) Germany
(State or country)

19 MAIDEN NAME OF MOTHER Christine Damm

20 BIRTHPLACE OF MOTHER (City) Germany
(State or country)21 Informant Miss. Marion Shorley
(Address) 56 Enfield Rd. WinthropI HEREBY CERTIFY that a satisfactory standard certificate of death
was filed with me BEFORE the burial or transit permit was issued:(Signature of Agent of Board of Health or other)
Health Officer 6/28/57
(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 and had no recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had 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
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CERTIFICATEiving
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ificates.

100M-11-35-916145

PLACE OF DEATH

1

2 FULL NAME

(a) Residence. No.

(Usual place of abode)

Length of stay: In place of death years months days. In place of residence years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH June 27 1957
(Month) (Day) (Year)4 I HEREBY CERTIFY That I attended deceased from Jan 1952 to June 27 1957
I last saw him alive on June 26 1957, death is said to have occurred on the date stated above, at 1300 m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Cerebral hemorrhage

Due To Cardio-renal disease

Due To

OTHER SIGNIFICANT CONDITIONS

Was autopsy performed? No
What test confirmed diagnosis? Clinical 5/9/575 Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) M. J. Greenfield, M. D.

(Address) Chicago Date 6-27-57

6 Church of the Holy Spirit
Place of Burial or Cremation (City or Town)

DATE OF BURIAL June 28 1957

7 NAME OF FUNERAL DIRECTOR J. J. Greenfield
ADDRESS Chicago

Received and filed JUN 28 1957

(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. 123

No. Mount Pleasant Home Inc. St. { (If death occurred in a hospital or institution,
(If deceased is a married, widowed or divorced woman, give also maiden name.) { give its NAME instead of street and number)PHYSICIAN - IMPORTANT
(Was deceased a U. S. War Veteran, if so specify WAR) NoSt. Chicago
(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Male 9 COLOR White 10 SINGLE (write the word)
MARRIED Widowed or DIVORCED10a If married, widowed, or divorced
HUSBAND of Sarah Dolink
(Give maiden name of wife in full)(or) WIFE of
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 90 Years Months Days
If under 24 hours Hours Minutes13 Usual Occupation: Dealer
(Kind of work done during most of working life)

14 Industry or Business: Waste Materials

15 Social Security No. none

16 BIRTHPLACE (City) Russia
(State or country)

17 NAME OF FATHER Philip Peretz

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 Gold Proctor
(Address) 892 Francis St. Detroit

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Walter C. Lickmann
(Signature of Agent of Board of Health or other)Health Officer 6/28/57
(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

1 R-302

Copies of returns of deaths which occurred in your city or town in case the deceased resided in another city or town at the time of death should be transmitted on Form R-302 to the clerk of the city or town in which the deceased resided as soon as possible, after the close of the month in which the death occurred. (See Chap. 46, Sec. 12, G. L.)

25M-6-56-918227

PLACE OF DEATH

Essex

(County)

Danvers

(City or Town)



The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH

DIVISION OF VITAL STATISTICS

Danvers

(City or Town making this return)

COPY OF

CERTIFICATE OF DEATH

Registered No. 124

No. Danvers State Hospital

St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME FLOYD, Mary E. (Mary E. Wells)
(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. 114 Winthrop Street, Winthrop, Mass.
(Usual place of abode)

(If nonresident, give city or town and State)

Length of stay: In place of death 8 years 10 months 28 days. In place of residence years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH June 3 1957
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from April 10, 1950, to June 3, 1957
I last saw him alive on June 3, 1957, death is said to have occurred on the date stated above, at 3:00 p.m.INTERVAL
BETWEEN
ONSET AND
DEATH
Years

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Myelogenous Leukemia

Due To
(b)Due To
(c)

OTHER SIGNIFICANT CONDITIONS Generalized Arteriosclerosis Years

Was autopsy performed? Yes
What test confirmed diagnosis? Autopsy5 Was disease or injury in any way related to occupation of deceased?
If so, specify(Signed) Andrew Nichols III, M. D.
(Address) Hathorne, Mass. Date 6/3/57 196 Winthrop Cemetery, Winthrop, Mass.
Place of Burial or Cremation (City or Town)

DATE OF BURIAL June 5, 1957

7 NAME OF FUNERAL DIRECTOR Howard S. Reynolds
ADDRESS Winthrop, Mass

Received and filed JUL 17 1957 19

(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Female 9 COLOR 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 Archie C. Floyd
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 83 Years 5 Months 12 Days If under 24 hours Hours Minutes

13 Usual Occupation: Housewife
(Kind of work done during most of working life)

14 Industry or Business:

15 Social Security No. Unknown

16 BIRTHPLACE (City) Springfield
(State or country) Mass.

17 NAME OF FATHER Arthur Wells

18 BIRTHPLACE OF FATHER (City) Unknown
(State or country) Mass.

19 MAIDEN NAME OF MOTHER Emma Pease

20 BIRTHPLACE OF MOTHER (City) Unknown
(State or country) Mass.21 Informant: Mary E. Sheehan
(Address) Hathorne, Mass.

A TRUE COPY

ATTEST: (Registrar of City or Town where death occurred)

DATE FILED June 12, 1957

RECEIVED



JUL 17 1957

CERTIFICATE OF DEATH

STATE OF NEW HAMPSHIRE

TOWN OR CITY 172 125
CLERK'S NO

BIRTH NO 128-

(Do not write in this space)

STATE FILE NO.

DATE OF DEATH <u>73.57</u>	1. NAME OF DECEASED (Type or Print) James Martin Powers			2. DATE OF DEATH June 23, 1957	
AGE OF DEATH <u>8-18</u>	3. PLACE OF DEATH a. COUNTY Rockingham			4. USUAL RESIDENCE a. STATE Mass. b. COUNTY Suffolk	
INSTITUTION <u>9</u>	b. CITY OR TOWN Kingston c. LENGTH OF STAY (in this place) 5hrs			c. CITY OR TOWN Winthrop (Give actual town of residence, NOT mailing address).	
RESIDENCE <u>X20</u>	d. FULL NAME OF HOSPITAL OR INSTITUTION New Hampshire State Park			d. STREET ADDRESS (If rural, give location) 249 Shore Drive	
SEX <u>1</u>	5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Dec. 11, 1908	9. AGE (In years last birthday) 53 If under 1 year: Months 53 Days 53 Hours 53 Min.
SC <u>1</u>	10a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired) Book-keeper			10b. KIND OF BUSINESS OR INDUSTRY 1st National Bank	
DATE OF BIRTH <u>53</u>	11. BIRTHPLACE (State or foreign country) Jamaica Plain, Mass.			12. CITIZEN OF WHAT COUNTRY? U.S.A.	
AGE <u>53</u>	13. FATHER'S NAME Joseph P. Powers			14. MOTHER'S MAIDEN NAME Georgia Miller	
OCCUPATION <u>20</u>	15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No			16. SOCIAL SECURITY NO. 020-14-4350	
CITIZENSHIP <u>1</u>	17. INFORMANT Mrs. James M. Powers			18. MEDICAL CERTIFICATION	
VETERAN <u>2</u>	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) DUE TO Coronary occlusion (b) DUE TO Arteriosclerotic cardiac (c) DUE TO Arteriosclerosis general			INTERVAL BETWEEN ONSET AND DEATH	
CAUSE OF DEATH <u>4200</u>	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing it.			20. AUTOPSY? YES ☐ NO ☒	
DIAGNOSIS <u>172</u>	19a. DATE OF OPERATION			19b. MAJOR FINDINGS OF OPERATION	
	21a. ACCIDENT (Specify) SUICIDE		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) (Min) 5.30 p.m.		21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐		21f. HOW DID INJURY OCCUR?
	22. I hereby certify that I attended the deceased from Never , 19... to Never , 19..., that I last saw the deceased alive on Never , 19..., and that death occurred at 5.30 p.m. , from the causes and on the date stated above.				
	23a. SIGNATURE W.P. Clare MED. Referee			23b. ADDRESS Portsmouth, N.H.	
	23c. DATE SIGNED June 23-57				
	24a. BURIAL, CREMATION, ENTOMBMENT, REMOVAL (Specify) Burial		24b. DATE June 27-57		24c. NAME OF CEMETERY OR CREMATORY Winthrop Cem.
	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 Alfred B. Marsh		ADDRESS 174 Winthrop St, Winthrop, Mass		COUNTERSIGNED - AGENT (City Bd. of Health) DATE
	DATE REC'D BY TOWN OR CITY CLERK June, 24, 1957		CLERK'S OWN SIGNATURE L. Evelyn Bake		CLERK OF Kingston
	A true copy, Attest: L. Evelyn Bake Clerk of Kingston Dated June 26, 1957				

RECEIVED



JUL 29 1957 AM

WRITE PLAINLY, WITH UNFADING INK. THIS IS A PERMANENT RECORD
Copies of returns of deaths which occurred in your city or town in case the deceased resided in another city or town at the time of death should be transmitted on Form R-302 to the clerk of the city or town in which the deceased resided as soon as possible, after the close of the month in which the death occurred. (See Chap. 46, Sec. 12, (i. l.))

1 R-302

25M-6-56-918227

PLACE OF DEATH

Suffolk

(County)

Boston

(City or Town)



The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH

DIVISION OF VITAL STATISTICS

Boston

(City or Town making this return)

COPY OF

CERTIFICATE OF DEATH

Registered No.

5964

126

Osteopathic Hospt So. Huntington Ave.

No.

death occurred in a hospital or institution,
St. (give its NAME instead of street and number)

Laura McLean

2 FULL NAME

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(Was deceased a
U. S. War Veteran,
if so specify WAR)

(a) Residence, No.

(Usual place of abode)

89 Circuit Road

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 1 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF
DEATH

(Month)

June 24/57

(Day)

(Year)

4 I HEREBY CERTIFY, That I attended deceased from

Oct.

19

54

to

June 24

19

57

I last saw her alive on June 24 19 57, death is said to

have occurred on the date stated above, at 11:35A m.

INTERVAL
BETWEEN
ONSET AND
DEATH

12 Hrs

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Acute coronary occlusion

Due To Coronary heart disease

(b)

10 Yrs

Due To

(c)

OTHER
SIGNIFICANT
CONDITIONS

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)

S K Partridge

M. D.

(Address)

Malden Mass.

Date

6-24 19 57

6

Place of Burial or Cremation

(City or Town)

Glenwood Cem-Everett Mass.

DATE OF BURIAL

June 27/57

19

7 NAME OF

FUNERAL DIRECTOR

H S Reynolds

ADDRESS

Winthrop Mass.

Received and filed

19

(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX

F

9 COLOR

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

Alpine F McLean

(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12

AGE 72 Years 7 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

Own Home

15 Social Security No.

None

16 BIRTHPLACE (City)

(State or country)

Revere Mass.

17 NAME OF

FATHER

Herbert West

18 BIRTHPLACE OF

FATHER (City)

(State or country)

19 MAIDEN NAME

OF MOTHER

Anna Bradley

20 BIRTHPLACE OF

MOTHER (City)

(State or country)

21

Informant

(Address)

Hazel McClean Chase

A TRUE COPY

ATTEST

(Registrar of City or Town where death occurred)

DATE FILED

June 28/57

19

RECEIVED



JUL 12 1957 AM

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.STANDARD
CERTIFICATE OF DEATH

Registered No. 127

No. Winthrop Community Hospital

(If death occurred in a hospital or institution,
give its NAME instead of street and number)2 FULL NAME Frederick E. Cotter
(If deceased 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. 125 Endicott Ave Revere
(Usual place of abode)

(If nonresident, give city or town and State)

Revere, Mass

Length of stay: In place of death years months 1 days. In place of residence 4 years 2 months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH July 3 1957
(Month) (Day) (Year)4 I HEREBY CERTIFY. That I attended deceased from
July 3, 1957, to July 3, 1957
I last saw him alive on July 3, 1957, death is said to
have occurred on the date stated above, at 10:30 p.m.INTERVAL
BETWEEN
ONSET AND
DEATH

1 day

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Acute Pulmonary Edema

Due To (b) Ventricular Heart Failure

3 1/2 hr

Due To (c) Chronic Myocarditis

5 yrs

OTHER
SIGNIFICANT
CONDITIONS

Was autopsy performed? no

What test confirmed diagnosis? Cholesterol & Hbogram

5 Was disease or injury in any way related to occupation of deceased? no
If so, specify

(Signed) James E. Sch. M. D.

(Address) 78 Benning St. Date 9/6/57 1957

6 Holy Cross Malden Mass
Place of Burial or Cremation (City or Town)

DATE OF BURIAL July 6 1957

7 NAME OF FUNERAL DIRECTOR Arthur J. O'Maley
ADDRESS Winthrop, Mass

Received and filed JUL 5 1957

19

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX male 9 COLOR White 10 SINGLE (write the word)
MARRIED
WIDOWED
OR DIVORCED Widowed10a If married, widowed, or divorced
HUSBAND of Mary White (Deceased)
(Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 80 Years Months Days If under 24 hours
11 Hours 30 Minutes13 Usual Occupation: Fisherman Retired
(Kind of work done during most of working life)

14 Industry or Business: Fishing

15 Social Security No.

16 BIRTHPLACE (City) Newfoundland
(State or country)

17 NAME OF FATHER Thomas Cotter

18 BIRTHPLACE OF FATHER (City) St John's
(State or country) Newfoundland

19 MAIDEN NAME OF MOTHER Mary J. White nee Sandys

20 BIRTHPLACE OF MOTHER (City) Newfoundland
(State or country)21 Informant Mrs Adelaide Crowell
(Address) 92 Plummer 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 7/5/57
(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. 36, G. L. (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have had recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had 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.

Suffolk
(County)

Winthrop
(City or Town)

STANDARD CERTIFICATE OF DEATH

Registered No. 128

No. ~~104 Highland Ave., Winthrop~~ ^{Mount's Cemetery Home}

{(If death occurred in a hospital or institution,
St. {give its NAME instead of street and number)

2 FULL NAME Margaret Thompson
(If deceased is a married, widowed or divorced woman, give also maiden name.)

{ **PHYSICIAN — IMPORTANT**
(Was deceased a
U. S. War Veteran, **No**
if so specify WAR)

(a) Residence. No. 155 Bartlett Road, Winthrop St.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death 1 years 0 months 0 days. In place of residence 8 years 0 months 0 days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH July 5 1957
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from
July 5, 1957, to July 5, 1957

I last saw him alive on July 5, 1957, death is said to
have occurred on the date stated above, at 9 A. m.

INTERVAL
BETWEEN
ONSET AND
DEATH

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Natural Causes

Due To (b) Generalized

Due To (c) Arteriosclerosis years

OTHER
SIGNIFICANT
CONDITIONS

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

(Signature) Richard C. Kirby M. D.

(Address) Winthrop Board of Health Date 5 July 1957

6 Holy Cross Cemetery, Malden
Place of Burial or Cremation (City or Town)

DATE OF BURIAL July 8, 1957 19 57

7 NAME OF FUNERAL DIRECTOR Richard C. Kirby
ADDRESS 917 Bennington St., E. Boston

Received and filed JUL 5 1957 19

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX F 9 COLOR 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 102 Years 9 Months 17 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) Spaniards Bay
(State or country) Newfoundland

17 NAME OF FATHER William Thompson

18 BIRTHPLACE OF FATHER (City) Harbor Grace
(State or country) Newfoundland

19 MAIDEN NAME OF MOTHER Catherine Dunn

20 BIRTHPLACE OF MOTHER (City) Harbor Grace
(State or country) Newfoundland

21 Informant Mrs. Agnes Nicosia -neice
(Address) 155 Bartlett Rd., Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death
was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation) Health Officer (Date of Issue of Permit) 7/5/57

50M-11-56-918978

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "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.

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RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had 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. **129**

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 Gambardella**
(If deceased 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. **465 Sumner Street** 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 **July 6 1957**
(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.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) **(Stillborn) STILLBORN**

**INTERVAL
BETWEEN
ONSET AND
DEATH**

Due To
(b)

Due To
(c)

**OTHER
SIGNIFICANT
CONDITIONS**

Was autopsy performed?

What test confirmed diagnosis?

5 Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) **Marion C. Salva**, M. D.

(Address) **241 Munroe St. Boston** Date **July 6 1957**

6 **Holy Cross Cemetery Malden**

Place of Burial or Cremation (City or Town)

DATE OF BURIAL **July 9, 1957**

7 NAME OF FUNERAL DIRECTOR **Anthony P. Rapino**
9 Chelsea St., East Boston, Mass.
ADDRESS

Received and filed **JUL 9 1957** 19

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX **M** 9 COLOR **W** 10 SINGLE (write the word)
MARRIED **single**
WIDOWED
or DIVORCED

10a If married, widowed, or divorced
HUSBAND of (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

11 IF STILLBORN, enter that fact here. **Stillborn**

12 AGE Years Months Days If under 24 hours
Hours Minutes

13 Usual Occupation: **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 **Domenic Gambardella**

18 BIRTHPLACE OF FATHER (City) **Boston, Mass.**
(State or country)

19 MAIDEN NAME OF MOTHER **Lucille Dragon**

20 BIRTHPLACE OF MOTHER (City) **New Orleans, La.**
(State or country)

21 **Domenic Gambardella, Father**
Informant (Address) **465 Sumner St., East Boston, Mass.**

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Ralph C. Perreault
(Signature of Agent of Board of Health or other
Health Officer) **7/6/57**
(Date of Issue of Permit)

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. . . General Laws, Chap. 38, Sec. 6, as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.

Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate, and certify to all deaths supposably due to injury. They include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had 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)Winthrop
(City or Town)

No. Cor. Underhill and Shirley Sts.

(If death occurred in a hospital or institution,
St. [give its NAME instead of street and number])

2 FULL NAME Ernest Linwood Johnson

(If deceased 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. 500 Shirley

(Usual place of abode)

St.

(If nonresident, give city or town and State)

Length of stay: In place of death years months 0 days. In place of residence 31 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH July 6 1957
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
Dec 54, to June 24, 1957I last saw him alive on June 24, 1957, death is said to
have occurred on the date stated above, at 11:10 P.M.INTERVAL
BETWEEN
ONSET AND
DEATH

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Cerebro vascular accident

Due To (b) arterial hypertension
hypertensive heart diseaseDue To
(c)OTHER
SIGNIFICANT
CONDITIONS

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 NO

(Signed) H. Greenfield, M. D.

(Address) 447 Shirley St. Winthrop, Mass. Date July 7 1957

6 Calias Cemetery, Calias, Maine
Place of Burial or Cremation (City or Town)

DATE OF BURIAL July 10, 1957

7 NAME OF FUNERAL DIRECTOR Alfred B. Marsh

ADDRESS 174 Winthrop St. Winthrop, Mass.

Received and filed JUL 8 1957

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX

9 COLOR

10 SINGLE (write the word)

male

white

MARRIED
WIDOWED
or DIVORCED married

10a If married, widowed, or divorced

HUSBAND of Lillian Murdock
(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 6 Months 11 Days

If under 24 hours
Hours Minutes13 Usual Occupation: retired house painter
(Kind of work done during most of working life)

14 Industry or Business: self employed

15 Social Security No. none

16 BIRTHPLACE (City) Calias, Maine
(State or country)

17 NAME OF FATHER George Johnson

18 BIRTHPLACE OF FATHER (City) Canada
(State or country)

19 MAIDEN NAME OF MOTHER Nellie Spinney

20 BIRTHPLACE OF MOTHER (City) Canada
(State or country)21 Informant Mrs. Ernest L. Johnson
(Address) 500 Shirley St. WinthropI HEREBY CERTIFY that a satisfactory standard certificate of death
was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

Health Officer 7/8/57
(Official Designation) (Date of Issue of Permit)

50M-5-36-917373

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen 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

1

PLACE OF DEATH

Suffolk

(County)

Boston

(City or Town)

No. Lemuel Shattuck Hospt Boston

2 FULL NAME

Helen E Whaland

(If deceased is a married, widowed or divorced woman, give also maiden name.)

110 Hermon 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.....2.....years.....months.....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH

July 8/57

(Month)

(Day)

(Year)

4 I HEREBY CERTIFY, That I attended deceased from

June 3, 19

57, to

July 8, 19

57

I last saw her alive on July 8, 1957, death is said to

have occurred on the date stated above, at 5 PM m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Pelvic peritonitis

INTERVAL
BETWEEN
ONSET AND
DEATH

25 Days

Due To Post operative fecal fistula
(b)Due To Recurrent carcinoma rectum
(c)

OTHER SIGNIFICANT CONDITIONS Post operative carcinoma of rectum, recurrent

Was autopsy performed?

What test confirmed diagnosis? No

5 Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Philip H Walker M. D.

(Address) Lemuel Shattuck Hospt 7-8 1957

St Joseph's Boston Mass.

6 Place of Burial or Cremation (City or Town)

DATE OF BURIAL July 11/57 19

7 NAME OF FUNERAL DIRECTOR J C Kelly
East Boston Mass.

ADDRESS AUG 9 1957

Received and filed.....19

(Registrar of City or Town where deceased resided)

The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

(City or Town where this return)

COPY OF
CERTIFICATE OF DEATH

Registered No.

6461 131

{(If death occurred in a hospital or institution, give its NAME instead of street and number)}

{(Was deceased a U. S. War Veteran, if so specify WAR)}

PERSONAL AND STATISTICAL PARTICULARS

8 SEX

F

9 COLOR

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)

Philip P Whaland

(or) WIFE of

(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12

AGE 57 Years Months Days

If under 24 hours

Hours Minutes

13 Usual

Occupation:

Housewife

(Kind of work done during most of working life)

14 Industry

or Business:

Own Home

15 Social Security No.

034-28-3408

16 BIRTHPLACE (City)

Boston Mass.

(State or country)

17 NAME OF

FATHER

James A Harris

18 BIRTHPLACE OF

FATHER (City)

Germany

(State or country)

19 MAIDEN NAME

OF MOTHER

Anna Hickok

20 BIRTHPLACE OF

MOTHER (City)

Virginia

(State or country)

21

Informant

(Address)

James A Harris

13 Wellesley Park Dr.

A TRUE COPY

ATTEST:

(Registrar of City or Town where death occurred)

DATE FILED

July 12/57

19

RECEIVED



AUG - 9 1957 AM

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.STANDARD
CERTIFICATE OF DEATH

Registered No.

132

No. 112 Bartlett Road,

{(If death occurred in a hospital or institution,
St. {give its NAME instead of street and number)

2 FULL NAME Sibella R. Simonds,

(If deceased 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. 112 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 63 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH July 9, 1957

(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from

JAN 13, 1949, to JULY 9, 1957

I last saw her alive on JULY 8, 1957, death is said to
have occurred on the date stated above, at 5:10 A. m.INTERVAL
BETWEEN
ONSET AND
DEATH

9 DAYS

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) MYOCARDIAL INSUFFICIENCY

Due To (b) ARTERIOSCLEROTIC HEART DISEASE

4 YEARS

Due To (c) ARTERIOSCLEROSIS

10 YEARS

OTHER
SIGNIFICANT
CONDITIONS

Was autopsy performed? 16

What test confirmed diagnosis?

5 Was disease or injury in any way related to occupation of deceased? 16
If so, specify

(Signed) Dorothy Cheney Appleton, M. D.

(Address) 197 Woodville Ave, Winthrop, Mass. Date July 9, 1957

6 Winthrop, Winthrop, Mass.
Place of Burial or Cremation (City or Town)

DATE OF BURIAL July 12, 1957 19

7 NAME OF FUNERAL DIRECTOR J.E. Henderson Co.,
ADDRESS 517 Broadway, Everett, Mass.

Received and filed

JUL 10 1957 19

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX

Female

9 COLOR

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 Walter P. Simonds,
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 88 Years 8 Months 7 Days

If under 24 hours
Hours Minutes

13 Usual

Occupation:

At Home

(Kind of work done during most of working life)

14 Industry

or Business:

Own,

15 Social Security No.

none

16 BIRTHPLACE (City)

England,

(State or country)

17 NAME OF

FATHER

H. Bloomfield,

18 BIRTHPLACE OF

FATHER (City)

England,

(State or country)

19 MAIDEN NAME

OF MOTHER

Maria J. Stewart,

20 BIRTHPLACE OF

MOTHER (City)

England,

(State or country)

21

Informant

(Address) Walter P. Simonds,
112 Bartlett Road, Winthrop, Mass.I HEREBY CERTIFY that a satisfactory standard certificate of death
was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

V124

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or 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. 1, 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 respiration specimens), and by the action of chemical (drugs or poisons), thermal or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had 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.

Suffolk
(County)

Winthrop
(City or Town)



STANDARD CERTIFICATE OF DEATH

Registered No. 133

No. Winthrop Community Hospital

(If death occurred in a hospital or institution,
St. [give its NAME instead of street and number])

2 FULL NAME Jacob Epstein

(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT

(Was deceased a
U. S. War Veteran,
if so specify WAR)

(a) Residence. No. 23 Newbury St. Malden
(Usual place of abode)

St. (If nonresident, give city or town and State)

Length of stay: In place of death years 1 months 2 days. In place of residence 50 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH July 10 1957
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from June 8, 1957, to July 10, 1957.
I last saw him alive on July 10, 1957, death is said to have occurred on the date stated above, at 2:32 P. m.

INTERVAL
BETWEEN
ONSET AND
DEATH

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) coronary occlusion

Due To

(b)

37
days

Due To

(c)

OTHER SIGNIFICANT CONDITIONS Colostomy for carcinoma of intestine (5 years ago)

Was autopsy performed? No

What test confirmed diagnosis? Ecq.

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 Mass Date 7-10-1957

6 Lebanon Lodge Cem. Peabody
Place of Burial or Cremation (City or Town)

DATE OF BURIAL July 11, 1957 19

7 NAME OF FUNERAL DIRECTOR Murray Goldman
ADDRESS 174 Ferry St. Malden

Received and filed JUL 11 1957 19

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Male 9 COLOR White 10 SINGLE (write the word)
MARRIED Married
WIDOWED
or DIVORCED

10a If married, widowed, or divorced
HUSBAND of Gertrude Silverstein
(Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 67 Years 1 Months 5 Days If under 24 hours
Hours Minutes

13 Usual Occupation: Photographer
(Kind of work done during most of working life)

14 Industry or Business: (Retired)

15 Social Security No. 010-07-2651

16 BIRTHPLACE (City) Vilna
(State or country) Russia

17 NAME OF FATHER Abraham Epstein

18 BIRTHPLACE OF FATHER (City) Vilna
(State or country) Russia

19 MAIDEN NAME OF MOTHER Bessie (Unknown)

20 BIRTHPLACE OF MOTHER (City) Vilna
(State or country) Russia

21 Informant Bernard Epstein
(Address) 7 Beach Road, Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation) (Date of Issue of Permit) 7/11/57

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given, and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or 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

JUL 12 1957 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.

134

Registered No.

Suffolk.

(County)

Winthrop

(City or Town)

STANDARD
CERTIFICATE OF DEATH

No. Winthrop Community Hospital

(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)

2 FULL NAME Florence (Munroe) Shepherd

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 160 Court Rd.

(Usual place of abode)

St. (If nonresident, give city or town and State)

Length of stay: In place of death 1 years 1 months 1 days. In place of residence 43 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH JULY 12 1957
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
JUNE 10, 1957, to July 12, 1957
I last saw her alive on July 12, 1957, death is said to
have occurred on the date stated above, at 7:30 P. m.INTERVAL
BETWEEN
ONSET AND
DEATH

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) ARTERIOSCLEROTIC + HYPER-
TENSIVE HEART DISEASE 2 YRS.(b) GENERALIZED ARTERIO-
SCLEROSIS 5 YRS.

(c) Due To

OTHER SIGNIFICANT CONDITIONS BENIGN NEPHROSCLEROSIS 1 YR.
BRONCHOPNEUMONIA 5 DAYS

Was autopsy performed? NO

What test confirmed diagnosis? CLINICAL & LA BORATORY

5 Was disease or injury in any way related to occupation of deceased? NO
If so, specify

(Signed) Dr. Thompson J., M. D.

(Address) 562 SHIRLEY ST WINTHROP MA Date July 12, 1957

6 Mt Auburn Cemetery Auburn, Maine

Place of Burial or Cremation (City or Town)

DATE OF BURIAL July 15 1957

7 NAME OF FUNERAL DIRECTOR Harry A. Dillingham
ADDRESS Auburn, Maine

Received and filed JUL 17 1957 19

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX F. 9 COLOR W. 10 SINGLE (write the word)
MARRIED
WIDOWED Married
or DIVORCED

10a If married, widowed, or divorced

HUSBAND of (Give maiden name of wife in full)

(or) WIFE of Joseph Shepherd.
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 85 Years 10 Months 21 Days If under 24 hours
Hours Minutes13 Usual Occupation: Housework own home housewife
(Kind of work done during most of working life)

14 Industry or Business: Own Home

15 Social Security No.

16 BIRTHPLACE (City) Auburn, Maine
(State or country)

17 NAME OF FATHER Noble Munroe

18 BIRTHPLACE OF FATHER (City) Auburn, Maine
(State or country)

19 MAIDEN NAME OF MOTHER Marie Washburn.

20 BIRTHPLACE OF MOTHER (City) Portland, Maine
(State or country)21 Mr. Noble Hartley
Informant (Address) 10 Edgecomb Rd. Binghamton, N.Y.I HEREBY CERTIFY that a satisfactory standard certificate of death
was filed with me BEFORE the burial or transit permit was issued:Ralph C. Lefebvre
(Signature of Agent of Board of Health or other)

(Official Designation) (Date of Issue of Permit) 7/15/57

V.F.V.

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

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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 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

To be filed for burial permit
with Board of Health
or its Agent.

STANDARD CERTIFICATE OF DEATH

Registered No. **135**

PLACE OF DEATH

Suffolk
(County)
Winthrop
(City or Town)



No. **59 Cottage Park Rd.** (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME **Susan F. Mooney**
(If deceased 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. **59 Cottage Park Road** **Winthrop**
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death **13** years **13** months **13** days. In place of residence **13** years **13** months **13** days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH **July 16 1957**
(Month) (Day) (Year)

4 I HEREBY CERTIFY That I attended deceased from **July 15 1957** to **July 16 1957**
I last saw her alive on **July 15 1957**, death is said to have occurred on the date stated above, at **4:00 pm.**

INTERVAL
BETWEEN
ONSET AND
DEATH
3 hrs.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) **Myocarditis**

Due To **Old age**
(b)

Due To
(c)

OTHER
SIGNIFICANT
CONDITIONS **None**

Was autopsy performed? **No**
What test confirmed diagnosis? **Clinical Signs**

5 Was disease or injury in any way related to occupation of deceased?
If so, specify **No**

(Signed) **Edward J. Cronin**, M. D.
(Address) **Winthrop** Date **July 16 1957**

6 **Holy Cross Cem. Medford**
Place of Burial or Cremation (City or Town)
DATE OF BURIAL **July 19 1957**

7 NAME OF FUNERAL DIRECTOR **William Huck**
ADDRESS **390 Medford St. Somerville**

Received and filed **JUL 17 1957** 19

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX **Female** 9 COLOR **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 **86** If under 24 hours
AGED **86** Years **0** Months **0** Days **0** Hours **0** Minutes

13 Usual Occupation: **Housework**
(Kind of work done during most of working life)

14 Industry or Business: **At Home**

15 Social Security No. **—**

16 BIRTHPLACE (City) **Beasgow**
(State or country) **Scotland**

17 NAME OF FATHER **Charles T. Mooney**

18 BIRTHPLACE OF FATHER (City) **Ireland**
(State or country)

19 MAIDEN NAME OF MOTHER **Agnes Lorimer**

20 BIRTHPLACE OF MOTHER (City) **Ireland**
(State or country)

21 Informant (Address) **Mary A. F. Brown**
59 Cottage Park Rd. Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)
Health Officer (Official Designation) **7/17/57** (Date of Issue of Permit)

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. — General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.

Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

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SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE.

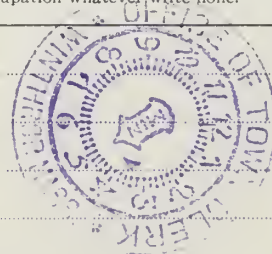
DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

JUL 17 1957 PM



RECEIVED

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. **136**

PLACE OF DEATH

Suffolk
(County)
Wendover
(City or Town)



No. *Wendover Community Park* St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME *Marianna Guglielmi*
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN - IMPORTANT

(Was deceased a
U. S. War Veteran,
if so specify WAR)

(a) Residence. No. *35 Carleton St., Revere, Mass.*
(Usual place of abode)

(If nonresident, give city or town and State)

Length of stay: In place of death *3* years *3* months *3* days. In place of residence *14* years *3* months *3* days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH *July 20 1957*
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from
July 17, 1957, to July 20, 1957
I last saw her alive on *July 19, 1957*, death is said to
have occurred on the date stated above, at *3.30 a.m.*

INTERVAL
BETWEEN
ONSET AND
DEATH

1 week

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) *Congestive Heart Failure*

(b) *Coronary Heart failure*

(c) *Arteriosclerotic Heart Disease*

(d) *Arteriosclerotic Heart Disease*

(e) *Arteriosclerotic Heart Disease*

(f) *Arteriosclerotic Heart Disease*

(g) *Arteriosclerotic Heart Disease*

(h) *Arteriosclerotic Heart Disease*

(i) *Arteriosclerotic Heart Disease*

(j) *Arteriosclerotic Heart Disease*

(k) *Arteriosclerotic Heart Disease*

(l) *Arteriosclerotic Heart Disease*

(m) *Arteriosclerotic Heart Disease*

(n) *Arteriosclerotic Heart Disease*

(o) *Arteriosclerotic Heart Disease*

(p) *Arteriosclerotic Heart Disease*

(q) *Arteriosclerotic Heart Disease*

(r) *Arteriosclerotic Heart Disease*

(s) *Arteriosclerotic Heart Disease*

(t) *Arteriosclerotic Heart Disease*

(u) *Arteriosclerotic Heart Disease*

(v) *Arteriosclerotic Heart Disease*

(w) *Arteriosclerotic Heart Disease*

(x) *Arteriosclerotic Heart Disease*

(y) *Arteriosclerotic Heart Disease*

(z) *Arteriosclerotic Heart Disease*

(aa) *Arteriosclerotic Heart Disease*

(ab) *Arteriosclerotic Heart Disease*

(ac) *Arteriosclerotic Heart Disease*

(ad) *Arteriosclerotic Heart Disease*

(ae) *Arteriosclerotic Heart Disease*

(af) *Arteriosclerotic Heart Disease*

PERSONAL AND STATISTICAL PARTICULARS

8 SEX *F* 9 COLOR *W* 10 SINGLE (write the word)
MARRIED
WIDOWED
or DIVORCED *Widow*

10a If married, widowed, or divorced

HUSBAND of (Give maiden name of wife in full)

(or) WIFE of *Joseph Guglielmi*
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE *83* Years *11* Months *20* Days If under 24 hours
Hours Minutes

13 Usual Occupation: *Housewife*
(Kind of work done during most of working life)

14 Industry or Business:

15 Social Security No. *NONE*

16 BIRTHPLACE (City) *Introdacqua*
(State or country) *Italy*

17 NAME OF FATHER *Ralph Di Cesare*

18 BIRTHPLACE OF FATHER (City) *Introdacqua*
(State or country) *Italy*

19 MAIDEN NAME OF MOTHER *Maria D'Andrea*

20 BIRTHPLACE OF MOTHER (City) *Introdacqua*
(State or country) *Italy*

21 Informant *Joseph Faiella*
(Address) *35 Carleton St Revere*

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other Health Officer) *Ralph E. Furman*

(Official Designation) *Health Officer*

(Date of Issue of Permit) *7/20/57*

7 NAME OF FUNERAL DIRECTOR *Joseph Furman*

ADDRESS *773 Broadway Ave*

Received and filed *JUL 22 1957*

(Registrar)

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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.

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SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

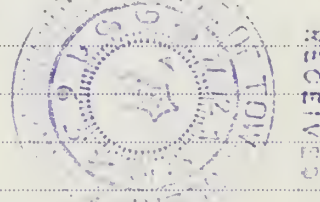
DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

JUL 22 1957 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.

137

No. Bay View Nursing Home

(If death occurred in a hospital or institution,
St. give its NAME instead of street and number)2 FULL NAME Johanna Wilhomina Ottellia Kleemann
(If deceased 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. 92 Quincy Avenue
(Usual place of abode)

St.

(If nonresident, give city or town and State)

Length of stay: In place of death 3 years months days. In place of residence 40 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH July 20 1957
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from April 2, 1953, to July 20, 1957.
I last saw her alive on July 18, 1957, death is said to have occurred on the date stated above, at 10:10 a.m.DEATH WAS CAUSED BY: IMMEDIATE CAUSE
(a) arteriosclerotic & hypertensive heart diseaseINTERVAL
BETWEEN
ONSET AND
DEATH
3 yrs.

Due To (b) generalized arteriosclerosis 5 yrs.

Due To (c)

OTHER SIGNIFICANT CONDITIONS arteriosclerotic gangrene of the right foot 3 mos.

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 Traumbin, Jr., M. D.

(Address) 562 Shirley St. Winthrop 52, Mass. Date July 20, 1957

6 Greenwood Cemetery Brooklyn, N.Y.
Place of Burial or Cremation (City or Town)

DATE OF BURIAL July 23 1957 19

7 NAME OF FUNERAL DIRECTOR Alfred B. Marsh

ADDRESS 174 Winthrop St. Winthrop, Mass.

Received and filed

JUL 22 1957

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX

9 COLOR

10 SINGLE (write the word)
MARRIED Widowed
WIDOWED
or DIVORCED

female White

10a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of Carl John Henry Kleemann
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 93 Years 2 Months 23 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) Germany

17 NAME OF

FATHER Carl Rohde

18 BIRTHPLACE OF

FATHER (City)

(State or country)

Germany

19 MAIDEN NAME

Marie Elizabeth Nagel

OF MOTHER

unable to obtain

20 BIRTHPLACE OF

MOTHER (City)

(State or country)

Germany

XXXXXXX

21

Informant Hans C. Kleemann

(Address)

92 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:

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit) 7/22/57

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.

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SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

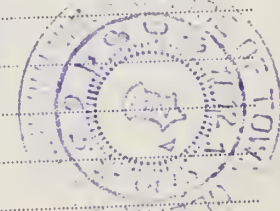
DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

JUL 22 1957 PM



PLACE OF DEATH

Essex

(County)

Lynn

(City or Town)



The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

(City or Town must always return) **Lynn**

COPY OF CERTIFICATE OF DEATH

Registered No. **138**

No. **Doctors' Hospital** (If death occurred in a hospital or institution, St. { give its NAME instead of street and number)

2 FULL NAME **John Backus** (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. **20 Cottage Ave.** St. **Winthrop** (Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death. **4** years. **30** months. **4** days. In place of residence. **30** years. **30** months. **4** days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH **July 22 1957**
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from **7/19**, 19**57** to **7/22**, 19**57**.
I last saw him live on **7/21**, 19**57**, death is said to have occurred on the date stated above, at **4 a.** m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) **Cardiac decompensation**

Due To **Mitral stenosis**
(b)

Due To
(c)

OTHER SIGNIFICANT CONDITIONS **Arteriosclerosis**

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) **David A. Levy**, M. D.

(Address) **101 Summit Ave. Brookline** Date **7/22** 19**57**
St. Mary's New Bedford, Mass.

6 Place of Burial or Cremation **July 25** (City or Town) **57**

DATE OF BURIAL **July 25** 19**57**

7 NAME OF FUNERAL DIRECTOR **Maurice Kirby**
210 Winthrop St., Winthrop

ADDRESS **AUG 9 1957** **57**

Received and filed. **19**

(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX **male** 9 COLOR **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 **80** 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:

15 Social Security No.

16 BIRTHPLACE (City) **New Bedford** (State or country) **Mass.**

17 NAME OF FATHER **John Backus**

18 BIRTHPLACE OF FATHER (City) **Charlestown, Mass.** (State or country)

19 MAIDEN NAME **Mary Crowley** OF MOTHER **Ireland**

20 BIRTHPLACE OF MOTHER (City) **Ireland** (State or country)

21 Informant **Annie M. McGonery** (Address) **20 Cottage Ave., Winthrop**

A TRUE COPY **Albert L. Lyman** ATTEST: (Registrar of City or Town where death occurred)

DATE FILED **July 29, 1957** **19**

RECEIVED



AUG - 9 1957 AM

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.

139

Suffolk
(County)

Winthrop
(City or Town)



STANDARD CERTIFICATE OF DEATH

Registered No.

No. Winthrop Community Hospital

{(If death occurred in a hospital or institution,
St. give its NAME instead of street and number)}

2 FULL NAME Etta Swartz nee Melamed

(If deceased 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. 48 Dolphin Avenue

St.

(If nonresident, give city or town and State)

Length of stay: In place of death years months 1 days. In place of residence ? years ? months ? days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH July 25, 1957
(Month) (Day) (Year)

4 I HEREBY CERTIFY That I attended deceased from
June 1, 1957, to July 25, 1957
I last saw her alive on July 25, 1957 death is said to

have occurred on the date stated above, at 11:00 P. m.

INTERVAL
BETWEEN
ONSET AND
DEATH
6 mos

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Cancer of the Liver
(primary)

Due To
(b)

Due To
(c)

OTHER SIGNIFICANT CONDITIONS
Cancer of Bowel

1 yr.

Was autopsy performed? No.

What test confirmed diagnosis? Operative, clinical.

5 Was disease or injury in any way related to occupation of deceased? No.
If so, specify

(Signed) Charles L. Swartz, M. D.

(Address) Winthrop, Mass Date 7/25/1957

6 Liberty Progressive Everett
Place of Burial or Cremation (City or Town)

DATE OF BURIAL July 26 19 57

7 NAME OF FUNERAL DIRECTOR
Tori Funeral Service, Inc
ADDRESS 151 Washington Ave Chelsea

Received and filed JUL 29 1957

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX
Female

9 COLOR
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 Myer Swartz

(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: 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 Louis Melamed

18 BIRTHPLACE OF FATHER (City) Russia
(State or country)

19 MAIDEN NAME OF MOTHER Pessie (c.b.l.)

20 BIRTHPLACE OF MOTHER (City) Russia
(State or country)

21 Informant Myer Swartz
(Address) 48 Dolphin Ave Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Galbraith C. Kellogg
(Signature of Agent of Board of Health or other)

Health Officer 7/26/57
(Official Designation) (Date of Issue of Permit)

V.H. 4

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, 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 other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given, and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or 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. 1410

PLACE OF DEATH

(County)

(City or Town)

No. Winthrop Care Home - 143 Pleasant 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) 16(a) Residence. No. 286 Winthrop

St.

(If nonresident, give city or town and State)

Length of stay: In place of death 2 years _____ months _____ days. In place of residence 7 years _____ months _____ days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF
DEATHJuly 28 1957
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from

11/1, 1956, to 7/28, 1957I last saw him alive on 7/28, 1957, death is said tohave occurred on the date stated above, at 8.45 P.M.INTERVAL
BETWEEN
ONSET AND
DEATH3 DAYS

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) BRONCHIC- PNEUMONIA

Due To

(b) ARTERIO-SCLEROTIC
HEART DISEASE5 yrs

Due To

(c) _____

OTHER
SIGNIFICANT
CONDITIONSWas autopsy performed? NO

What test confirmed diagnosis? _____

5 Was disease or injury in any way related to occupation of deceased? NO

If so, specify _____

(Signed) FRED C. REGAN, M. D.(Address) 113 PLEASANT ST. Winthrop Date 7/28 19576 Rindge Ave. Cem. Cambridge
Place of Burial or Cremation (City or Town)DATE OF BURIAL August 5, 1957

7 NAME OF

FUNERAL DIRECTOR Charles D. KeefeADDRESS 275 Mass Ave. CambridgeReceived and filed JUL 30 1957 19

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX

9 COLOR

10 SINGLE

(write the word)

Female WhiteMARRIED
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 88 Years 11 Months 13 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) New Brunswick

17 NAME OF

FATHER Landry

18 BIRTHPLACE OF

FATHER (City)

(State or country) Canada

19 MAIDEN NAME

OF MOTHER Cannot be learned

20 BIRTHPLACE OF

MOTHER (City)

(State or country) Canada

21

Informant

(Address) Mr. Florence Shaw
2552 Mass. Ave. Camb.I HEREBY CERTIFY that a satisfactory standard certificate of death
was filed with me BEFORE the burial or transit permit was issued:Walter C. Lickmann
(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit) 7/30/57

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

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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

CERTIFICATE OF DEATH

STATE FILE NO.

141

PLACE OF AND JAL SCE	1. PLACE OF DEATH a. COUNTY <u>Oxford</u>		2. USUAL RESIDENCE Where deceased lived. If institution: residence before admission a. STATE <u>Mass.</u> b. COUNTY	
	b. CITY, TOWN, OR LOCATION <u>Fryeburg</u>		c. LENGTH OF STAY IN 1b <u>1 week</u>	
	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)		c. CITY, TOWN, OR LOCATION <u>Winthrop</u>	
	e. IS PLACE OF DEATH IN RURAL AREA? YES ☒ NO ☐		d. STREET ADDRESS <u>158 Hermon St.</u>	
IDENT ONAL ATA E OR NAME	3a. NAME OF DECEASED — First Name <u>Ingeborg</u>		3b. Middle Name <u>Petersen</u>	
	5. SEX <u>Female</u>		7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐	
	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY	
	13. FATHER'S NAME <u>Anker Petersen</u>		14. MOTHER'S MAIDEN NAME <u>Unknown</u>	
USE OF ATH IE TYPE PRINT	16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		17. SOCIAL SECURITY NO.	
	19. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary thrombosis, acute</u>		18. INFORMANT Address <u>Robert Petersen, E. Hamilton, Mass.</u>	
	Conditions, if any, which gave rise to above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		INTERVAL BETWEEN ONSET AND DEATH <u>Immediate</u>	
	PART II. Other significant conditions contributing to death but not related to the terminal disease condition given in Part I(a)		20. WAS AUTOPSY PERFORMED? YES ☐ NO ☒	
ATH E TO ERNAL LENCE	21a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐		21b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18).	
	21c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year			
	21d. INJURY OCCURRED WHILE AT NOT WHILE WORK ☐ AT WORK ☐		21e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
			21f. CITY, TOWN, OR LOCATION COUNTY STATE	
SICIAN'S MEDICAL MINER'S FICATION	22a. MEDICAL EXAMINER: I hereby certify that death occurred at the time and from the causes stated above, and that I held an (investigation) (autopsy) on the remains of the deceased as required by law.		22b. PHYSICIAN: I hereby certify that I attended the deceased from to DOA and last saw him alive on . Death occurred at 12:45 A m on the date and from the causes stated above.	
	23a. SIGNATURE (Degree or title) <u>Kenneth E. Dore, M. D., Med. Exam.</u>		23b. ADDRESS <u>133 Main St., Fryeburg, Me.</u>	
VERAL ECTOR AND ISTRAR	24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>7/31/57</u>	
	24c. NAME OF CEMETERY OR CREMATORY <u>Winthrop</u>		24d. LOCATION (City, town, or county) (State) <u>Winthrop, Mass.</u>	
	25. FUNERAL DIRECTOR ADDRESS <u>F. A. Hill Son, Fryeburg</u>		26. DATE RECD. BY LOCAL REG. <u>8/1/57</u>	

27. REGISTRAR'S SIGNATURE - A TRUE COPY, ATTEST:
Wm. W. Page, Clerk
Wm. W. Page, Deputy Clerk

RECEIVED



AUG -- 21 1957

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. 142

No. Mayflower Nursing Home

{(If death occurred in a hospital or institution,
St. give its NAME instead of street and number)2 FULL NAME Rena L. McKeen (Fredericks)

(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT

{(Was deceased a
U. S. War Veteran, No
if so specify WAR)(a) Residence. No. 35 Amelia Avenue
(Usual place of abode)

St.

Winthrop

(If nonresident, give city or town and State)

Length of stay: In place of death 41 years 41 months 2 days. In place of residence 3 years 3 months 3 days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH July 31 1957
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
December 18, 1953, to July 31, 1957
I last saw her alive on July 30, 1957, death is said to
have occurred on the date stated above, at 2:25 a.m.INTERVAL
BETWEEN
ONSET AND
DEATH

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Cerebral Hemorrhage

5 days

Due To (b) Hypertension

7 yrs.

Due To (c) Arteriosclerosis

7 yrs.

OTHER SIGNIFICANT CONDITIONS Hemiplegia from previous
Cerebral Hemorrhage 7 yrs.Was autopsy performed? NoWhat test confirmed diagnosis? Physical Examination5 Was disease or injury in any way related to occupation of deceased? No
If so, specify(Signed) John F. Gelineau M.D.(Address) 27 Bennington St., Revere, Mass. Date August 1, 19576 Woodlawn Everett
Place of Burial or Cremation (City or Town)DATE OF BURIAL August 2, 1957 197 NAME OF FUNERAL DIRECTOR Arthur S. Porcella
ADDRESS 876 Winthrop Ave., Revere, Mass.Received and filed Aug 5 1957 19

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Female 9 COLOR 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 Brainard E. McKeen

(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 59 Years 9 Months 30 Days 30
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. none16 BIRTHPLACE (City) Revere
(State or country) Mass.17 NAME OF FATHER James Fredericks18 BIRTHPLACE OF FATHER (City)
(State or country) Canada19 MAIDEN NAME OF MOTHER Priscella Johnson20 BIRTHPLACE OF MOTHER (City)
(State or country) Canada21 Informant William B. McKeen
(Address) 35 Amelia Ave., Winthrop, Mass.I HEREBY CERTIFY that a satisfactory standard certificate of death
was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit) 8/2/57

PLACE OF DEATH

1

101A

CERTIFICATE

DEATH

enter one each and (c)

not mean dying, failure, It means compli-
causedif any, rise to (a), under-
last.contrib-
but not
terminal
ion givenapter 137,
requires
to print or
cause or
death on
icates.

50H-11-56-918978

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. . . — General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.

Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

Copies of returns of deaths which occurred in your city or town in case the deceased resided in another city or town and at the time of death were transmitted 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.)

302

NORFOLK

The Commonwealth of Massachusetts

BROOKLINE

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

(City or Town making this return)

PLACE OF DEATH

(County)

BROOKLINE

(City or Town)

COPY OF

CERTIFICATE OF DEATH

Registered No. 498 173

No. 227 Summit Avenue (Brooks Hospital) St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Ruth Lawrence (Harmon) (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. 35 Girdlestone Road st. Winthrop, Massachusetts (Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death years months 19 days. In place of residence 20 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH July 3 1957 (Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from June 14 1957, to July 2 1957.

I last saw her alive on July 2 1957, death is said to

have occurred on the date stated above, at 2:30 a. m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Cancer of Bladder, Urinary, with widespread metastases

Due To

(b)

Due To

(c)

OTHER SIGNIFICANT CONDITIONS

Was autopsy performed? surgery
What test confirmed diagnosis?

5 Was disease or injury in any way related to occupation of deceased? no
If so, specify.

(Signed) Raymond O. Olson, M. D.

(Address) 270 Commonwealth Ave Boston, Mass. Date July 3 1957

6 Winthrop Cemetery, Winthrop, Massachusetts (Place of Burial or Cremation) (City or Town)

DATE OF BURIAL July 5 1957

7 NAME OF FUNERAL DIRECTOR Ernest C. Caggiano
ADDRESS 147 Winthrop St., Winthrop, Mass.

Received and filed AUG 12 1957 19

(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX female 9 COLOR 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 Arthur J. Lawrence (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 38 Years 9 Months 16 Days If under 24 hours Hours Minutes

13 Usual Occupation: Housewife (Kind of work done during most of working life)

14 Industry or Business: at home

15 Social Security No.

16 BIRTHPLACE (City) Madison (State or country) New Hampshire

17 NAME OF FATHER Asbra Harmon

18 BIRTHPLACE OF FATHER (City) Madison (State or country) New Hampshire

19 MAIDEN NAME OF MOTHER Ada Ulven

20 BIRTHPLACE OF MOTHER (City) Salem (State or country) Massachusetts

21 Informant (Address) Arthur Lawrence 35 Girdlestone Rd., Winthrop, Mass.

A TRUE COPY ATTEST: (Registrar of City or Town where death occurred)

DATE FILED July 3 1957

50M-11-55-916145

RECEIVED



AUG 12 1957 AM

Copies of returns of deaths which occurred in your city or town, and which were resided in at the time of death should be transmitted on Form R-302 to the city or town in which the death occurred. (See Chap. 46, Sec. 12, G. L.)

PLACE OF DEATH

Suffolk

(County)

Boston

(City or Town)

No. Beth Israel Hospt.

2 FULL NAME

Myer Byne

(If deceased is a married, widowed or divorced woman, give also maiden name.)

19 Coral Ave.

(a) Residence. No.

(Usual place of abode)

St.

Winthrop Mass.

(If nonresident, give city or town and State)

Length of stay: In place of death.....years.....months.....16 days. In place of residence.....10 years.....months.....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH

July 15/57

(Month)

(Day)

(Year)

4 I HEREBY CERTIFY, That I attended deceased from

June 29, 19 57, to July 15, 19 57

I last saw him on July 15, 19 57, death is said to

have occurred on the date stated above, at 11:20PM m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) ? Pulmonary embolism

INTERVAL
BETWEEN
ONSET AND
DEATH

7 Hrs

Due To

(b)

Due To

(c)

OTHER
SIGNIFICANT
CONDITIONSCongestive heart failure
? coronary artery disease

Yrs

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 Rankin

(Address) 330 Brookline Ave. Date 7-15 19 57

Ahavis Achim Anshe Sfard Lynn Mass.

6 Place of Burial or Cremation July 16/57 (City or Town)

DATE OF BURIAL

7 NAME OF FUNERAL DIRECTOR

Torf Funeral Service Inc.

Chelsea Mass.

ADDRESS

Received and filed

AUG 14 1957

(Registrar of City or Town where deceased resided)

The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH

DIVISION OF VITAL STATISTICS

Boston

(City or Town making this return)

COPY OF
CERTIFICATE OF DEATH

Registered No.

141 6618

(If death occurred in a hospital or institution, St. { give its NAME instead of street and number)

(Was deceased a
U. S. War Veteran,
if so specify WAR)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX

M

9 COLOR

W

10 SINGLE (write the word)

MARRIED

WIDOWED

or DIVORCED

Widowed

10a If married, widowed, or divorced

HUSBAND of Bessie 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 59 Years.....Months.....Days

If under 24 hours

.....Hours.....Minutes

13 Usual

Occupation:

Bookkeeper Exoiditer
(Kind of work during most of working life)

14 Industry

or Business:

Meat Packing

15 Social Security No.

16 BIRTHPLACE (City)

(State or country)

Chelsea Mass.

17 NAME OF FATHER

Harry Byne

18 BIRTHPLACE OF

FATHER (City)

(State or country)

Russia

19 MAIDEN NAME

OF MOTHER

Celia -----

20 BIRTHPLACE OF

MOTHER (City)

(State or country)

Russia

21

Informant
(Address)Leo Cohen
19 Coral Ave Winthrop
Mass.

A TRUE COPY

ATTEST:

(Registrar of City or Town where death occurred)

DATE FILED

July 18/57

19.

RECEIVED



AUG 14 1957 AM

R-302
-12/56

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 death occurred. (See Chap. 46, Sec. 12, G. L.)

50M-11-95-9161-45

PLACE OF DEATH

HAMPDEN

(County)

SPRINGFIELD

(City or Town)



The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

SPRINGFIELD

(City or Town making this return)

COPY OF
CERTIFICATE OF DEATH

Registered No.

145

No. Hillcrest Nursing Home

St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Madeline (O'Donnell) Smith

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(Was deceased a
U. S. War Veteran,
if so specify WAR)

(a) Residence. No. 20 Pleasant

(Usual place of abode)

Winthrop Mass

(If nonresident, give city or town and State)

Length of stay: In place of death.....years.....3.....months.....days. In place of residence.....2.....years.....months.....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH July 24 1957
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from
22 July 19 57 to 24 July 19 57
I last saw her alive on 23 July 19 57, death is said to

have occurred on the date stated above, at 7:20P m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Bronchopneumonia

INTERVAL
BETWEEN
ONSET AND
DEATH
1 Day

Due To Cerebral Thrombosis
(b)

3 Days

Due To
(c)

OTHER
SIGNIFICANT
CONDITIONS

No

Was autopsy performed?

What test confirmed diagnosis?

5 Was disease or injury in any way related to occupation of deceased?
If so, specify No

(Signed) John M. Maloney, M. D.

(Address) 20 Maple St Spfld Date 26 July 19 57

6 Winthrop Cemetery Winthrop Mass

Place of Burial or Cremation (City or Town)

DATE OF BURIAL July 27 19 57

7 NAME OF FUNERAL DIRECTOR Richard J Hannigan

ADDRESS 656 State St Spfld Mass

Received and filed. AUG 16 1957 19

(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Female 9 COLOR 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)

Joseph A Smith

(or) WIFE of

(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 63 Years Months Days If under 24 hours Hours Minutes

13 Usual Occupation: 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 Montique O'Donnell

18 BIRTHPLACE OF FATHER (City) Boston

(State or country) Mass

19 MAIDEN NAME OF MOTHER Rose McGilvrey

20 BIRTHPLACE OF MOTHER (City) Ireland (State or country)

21 Informant: Paul Smith (Address) 50 Barrett St Spfld

A TRUE COPY

ATTEST: Clifford J Smith (Registrar of City or Town where death occurred)

DATE FILED Jul 30 1957

19

AUG 1 6 1557 AM

PLACE OF DEATH

Suffolk

(County)

Winthron

(City or Town)

No.

142 Pleasant St

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.

(If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME Vesta (Osgood) Faulkner

(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT

(Was deceased a
U. S. War Veteran,
if so specify WAR)

148

(a) Residence. No. 142 Pleasant St.

(Usual place of abode)

St.

(If nonresident, give city or town and State)

Length of stay: In place of death 2 years months days. In place of residence 2 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF
DEATH

Aug 1

(Month)

1957

(Day)

(Year)

4 I HEREBY CERTIFY, That I attended deceased from

4/1

1957 to

Aug 21

1957

I last saw him alive on July 31, 1957, death is said to

have occurred on the date stated above, at 34 m.

INTERVAL
BETWEEN
ONSET AND
DEATH

2 days

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) BRONCHO-PNEUMONIA

Due To

(b)

ARTERIO
SCLEROTIC
HEART DISEASE

Due To

(c)

OTHER
SIGNIFICANT
CONDITIONS

Was autopsy performed?

What test confirmed diagnosis?

5 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

Fred O. Regan

M. D.

(Address)

113 Pleasant St

Date

8/5/57

Winthron

Winthron

6 Place of Burial or Cremation

(City or Town)

DATE OF BURIAL

Aug. 5

19

7 NAME OF
FUNERAL DIRECTOR

ADDRESS

Received and filed

Aug. 5, 1957

19

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX

Female

9 COLOR

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 Faulkner

(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE

80

Years

2

Months

24

Days

If under 24 hours

Hours

Minutes

13 Usual

Occupation:

None

(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

James Osgood

18 BIRTHPLACE OF

FATHER (City)

Boston

(State or country)

Mass

19 MAIDEN NAME

OF MOTHER

Milly Benard

20 BIRTHPLACE OF

MOTHER (City)

Kentucky

(State or country)

21

Informant

Clara Johnson

(Address)

Framingham Mass

I HEREBY CERTIFY that a satisfactory standard certificate of death
was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

1.12 ✓

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. . . General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.

Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RECEIVED

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face of 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

Middlesex

(County)

Cambridge

(City or Town)

No. Mount Auburn Hospital

2 FULL NAME George Washington Ward

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 40 Ocean Avenue

(Usual place of abode)

About

7

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.

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
COPY OF
MEDICAL EXAMINER'S
CERTIFICATE OF DEATH

Cambridge

(City or town making return)

Registered No. 113117

(If death occurred in a hospital or institution, give its NAME instead of street and number)

No. Mount Auburn Hospital

2 FULL NAME George Washington Ward

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 40 Ocean Avenue

(Usual place of abode)

About

7

St. Wintthrop, Mass.

(If nonresident, give city or town and State)

Length of stay: In place of death.....years.....months.....days. In place of residence.....years.....months.....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH August 1, 1957.

(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 thrombosis
and bronchiogenic carcinoma with
widespread metastases.

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) Peter A. Delmonico, M. D.

(Address) Belmont, 70, Mass. Date 8/1/57

7 Wintthrop, Mass. Place of Burial, or Cremation. (City or Town)

DATE OF BURIAL Aug. 5, 1957

8 NAME OF FUNERAL DIRECTOR Edward S. Delmonico

ADDRESS Wintthrop, Mass.

Received and filed.....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 Married

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 52 Years 4 Months 22 Days If under 24 hours Hours Minutes

14 Usual Occupation Chief Engineer (Kind of work done during most of working life)

15 Industry or Business Dredge 622-63-1733

16 Social Security No. 622-63-1733

17 BIRTHPLACE (City) Wintthrop (State or country) North Carolina

18 NAME OF FATHER David G. Ward

19 BIRTHPLACE OF FATHER (City) Wintthrop (State or country) North Carolina

20 MAIDEN NAME OF MOTHER Mary Moore

21 BIRTHPLACE OF MOTHER Wintthrop (State or country) North Carolina

22 Informant (Address) 40 Ocean Ave. Wintthrop

A TRUE COPY. Attest: Frederick H. Burdick (Registrar of City or Town where death occurred)

DATE FILED Aug. 2, 1957

RECEIVED



AUG 27 1957

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50M-9-96-917573

PLACE OF DEATH

1

Worcester
(County)
Worcester
(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 DEATHRegistered No. *118*No. *19 Summit Ave*St. (If death occurred in a hospital or institution,
give its NAME instead of street and number)2 FULL NAME *Ellen M. Cronin*
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT

(Was deceased a
U. S. War Veteran,
if so specify WAR) *No*(a) Residence. No. *19 Summit Ave* St. *Worcester*
(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 *August 2, 1957*
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
*18 July, 1952, to August 2, 1957*I last saw him alive on *2 August, 1957* death is said to
have occurred on the date stated above, at *5:30 P. M.*INTERVAL
BETWEEN
ONSET AND
DEATH

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) *Chronic Myocarditis*
*over 5 years*Due To *Chronic Endocarditis*
(b) *over 5 years*Due To _____
(c)OTHER
SIGNIFICANT
CONDITIONSWas autopsy performed? *No*What test confirmed diagnosis? *Clinical Exam*5 Was disease or injury in any way related to occupation of deceased? *No*
If so, specify _____(Signed) *John F. Cronin M.D.*
27 Birmingham St. North Date *Aug 5, 1957*
(Address)6 *Worcester* *Worcester*
Place of Burial or Cremation (City or Town)DATE OF BURIAL *August 6, 1957*7 NAME OF FUNERAL DIRECTOR *J. J. Horgan*
ADDRESS *18 Ashmun St. Lowell*

Received and filed

AUG 7 1957

19

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX *Female* 9 COLOR *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 *75* Years _____ Months _____ Days _____ If under 24 hours
Hours _____ Minutes _____13 Usual Occupation: *Checker Retired*
(Kind of work done during most of working life)14 Industry or Business: *Clothing industry*15 Social Security No. *2023-03-0204*16 BIRTHPLACE (City) *Charleston*
(State or country) *Mass.*17 NAME OF FATHER *Joseph M. Cronin*18 BIRTHPLACE OF FATHER (City) *Germany*
(State or country)19 MAIDEN NAME OF MOTHER *Ellen Fadden*20 BIRTHPLACE OF MOTHER (City) *Ireland*
(State or country)21 Informant *Patrick Fadden*
(Address) *19 Summit Ave Worcester*I HEREBY CERTIFY that a satisfactory standard certificate of death
was filed with me BEFORE the burial or transit permit was issued:*W. C. Cronin*
(Signature of Agent of Board of Health or other)*W. C. Cronin* *8/7/57*
(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. 46, G. L. (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

PLACE OF DEATH

Essex

(County)

Georgetown, Mass.

(City or Town)



The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICSCOPY OF
MEDICAL EXAMINER'S
CERTIFICATE OF DEATH

Georgetown, Mass.

(City or town making return)

Registered No.

24149

No. Heatheron off Munroe

(If death occurred in a hospital or institution,
St. { give its NAME instead of street and number)

2 FULL NAME Heather Frances Key

(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 Johnson 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.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH August 3 1957
(Month) (Day) (Year)4 I HEREBY CERTIFY that I have investigated the death
of the person above-named and that the CAUSE AND MANNER thereof
are as follows: (If an injury was involved, state fully.)

Drowning - Accidental

5 Accident, suicide, or homicide (specify) Accident

Date and hour of injury 8:30 PM 19 57

Where did Injury occur? Georgetown, Mass.
(City or town and State)Did injury occur in or about home, on farm, in industrial place, or in public
place? No (Specify type of place)

Manner of Injury Drowning

Nature of Injury (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? No

If so, specify E. S. Bagnall

(Signed) M. D.
(Address) Groveland Date 8/8 19 577 Winthrop Cem. Winthrop, Mass.
Place of Burial, or Cremation. (City or Town)

DATE OF BURIAL Aug. 6 19 57

8 NAME OF FUNERAL DIRECTOR Howard S. Reynolds

ADDRESS 180 Winthrop St. Winthrop

Received and filed AUG 9 1957 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 Single
WIDOWED
or DIVORCED

11a If married, widowed, or divorced

HUSBAND of.....
(Give maiden name of wife in full)(or) WIFE of.....
(Husband's name in full)

12 IF STILLBORN, enter that fact here.

13 AGE 9 Years 1 Months 11 Days If under 24 hours
Hours.....Minutes14 Usual Occupation.....
(Kind of work done during most of working life)15 Industry
or Business.....

16 Social Security No.

17 BIRTHPLACE (City) Boston,
(State or country) Mass

18 NAME OF FATHER Thomas E. Key

19 BIRTHPLACE OF FATHER (City) Boston
(State or country) Mass.

20 MAIDEN NAME OF MOTHER Frances L. Hancock

21 BIRTHPLACE OF MOTHER (City) Chelsea
(State or country) Mass.22 Informant Thomas E. Key
(Address) 15 Johnson Ave. Winthrop

A TRUE COPY.

ATTEST: William J. Meserler
(Registrar of City or Town where death occurred)

DATE FILED Aug. 3 19 57

Copies of returns of deaths which occurred in your city or town in case the deceased resided in another city or town at the time of death should be transmitted on Form R-305 to the clerk of the city or town in which the deceased resided as soon as possible after the close of the month in which the death occurred. (See Chap. 46, Sec. 12, G. L.)

25m-(h)-10-48-24658

RECEIVED



AUG - 9 1957 AM

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. **150**

PLACE OF DEATH

Suffolk
(County)

Winthrop
(City or Town)

No. **30** **Amelia Ave.**

St. (If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME **Thomas Hawco**

(If deceased 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. **30 Amelia Ave. Winthrop** St.

(Usual place of abode)

(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 **August 4th 1957**
(Month) (Day) (Year)

4 I HEREBY CERTIFY That I attended deceased from
9-3-, 19**54**, to **Aug 4th**, 19**57**
I last saw him alive on **August 3, 1957**, death is said to
have occurred on the date stated above, at **2120A.m.**

INTERVAL
BETWEEN
ONSET AND
DEATH

2 days

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) **Cerebrovascular
accident**

Due To (b) **Arteriosclerosis
generalized**

Due To (c) **Hypertension
essential**

OTHER
SIGNIFICANT
CONDITIONS

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 Goegone**, M. D.

(Address) **144 Washington Ave** Date **8/5-** 19**57**

6 **Holy Cross** **Malden**
Place of Burial or Cremation (City or Town)

DATE OF BURIAL **Aug. 7,** 19**57**

7 NAME OF FUNERAL DIRECTOR **Richard C. Kirby**
ADDRESS **917 Bennington St. E. Boston**

Received and filed **AUG 5 1957** 19

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX
M

9 COLOR
White

10 SINGLE (write the word)
MARRIED
WIDOWED
or **DIVORCED**

10a If married, widowed, or divorced

HUSBAND of **Mary B. Maher**
(Give maiden name of wife in full)

(or) WIFE of _____
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE **83** Years Months Days
If under 24 hours Hours Minutes

13 Usual Occupation: **Stationary Engineer**
(Kind of work done during most of working life)

14 Industry or Business: **M. D. C.**

15 Social Security No. **023-221-899**

16 BIRTHPLACE (City) **Chapilcove** **N.Y.**
(State or country)

17 NAME OF FATHER **John Hawco**

18 BIRTHPLACE OF FATHER (City) **Newfoundland**
(State or country)

19 MAIDEN NAME OF MOTHER **Bridget Crowley**

20 BIRTHPLACE OF MOTHER (City) **Newfoundland**
(State or country)

21 Informant **Miss Angela R. Hawco**
(Address) **30 Amelia Ave. Winthrop**

I HEREBY CERTIFY that a satisfactory standard certificate of death
was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit) **8/5/57**

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or 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

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PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)



The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICSSTANDARD
CERTIFICATE OF DEATHTo be filed for burial permit
with Board of Health
or its Agent.

Registered No.

151

No. Winthrop Community Hospital

{(If death occurred in a hospital or institution,
St. [give its NAME instead of street and number])

2 FULL NAME McCarthy, Justin Albert Justin

(If deceased 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 Plummer Ave., Winthrop St.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of stay: In place of death 21 years months days. In place of residence years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH AUG 4 1957
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
JULY 13, 1957, to AUG 4, 1957
I last saw him alive on AUG 4, 1957, death is said to
have occurred on the date stated above, at 1:45 A.M.INTERVAL
BETWEEN
ONSET AND
DEATH

22 DAYS

2 YRS.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) CEREBRAL HEMORRHAGE

Due To (b) ARTERIO-SCLEROSIS
GENERALIZED

Due To (c)

OTHER
SIGNIFICANT
CONDITIONS

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) Myron D. King, M. D.

(Address) 24 Pleasant St. Winthrop Date AUG 4 1957

6 Aspen Grove Cemetery, Ware, Mass.
Place of Burial or Cremation (City or Town)

DATE OF BURIAL Aug. 6, 1957

7 NAME OF
FUNERAL DIRECTOR

ADDRESS 174 Winthrop St. Winthrop, Mass.

Received and filed

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX

male

9 COLOR

white

10 SINGLE (write the word)
MARRIED married
WIDOWED or DIVORCED

10a If married, widowed, or divorced

HUSBAND of Catherine Farguham
(Give maiden name or wife in full)(or) WIFE of
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 79 Years 3 Months 28 Days

If under 24 hours
Hours Minutes13 Usual Occupation: retired wool sorter
(Kind of work done during most of working life)

14 Industry or Business: Wool Mfg. Co.

15 Social Security No. 024-01-9876-A.

16 BIRTHPLACE (City) Gilbertville
(State or country) Mass.

17 NAME OF FATHER John McCarthy

18 BIRTHPLACE OF FATHER (City) Ireland
(State or country)

19 MAIDEN NAME OF MOTHER Margaret Alexander

20 BIRTHPLACE OF MOTHER (City) Glasgow
(State or country) ScotlandInformant Mr. John McCarthy
(Address) 18 Plummer Ave. WinthropI HEREBY CERTIFY that a satisfactory standard certificate of death
was filed with me BEFORE the burial or transit permit was issued:

Mass. (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.

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Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

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The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

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(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease 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

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50M-5-56-917573

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.STANDARD
CERTIFICATE OF DEATH

Registered No. 152

No. Winthrop Community Hospital

(If death occurred in a hospital or institution,
St. [give its NAME instead of street and number])2 FULL NAME Baby Girl Gill
(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. 6 Shelby Street
(Usual place of abode)

St. East Boston, Mass.

(If nonresident, give city or town and State)

Length of stay: In place of death years months days. In place of residence years months days. 5/11/57

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH Aug 5, 1957
(Month) (Day) (Year)4 I HEREBY CERTIFY That I attended deceased from
Aug 4, 1957, to Aug 5, 1957
I last saw her alive on Aug 5, 1957, death is said to
have occurred on the date stated above, at 8:35 p.m.INTERVAL
BETWEEN
ONSET AND
DEATH
1 day

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Cerebral ectasia

Due To (b) 6th Mo Prematurity

Due To (c)

OTHER
SIGNIFICANT
CONDITIONS

Was autopsy performed? no

What test confirmed diagnosis? Cholesterol

5 Was disease or injury in any way related to occupation of deceased? no
If so, specify

(Signed) Sam. Salinger, M. D.

(Address) 693 1st St., East Boston, 1957

6 Holy Cross Cemetery Malden
Place of Burial or Cremation (City or Town)
DATE OF BURIAL August 7, 19577 NAME OF FUNERAL DIRECTOR Vincent Rapino
ADDRESS 9 Chelsea St., East Boston, Mass.

Received and filed AUG 7 1957 19

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX female 9 COLOR 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 24 hrs. 100 min. If under 24 hours

13 Usual Occupation: None
(Kind of work done during most of working life)

14 Industry or Business: -----

15 Social Security No. None

16 BIRTHPLACE (City) Winthrop, Mass.
(State or country)

17 NAME OF FATHER Edward G. Gill Jr.

18 BIRTHPLACE OF FATHER (City) Boston
(State or country) Massachusetts

19 MAIDEN NAME OF MOTHER Carol Bruce

20 BIRTHPLACE OF MOTHER (City) Chelsea, Saugus, 19th Cent
(State or country) Massachusetts or Calif21 Informant Edward G. Gill (father)
(Address) 86 Shelby St., East 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)

(Official Designation)

(Date of Issue of Permit) 8/7/57

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

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PLACE OF DEATH

Suffolk
(County)Winthrop
(City or Town)

The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICSTo be filed for burial permit
with Board of Health
or its Agent.STANDARD
CERTIFICATE OF DEATH

Registered No.

153

No. Winthrop Community Hospital

(If death occurred in a hospital or institution,
St. {give its NAME instead of street and number})

2 FULL NAME Susanna H. White

(If deceased 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. 72 Sargent St.
(Usual place of abode)

St.

(If nonresident, give city or town and State)

Length of stay: In place of death years 1 months days. In place of residence 30 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH August 7, 1957
(Month) (Day) (Year)4 I HEREBY CERTIFY That I attended deceased from
August 5, 1956 to August 7, 1957
I last saw her alive on Aug. 7, 1957, death is said to
have occurred on the date stated above, at 4:30 P. m.INTERVAL
BETWEEN
ONSET AND
DEATH

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Coronary Thrombosis
and myocardial infarction

1 month

Due To Hypertension

5 yrs

(c) Arteriosclerosis

10 yrs

OTHER
SIGNIFICANT
CONDITIONS

None.

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) Winthrop, Mass. Date Aug. 7, 1957

6 St. Paul's Arlington Mass
Place of Burial or Cremation (City or Town)
DATE OF BURIAL August 10, 19577 NAME OF FUNERAL DIRECTOR Arthur J. O'Maley
ADDRESS Winthrop, Mass

Received and filed AUG 9 1957

19

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX

9 COLOR

10 SINGLE (write the word)
MARRIED
WIDOWED
or DIVORCE

Female White

Married

10a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of Dr. Edward P. White

(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)

Cambridge

Mass

17 NAME OF FATHER

John Harrington

18 BIRTHPLACE OF

FATHER (City)

(State or country)

Ireland

19 MAIDEN NAME

OF MOTHER

Augusta Brine

20 BIRTHPLACE OF

MOTHER (City)

(State or country)

Cambridge

Mass

21

Informant (Address)

Dr. Edward Patrick White
72 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)

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

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SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

PLACE OF DEATH

Suffolk
(County)
Winthrop
(City or Town)



The Commonwealth of Massachusetts
EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS
MEDICAL EXAMINER'S
CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

Registered No. *151*

- 1 No. *180 Shirley St.* (If death occurred in a hospital or institution, give its NAME instead of street and number)
- 2 FULL NAME *Randolph T. Colby*
(If deceased is a married, widowed or divorced woman, give also maiden name.)
- (a) Residence. No. *180 Shirley St. Winthrop*
(Usual place of abode) (If nonresident, give city or town and State)
- Length of stay: In place of death.....years.....months.....days. In place of residence.....years.....months.....days.

PHYSICIAN - IMPORTANT

(Was deceased a
U. S. War Veteran, *no*
if so specify WAR)

MEDICAL CERTIFICATE OF DEATH

- 3 DATE OF DEATH *August 10 1957*
(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

- 5 Accident, suicide, or homicide (specify) *suicide*
Date and hour of injury.....*8/10 1957*
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 *asphyxia by hanging*
(How did injury occur?)
Nature of injury *hanging*
While at work? Was autopsy performed? *no*

- 6 Was disease or injury in any way related to occupation of deceased?
If so, specify *Frederick J. McGrath*
(Signed) *Frederick J. McGrath* M. D.
(Address) Date *8/11 1957*

- 7 *St. Joseph's* *Boston*
Place of Burial, or Cremation. (City or Town)
DATE OF BURIAL *August 13 1957*

- 8 NAME OF FUNERAL DIRECTOR *Frederick J. McGrath*
ADDRESS *East Boston*

Received and filed. *AUG 13 1957* 19

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

- 9 SEX *Male* 10 COLOR OR RACE *White* 11 SINGLE (write the word) *MARRIED married*
WIDOWED or DIVORCED
- 11a If married, widowed, or divorced HUSBAND of *Sarah E. Colby*
(Give maiden name of wife in full)
(or) WIFE of (Husband's name in full)
- 12 IF STILLBORN, enter that fact here.
- 13 AGE *50* Years.....Months.....Days If under 24 hours
Hours.....Minutes
- 14 Usual Occupation: *Interior Decorator*
(Kind of work done during most of working life)
- 15 Industry or Business: *Jordan Marsh Co.*
022-01-1238
- 16 Social Security No. *022-01-1238*
- 17 BIRTHPLACE (City) *Boston, Mass.*
(State or country)
- 18 NAME OF FATHER *William Colby*
- 19 BIRTHPLACE OF FATHER (City)
(State or country) *Mass.*
- 20 MAIDEN NAME OF MOTHER *Marion Taylor*
- 21 BIRTHPLACE OF MOTHER (City)
(State or country) *Mass.*

PARENTS

- 22 Informant *Sarah E. Colby*
(Address) *180 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:

Frederick J. McGrath
(Signature of Agent of Board of Health or other)
Frederick J. McGrath (Official Designation) *8/13/57* (Date of Issue of Permit)

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L. 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

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. 155

PLACE OF DEATH

Suffolk (County)

Winthrop (City or Town)

No. Mayflower Rest Home Winthrop St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Anton Anderson
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT

(Was deceased a
U. S. War Veteran,
if so specify WAR)

(a) Residence. No. 23 Harve St East Boston St.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death 2 years 2 months 0 days. In place of residence 0 years 0 months 0 days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH August 12 1957
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from
July 1, 19 57, to Aug 12, 19 57
I last saw him alive on Aug 12, 19 57, death is said to
have occurred on the date stated above, at 11:30 P.M.

INTERVAL
BETWEEN
ONSET AND
DEATH

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) CEREBRAL OCCLUSION

2 days

Due To (b) CEREBRAL ARTERIO-
SCLEROSIS

2 years

Due To (c) _____

OTHER
SIGNIFICANT
CONDITIONS

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) A. C. Benjamin, M. D.
(Address) Chelsea Date 8/13 57

6 Woodlawn Cemetery Everett (City or Town)

DATE OF BURIAL August 15th 1957

7 NAME OF FUNERAL DIRECTOR Cleary Funeral Home

ADDRESS 1605 Tremont St Roxbury

Received and filed AUG 15 1957

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX M 9 COLOR White 10 SINGLE (write the word)
MARRIED
WIDOWED
or DIVORCED Widowed

10a If married, widowed, or divorced
HUSBAND of Olga Hyek (Give maiden name of wife in full)

(or) WIFE of _____
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 82
AGE Years Months Days If under 24 hours
Hours Minutes

13 Usual Occupation: Retired
(Kind of work done during most of working life)

14 Industry or Business: _____

15 Social Security No. _____

16 BIRTHPLACE (City) Sweden
(State or country)

17 NAME OF FATHER Unknown Anderson

18 BIRTHPLACE OF FATHER (City) Sweden
(State or country)

19 MAIDEN NAME OF MOTHER Unknown

20 BIRTHPLACE OF MOTHER (City) Sweden
(State or country)

21 Informant Edith Anderson
(Address) 23 Harve Street East Boston

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Raymond E. Garrahan
(Signature of Agent of Board of Health or other)

Health Officer (Official Designation) 8/14/57 (Date of Issue of Permit)

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. . . General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.

Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting sepsis), but also by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had 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

ONS

IFICATE

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50M-5-56-817375

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. 156

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 Alesandro Diotalevi

(If deceased 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 Gladstone
(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 35 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH August 16, 1957

(Month)

(Day)

(Year)

4 I HEREBY CERTIFY, That I attended deceased from
April 30, 1957 to August 16, 1957I last saw him alive on August 16, 1957, death is said to
have occurred on the date stated above, at 3 p. m.INTERVAL
BETWEEN
ONSET AND
DEATH

4 mos.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) arteriosclerotic
Heart Disease

Due To Cardiac Decompensation

(b)

1 day

Due To Auricular
Fibrillation

(c)

1 day

OTHER
SIGNIFICANT
CONDITIONS

Was autopsy performed? No

What test confirmed diagnosis?

5 Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) A. N. Caplan M. D.

(Address) 136 Princeton St. Date B. 19

6 Holy Cross Malden
Place of Burial or Cremation (City or Town)

DATE OF BURIAL August 19, 1957

7 NAME OF FUNERAL DIRECTOR DiPietro & Vazza
ADDRESS 11 Henry St, East Boston

Received and filed

AUG 19 1957

19

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX

9 COLOR

10 SINGLE (write the word)

Male

White

MARRIED

WIDOWED

or DIVORCED

Widowed

10a If married, widowed, or divorced
HUSBAND of Emilia Giambartolomei
(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 7 Months Days
If under 24 hours
Hours Minutes13 Usual Occupation: Laborer (Retired)
(Kind of work done during most of working life)

14 Industry or Business: Road Construction

15 Social Security No. 017-14-8916

16 BIRTHPLACE (City)
(State or country) Italy

17 NAME OF FATHER (Unknown) Diotalevi

18 BIRTHPLACE OF FATHER (City)
(State or country) Italy

19 MAIDEN NAME OF MOTHER Unknown

20 BIRTHPLACE OF MOTHER (City)
(State or country) Italy21 Informant Mary Nazzaro
(Address) 85 Gladstone 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) 8/19/57

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

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death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

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No undertaker or other 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

001A

ONS

IFICATE

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50M-5-56-917373

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. 157

(If death occurred in a hospital or institution,
St. {give its NAME instead of street and number})PHYSICIAN — IMPORTANT
(Was deceased a
U. S. War Veteran,
if so specify WAR)

Winthrop

(County)

Suffolk

(City or Town)

No. 104 Highland Ave

2 FULL NAME Richard F Canton
(If deceased is a married, widowed or divorced woman, give also maiden name.)(a) Residence. No. 25 Pleasant St.
(Usual place of abode)

St. (If nonresident, give city or town and State)

Length of stay: In place of death 1 years 2 months days. In place of residence 35 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH August 20 1957
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
Aug 8, 1957, to Aug 20, 1957
I last saw him alive on Aug 8, 1957, death is said to
have occurred on the date stated above, at 7:55 a.m.INTERVAL
BETWEEN
ONSET AND
DEATH

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) arteriosclerotic heart disease
congestive heart failure

4 years

Due To
(b)Due To
(c)OTHER
SIGNIFICANT
CONDITIONS

Was autopsy performed? No

What test confirmed diagnosis? —

5 Was disease or injury in any way related to occupation of deceased?
If so, specify No

(Signed) H. B. Greenfield, M. D.

(Address) 447 Shirley St Winthrop Mass Date Aug 21 1957

6 Winthrop Winthrop
(City or Town)

DATE OF BURIAL Aug. 28 1957

7 NAME OF FUNERAL DIRECTOR Howard S. Reynolds
ADDRESS Winthrop Mass

Received and filed AUG 28 1957 19

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX

9 COLOR

10 SINGLE (write the word)
MARRIED
WIDOWED
or DIVORCED Widowed

Male

White

10a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of Louise Wehner

(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE

74

4

17

Years

Months

Days

If under 24 hours

Hours Minutes

13 Usual

Occupation:

Salesman

(Kind of work done during most of working life)

14 Industry
or Business:

Stocks

15 Social Security No.

010-07-0410

16 BIRTHPLACE (City)

Brooklyn

(State or country)

New York

17 NAME OF

FATHER

Unable to obtain

P

18 BIRTHPLACE OF

FATHER (City)

Unable to obtain

(State or country)

P

19 MAIDEN NAME

OF MOTHER

Unable to obtain

P

20 BIRTHPLACE OF

MOTHER (City)

Unable to obtain

(State or country)

21

Informant

(Address)

Richard F Canton

1 Brookshire Rd. Worcester

I HEREBY CERTIFY that a satisfactory standard certificate of death
was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(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

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. **158**

PLACE OF DEATH

Suffolk
(County)
Winthrop
(City or Town)



No. **11 Moore St.**

(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)

2 FULL NAME **Theodore Eldracher**
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. **40 Orlando Ave.** St. _____
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death _____ years _____ months _____ days. In place of residence _____ years _____ months _____ days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH **August 20, 1957.**
(Month) (Day) (Year)

4 I HEREBY CERTIFY That I attended deceased from
October, 1956 to **August 20, 1957**
I last saw him alive on **August 20, 1957**, death is said to
have occurred on the date stated above, at **8:00 A.M.**

INTERVAL
BETWEEN
ONSET AND
DEATH
1 day,

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) **Coronary Occlusion**

Due To (b) **Arteriosclerotic Heart Disease.**

2 yrs.

Due To (c) _____

OTHER
SIGNIFICANT
CONDITIONS

None.

Was autopsy performed? **No**

What test confirmed diagnosis? **Clinical**

5 Was disease or injury in any way related to occupation of deceased? **No**
If so, specify _____

(Signed) **Charles Liberman**, M. D.

(Address) **Winthrop, Mass.** Date **8/20/1957**

6 **St. Joseph's M. Rchbury**
Place of Burial or Cremation (City or Town)

DATE OF BURIAL **Aug. 23** 1957

7 NAME OF FUNERAL DIRECTOR **L. Koppernath**
ADDRESS **1534 Tremont St., Bost.**

Received and filed **AUG 20 1957**

19

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX **Male** 9 COLOR **White** 10 SINGLE (write the word)
MARRIED
WIDOWED
or DIVORCED **Widowed**

10a If married, widowed, or divorced,
HUSBAND of **Mary Burns**
(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 _____ Minutes _____

13 Usual Occupation **Retired Building Insp.**
(Kind of work done during most of working life)

14 Industry or Business **City of Boston**

15 Social Security No. **018-24-4993**

16 BIRTHPLACE (City) **Rothbury Mass.**
(State or country)

17 NAME OF FATHER **Joseph Eldracher**

18 BIRTHPLACE OF FATHER (City) _____
(State or country) **Germany**

19 MAIDEN NAME OF MOTHER **E. B. L.**

20 BIRTHPLACE OF MOTHER (City) **E. B. L.**
(State or country)

21 Informant **Theodore Eldracher**
(Address) **40 Orlando Ave. Winthrop**

I HEREBY CERTIFY that a satisfactory standard certificate of death
was filed with me BEFORE the burial or transit permit was issued:

Joseph C. Seaman
(Signature of Agent of Board of Health or other)

Health Officer (Official Designation)

8/21/57 (Date of Issue of Permit)

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. . . — General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.

Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

R-301A

PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)

No.

Winthrop Convalescent Home

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.

159

{ (If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME

Margherita Caruso

(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)

East Boston, Mass.

(If nonresident, give city or town and State)

(a) Residence. No.

356 Princeton Street

(Usual place of abode)

Length of stay: In place of death.....years. 3 months.....days. In place of residence.....years.....months.....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF
DEATH

Aug 26

1957

(Month)

(Day)

(Year)

4 I HEREBY CERTIFY, That I attended deceased from

6-1

1957

to Aug 26

1957

I last saw her alive on Aug 26 1957 death is said to

have occurred on the date stated above, at 6:40 A.M.

INTERVAL BE-
TWEEN ONSET
AND DEATH

DISEASE OR CONDITION

DIRECTLY LEADING

TO DEATH (a)

Cerebral

Hemorrhage - hemiplegia 8/15/57

ANTE
CEDENT
CAUSES

Due To

(b)

Due To

(c)

OTHER
SIGNIFICANT
CONDITIONS

Diabetes Mellitus

5 yrs.

extensive Decubital Ulcers

Major findings:
Of operations.

Date of operation. Was autopsy performed?

What test confirmed diagnosis?

5 Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed)

(Address)

121 Bevington St.

Date

8/26

M. D.

1957

6

Holy Cross Cemetery

Malden

Place of Burial or Cremation

DATE OF BURIAL

Aug. 29,

1957

7 NAME OF
FUNERAL DIRECTOR

Vincent Rapino

ADDRESS

9 Chelsea St., East Boston, Mass.

Received and filed

SEP 5 - 1957

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

Angelo Caruso

(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12

AGE

67

Years

9

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.

013-05-0751 D

16 BIRTHPLACE (City)

(State or country)

Italy

17 NAME OF
FATHER

Rosario Nastasi

18 BIRTHPLACE OF

FATHER (City)

(State or country)

Italy

19 MAIDEN NAME

OF MOTHER

Maria Cavallaro

20 BIRTHPLACE OF

MOTHER (City)

(State or country)

Italy

21

Informant

(Address)

Ignazio Caruso (son)

356 Princeton St., East 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)

(Official Designation)

(Date of Issue of Permit)

100M-10-53-910621

INSTRUCTIONS
FOR
MEDICAL CERTIFICATEIn giving
CAUSE OF DEATH

do not enter
more than one
cause for each
of (a), (b) and (c)

This does not mean
the mode of dying,
such as heart failure,
asthenia, etc. It means
the disease, or compli-
cations which caused
death.

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

Conditions contrib-
uting to death but not
related to the terminal
disease condition given
in (a).

Note:- Chapter 137,
Acts of 1954, requires
Physicians to print or
type the cause or
causes of death on
death certificates.

100M-1-35-916145

PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)

No. Winthrop Convalescent Home

2 FULL NAME Margherita Caruso
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 356 Princeton Street

(Usual place of abode)

Length of stay: In place of death years 3 months days. In place of residence years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH August 26, 1957

(Month)

(Day)

(Year)

4 I HEREBY CERTIFY, That I attended deceased from

June 1, 1957 to August 26, 1957

I last saw him alive on August 24, 1957 death is said to

have occurred on the date stated above, at 6:40 A. m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Cerebral hemorrhage-hemiplegia

INTERVAL
BETWEEN
ONSET AND
DEATH

6/15/57

Due To

(b)

Due To

(c)

OTHER
SIGNIFICANT
CONDITIONS

Diabetes Mellitus

5 yrs.

Extensive Decobitus Ulcers 2 mos.

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. J. Patti 17 Bennington St. E. Boston, Mass.

(Address)

Date

Aug 26 1957

6 Holy Cross Cemetery Malden

Place of Burial or Cremation

(City or Town)

DATE OF BURIAL August 29, 1957

7 NAME OF FUNERAL DIRECTOR Vincent Rapino

ADDRESS 9 Chelsea St., East Boston, Mass.

Received and filed 19

(Registrar)

The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH

DIVISION OF VITAL STATISTICS

STANDARD

CERTIFICATE OF DEATH

Registered No.

{ (If death occurred in a hospital or in
St. { give its NAME instead of street and

PHYSICIAN — IMPORT

(Was deceased a
U. S. War Veteran,
if so specify WAR)

East Boston, Mass.

(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX

female

9 COLOR

white

10 SINGLE (write

MARRIED wid

WIDOWED wid

or DIVORCED

10a If married, widowed, or divorced

HUSBAND of (Give maiden name of wife in full)

(or) WIFE of Angelo Caruso

(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 67 Years Months Days If under 24
Hours

13 Usual

Occupation:

Housewife

(Kind of work done during most of working life)

14 Industry

or Business:

At home

15 Social Security No. 013-05-0751D

16 BIRTHPLACE (City)

(State or country)

Italy

17 NAME OF

FATHER

Rosario Nastasi

18 BIRTHPLACE OF

FATHER (City)

(State or country)

Italy

19 MAIDEN NAME

OF MOTHER

Maria Cavallaro

20 BIRTHPLACE OF

MOTHER (City)

(State or country)

Italy

21

Ignazio Caruso (son)

Informant

(Address)

356 Princeton St., East Boston

I HEREBY CERTIFY that a satisfactory standard certifi-
cate was filed with me BEFORE the burial or transit permit was

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

301A

IONS

IFICATE

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DEATHnter
a one
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and (c)not mean
f dying,
t failure,
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r compli-
s causedif any,
rise to
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under-
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but not
terminal
ion givenpter 137,
requires
to print or
ause or
death on
ates.

50M-11-56-91897A

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. 160

No. Winthrop Community Hospital St. (If death occurred in a hospital or institution,
St. give its NAME instead of street and number)2 FULL NAME Elizabeth A. Sullivan (Bowen) } PHYSICIAN - IMPORTANT
(If deceased is a married, widowed or divorced woman, give also maiden name.) } (Was deceased a No
if so specify WAR)(a) Residence. No. 120 Moore St. East Boston
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death years 1 months 7 days. In place of residence 20 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH Aug. 27 - 1957
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
Aug 1 - 1957 to Aug. 27, 1957
I last saw her alive on Aug. 27, 1957, death is said to
have occurred on the date stated above, at 4:40 p.m.INTERVAL
BETWEEN
ONSET AND
DEATH

3 months

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Retroperitoneal Sarcoma with
metastases to Liver

Due To

(b)

Due To

(c)

OTHER
SIGNIFICANT
CONDITIONS

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 No

(Signed) Charles Mellon, M. D.

(Address) 305 Havre St. E. Boston Date Aug. 27 1957

6 Holy Cross Malden
Place of Burial or Cremation (City or Town)

DATE OF BURIAL August 30, 1957

7 NAME OF FUNERAL DIRECTOR Richard C. Kirby
ADDRESS 917 Bennington St. E. Boston

Received and filed AUG 29 1957 19

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX F 9 COLOR 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)
Christopher D. Sullivan
(or) WIFE of (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 65 Years Months Days If under 24 hours
Hours Minutes13 Usual Occupation: Housewife
(Kind of work done during most of working life)

14 Industry or Business: At Home

15 Social Security No. None

16 BIRTHPLACE (City) Revere, Mass.
(State or country)

17 NAME OF FATHER Michael Bowen

18 BIRTHPLACE OF FATHER (City) Ireland
(State or country)

19 MAIDEN NAME OF MOTHER Johana O'Neil

20 BIRTHPLACE OF MOTHER (City) Ireland
(State or country)21 Informant Mr. Christopher Sullivan
(Address) 120 Moore St. E. BostonI HEREBY CERTIFY that a satisfactory standard certificate of death
was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent 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:

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(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

To be filed for burial permit
with Board of Health
or its Agent.

STANDARD CERTIFICATE OF DEATH

Registered No. 161

Suffolk
(County)

Winthrop
(City or Town)

No. 555 Shirley St.

(If death occurred in a hospital or institution,
St. [give its NAME instead of street and number])

2 FULL NAME Nellie Belle Chandler Halliday
(If deceased 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. 555 Shirley 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 August 28 1957
(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 A. m.

INTERVAL
BETWEEN
ONSET AND
DEATH

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Presumably due to

Due To natural causes,

(b) probably coronary

Due To occlusion.

(c) Board of Health

OTHER SIGNIFICANT CONDITIONS Case.

Was autopsy performed? No

What test confirmed diagnosis?

5 Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Charles Liberman, M. D.

(Address) Winthrop, Mass. Date 8/29/1957

6 Woodlawn Cemetery Nashua, N.H.
Place of Burial or Cremation (City or Town)

DATE OF BURIAL August 30, 1957

7 NAME OF FUNERAL DIRECTOR Alfred B. Marsh

ADDRESS 174 Winthrop St. Winthrop, Mass.

Received and filed AUG 30 1957

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Female 9 COLOR White 10 SINGLE (write the word) Widowed
MARRIED WIDOWED or DIVORCED

10a If married, widowed, or divorced HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of Archie Halliday

(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 84 Years 9 Months 23 Days If under 24 hours Hours Minutes

13 Usual Occupation: Real Estate Broker
(Kind of work done during most of working life)

14 Industry or Business: Self Employed

15 Social Security No. none

16 BIRTHPLACE (City) West Rutland
(State or country) Vermont

17 NAME OF FATHER Herbert Elmer Chandler

18 BIRTHPLACE OF FATHER (City) Alstead

(State or country) N.H.

19 MAIDEN NAME OF MOTHER Elizabeth Mattison

20 BIRTHPLACE OF MOTHER (City) Nashua

(State or country) N.H.

21 Informant Charles Elmer Chandler
(Address) Quincy Massachusetts

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) Ralph S. L...

(Official Designation) H.O.

(Date of Issue of Permit) 8/30/57

V.B. ✓

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

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No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

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No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.

Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

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(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) the acts of electrical agents, and deaths following abortion, but also deaths from diseases resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

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SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

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.

162

SUFFOLK

(County)

WINTHROP

(City or Town)



No. 29 MOORE

{(If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME MOLLIE LEITER

(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT

(Was deceased a
U. S. War Veteran,
if so specify WAR)

(a) Residence. No. 29 MOORE

St.

(If nonresident, give city or town and State)

Length of stay: In place of death 8 years months days. In place of residence 8 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH Aug 28 1957
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
July 40 to Aug 28, 1957
last seen alive on Aug 27, 1957, death is said to
have occurred on the date stated above, at 11:30 A.M.INTERVAL
BETWEEN
ONSET AND
DEATH
2

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) ARTERIOSCLEROTIC
HEART DISEASEDue To (b) WITH - CONGESTIVE
HEART FAILURE

6 MOS

Due To
(c)OTHER
SIGNIFICANT
CONDITIONS

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. M. Masters, M. D.

(Address) Chelsea Mass Date 8/28 1957

6 LINAS HADZEDICK-GOLDMAN, EVERETT
Place of Burial or Cremation (City or Town)

DATE OF BURIAL AUGUST 28 1957

7 NAME OF FUNERAL DIRECTOR TREF FUNERAL SERVICE INC
ADDRESS 151 WASHINGTON AVE., CHELSEA
AUG 28 1957

Received and filed

19

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX FEMALE 9 COLOR 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 JACOB LEITER

(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. NONE

16 BIRTHPLACE (City) RUSSIA
(State or country)

17 NAME OF FATHER JACOB BRIZELLI

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 MORRIS KAPLAN
(Address) .29 MOORE STREET, WINTHROPI HEREBY CERTIFY that a satisfactory standard certificate of death
was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation)

(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. 370 Main Street

2 FULL NAME

Domenica Marguerita Buffa *Pesci*

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence, No. 38 Banks Street

(Usual place of abode)

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 35 years, months, days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH August 29 1957
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
Sept. 22 1953, to August 29 1957I last saw him alive on August 28 1957, death is said to
have occurred on the date stated above, at 8:52 am.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Arteriosclerotic Heart Disease

INTERVAL
BETWEEN
ONSET AND
DEATH

5 yrs.

Due To (b) Generalized Arteriosclerosis

Over
5 yrs

Due To (c) Diabetes Mellitus

over
15 yrs.OTHER
SIGNIFICANT
CONDITIONS Hypertension
ArthritisOver
5 yrs.

Was autopsy performed? No

What test confirmed diagnosis? Phy. Ex. Urinalysis &
Blood Sugar5 Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) John F. Collins, M. D.

(Address) 27 Bennington St. Date Aug. 29 1957

Revere 51 Massachusetts

6 St. Michaels Boston Mass.
Place of Burial or Cremation (City or Town)

DATE OF BURIAL August 31 1957

7 NAME OF FUNERAL DIRECTOR Arthur J. O'Maley
ADDRESS Winthrop Mass.

Received and filed AUG 30 1957 19

(Registrar)

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. 163

St. (If death occurred in a hospital or institution,
give its NAME instead of street and number)

PHYSICIAN — IMPORTANT

(Was deceased a
U. S. War Veteran,
if so specify WAR)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX 9 COLOR 10 SINGLE (write the word)
MARRIED
WIDOWED
or DIVORCED
Female White Widowed

10a If married, widowed, or divorced

HUSBAND of (Give maiden name of wife in full)

(or) WIFE of Anthony Buffa
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 78 Years Months Days
If under 24 hours
Hours Minutes13 Usual Occupation: Housewife
(Kind of work done during most of working life)

14 Industry or Business: Own Home

15 Social Security No.
16 BIRTHPLACE (City) Genoa
(State or country) Italy17 NAME OF FATHER John Baptista *Pesci*18 BIRTHPLACE OF FATHER (City) Genoa
(State or country) Italy

19 MAIDEN NAME OF MOTHER Teresa Antonelli

20 BIRTHPLACE OF MOTHER (City) Genoa
(State or country) Italy21 Infant: Alice Hennessey
(Address) 370 Main 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 or 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 forty-two, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or 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

302

NON RESIDENT

CERTIFICATE OF DEATH
FLORIDASTATE FILE NO. 11478
REGISTRAR'S NO.

1. PLACE OF DEATH a. COUNTY Broward		CODE NO. 16-88		2. USUAL RESIDENCE (Where deceased lived if institution: Residence before admission) a. STATE Massachusetts b. COUNTY Suffolk	
3. CITY, TOWN OR LOCATION Fort Lauderdale		4. IS PLACE OF DEATH INSIDE CITY LIMITS? YES ☐ NO ☒		5. CITY, TOWN OR LOCATION Winthrop	
6. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) Holy Cross Hospital		7. LENGTH OF STAY IN 1b 1 day		8. STREET ADDRESS 70 Quincy Ave.	
9. NAME OF DECEASED (Type or print) WILLIAM LESTER HARRINGTON		10. DATE OF DEATH April 23 1957		11. IS RESIDENCE INSIDE CITY LIMITS? YES ☒ NO ☐	
12. SEX Male		13. COLOR OR RACE White		14. DATE OF BIRTH 7/28/91	
15. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐		16. AGE (In years last birthday) 65		17. IF UNDER 1 YEAR Months Days Hours Min.	
18. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Contract Mer.		19. KIND OF BUSINESS OR INDUSTRY Engineering Corp.		20. BIRTHPLACE (State or foreign country) Massachusetts	
21. FATHER'S NAME William George Harrington		22. MOTHER'S MAIDEN NAME Jennie Sanderson		23. CITIZEN OF WHAT COUNTRY? USA	
24. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) no		25. SOCIAL SECURITY NO. 023-05-7405		26. INFORMANT'S SIGNATURE <i>William E. Harrington</i> Address Lighthouse Point, Pompano B.	
27. CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c)) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Myocardial infarction Conditions, if any, which gave rise to above cause (a), stating the underlying cause last DUE TO (b) Coronary artery disease DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 4201				28. INTERVAL BETWEEN ONSET AND DEATH hours years	
29. (Probably) ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐		30. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.)			
31. TIME OF INJURY Hour ☐ Month ☐ Day ☐ Year ☐ a.m. ☐ p.m. ☐		32. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)			
33. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐		34. CITY, TOWN OR LOCATION Suffolk			
35. I attended the deceased from death occurred at 5:35 on the date stated above, and to the best of my knowledge, from the causes stated		36. ADDRESS 1814 NE. 25th St Pompano			
37. SIGNATURE <i>William E. Harrington M.D.</i>		38. DATE SIGNED 4/23/57		39. WAS AUTOPSY PERFORMED? YES ☐ NO ☒	
40. BURIAL CREMATION REMOVAL Removal		41. DATE 4/24/57		42. NAME OF CEMETERY OR CREMATORY Suffolk Mass.	
43. SIGNATURE OF REGISTRAR <i>R. Jay Kram</i>		44. DATE RECD. BY LOCAL REG. 4-25-57		45. REGISTRAR'S SIGNATURE <i>Judy S. Duellman</i>	

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inutes

(life)

ADDRESS

Received and filed

SEP 30 1957

19

(Registrar of City or Town where deceased resided)

ATTEST:

(Registrar of City or Town where death occurred)

DATE FILED

19



CERTIFICATE OF DEATH

STATE FILE NO.

165

1. PLACE OF DEATH a. COUNTY Lincoln		2. USUAL RESIDENCE Where deceased lived. If institution: residence before admission a. STATE Mass. b. COUNTY	
b. CITY, TOWN, OR LOCATION East Boothbay, Me		c. LENGTH OF STAY IN 1b 1 week	
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)		d. STREET ADDRESS 194 Somerset St.	
e. IS PLACE OF DEATH IN RURAL AREA? YES ☐ NO ☒		e. IS RESIDENCE IN RURAL AREA? YES ☐ NO ☒	
f. IS RESIDENCE ON A FARM? YES ☐ NO ☒			
3a. NAME OF DECEASED — First Name William		3b. Middle Name Martin	
3c. Last Name Brewer		4. DATE OF DEATH Month 6 Day 19 Year 57	
5. SEX M	6. COLOR OR RACE White	7. Married ☐ Never Married ☐ Widowed ☐ Divorced ☒	8. DATE OF BIRTH Oct. 11, 1898
9. AGE (In years last birthday) 69		10. If under 1 year: Days 69 Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mariner		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) Boothbay Harbor, Me.		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME William A. Brewer		14. MOTHER'S MAIDEN NAME Ada Hamilton	
15. NAME OF SPOUSE (If Married)			
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		17. SOCIAL SECURITY NO. 020-12-9271	
18. INFORMANT Mrs. Norris Dodge		Address	
19. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Paroxysmal A. B. 163X Conditions, if any, which gave rise to above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ PART II. Other significant conditions contributing to death but not related to the terminal disease condition given in Part I(a)		INTERVAL BETWEEN ONSET AND DEATH months	
20. WAS AUTOPSY PERFORMED? YES ☐ NO ☒			
21a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐		21b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 19).	
21c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____			
21d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒		21e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21f. CITY, TOWN, OR LOCATION Boothbay Harbor		COUNTY Lincoln STATE Me.	
22a. MEDICAL EXAMINER: I hereby certify that death occurred at the time and from the causes stated above, and that I held an (investigation) (autopsy) on the remains of the deceased as required by law.		22b. PHYSICIAN: I hereby certify that I attended the deceased from 6/19/57 to 6/20/57 and last saw him alive on 6/19/57 at 8 A.M. on the date and from the causes stated above.	
23a. SIGNATURE Deane Hutchins M.D.		23b. ADDRESS Boothbay Harbor	
23c. DATE SIGNED 6/20/57			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 6/22/57	
24c. NAME OF CEMETERY OR CREMATORY Union		24d. LOCATION (City, town, or county) (State) Edgecomb, Me.	
25. FUNERAL DIRECTOR Simmons Harrington		26. DATE RECD. BY LOCAL REG June 21, 1957	
27. REGISTRAR'S SIGNATURE Raymond J. ...		A TRUE COPY ATTEST	

OCT 8 1957

V.B.V.

RECEIVED



OCT - 81957

The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

(City or Town making this return)

Nahant

COPY OF
CERTIFICATE OF DEATH

Registered No. 43 166

PLACE OF DEATH

Essex
(County)Nahant
(City or Town)

No. Rockledge Manor Nursing Home St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Kathryn O'Connor (Cassidy)
(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. 175 Main Winthrop, Mass.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death. years. months. 21 days. In place of residence. 45 years. months. days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH July 6, 1957
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from June 20, 1957, to July 6, 1957

I last saw or alive on July 5, 1957, death is said to have occurred on the date stated above, at 8.40 A. m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE
Multiple Sclerosis

(a) Multiple Sclerosis

Due To (b)

Due To (c)

OTHER SIGNIFICANT CONDITIONS
Acute Myocarditis 2 hrs.
Acute Congestive Failure 12 hrsWas 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) Henry J. Oberson, M. D.
(Address) Lynn, Mass. Date July 6, 19576 Winthrop Cem. Winthrop
Place of Burial or Cremation (City or Town)
DATE OF BURIAL July 9, 19577 NAME OF FUNERAL DIRECTOR Victoria A. Reynolds
ADDRESS 180 Winthrop St. Winthrop, Mass

Received and filed Sept. 24, 1957 19

(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Female 9 COLOR 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 Henry O'Connor (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 59 Years 9 Months 15 Days If under 24 hours Hours Minutes

13 Usual Occupation: Housewife (Kind of work done during most of working life)

14 Industry or Business: At Home

15 Social Security No. 024 10 2183D

16 BIRTHPLACE (City) Boston, Mass. (State or country)

17 NAME OF FATHER Michael Cassidy

18 BIRTHPLACE OF FATHER (City) CNBL (State or country) N.Y.

19 MAIDEN NAME OF MOTHER Frances Reagan

20 BIRTHPLACE OF MOTHER (City) Boston, Mass. (State or country)

21 Informant James O'Connor (Address) 175 Main St. Winthrop, Mass.

A TRUE COPY Leon M. Delano (Registrar of City or Town where death occurred)

ATTEST: Clerk July 7, 1957 19

RECEIVED



SEP 2 1897

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 at the time of death should be transmitted on Form R-302 to the clerk of the city or town in which the death occurred. (See Chap. 46, Sec. 12, G. L.)

R-302

50M-11-55-916145

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

Registered No.

7323

Boston

(City or Town making this return)

167

7323

No. New England Ctr. Hosp.

{(If death occurred in a hospital or institution, St. { give its NAME instead of street and number)}

2 FULL NAME Leo A Bonzagni

(If deceased is a married, widowed or divorced woman, give also maiden name.)

{(Was deceased a U. S. War Veteran, if so specify WAR)}

WW #1

(a) Residence. No. 42 Russell St.

(Usual place of abode)

St. Brockline 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.

13 Hrs

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH

(Month)

August 6/57

(Day)

(Year)

4 I HEREBY CERTIFY, That I attended deceased from

August 5/57 to August 6 19 57
I last saw him alive on August 6, 19 57, death is said to have occurred on the date stated above, at 1:30A m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Hemorrhage cerebral

INTERVAL BETWEEN ONSET AND DEATH

1 Day

Due To

(b) Acute leukemia

About

7 Mos.

Due To

(c)

OTHER SIGNIFICANT CONDITIONS

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) W W Michaels, M. D.

(Address) New Eng. Ctr. Hosp 8-6 19 57

6 Winthrop Cem-Winthrop Mass.
Place of Burial or Cremation (City or Town)

DATE OF BURIAL August 9/57 19

7 NAME OF FUNERAL DIRECTOR A J O'Maley

ADDRESS Winthrop Mass.

Received and filed Sept. 12, 1957 19

(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX

M

9 COLOR

W

10 SINGLE (write the word)

MARRIED

WIDOWED

or DIVORCED

Married

10a If married, widowed, or divorced

HUSBAND of Cecile Hayes

(Give maiden name or 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:

Vault Manager

(Kind of work done during most of working life)

14 Industry

or Business:

F.N. Bank of Boston

15 Social Security No.

022-07-5101

16 BIRTHPLACE (City)

(State or country)

Boston Mass.

17 NAME OF

FATHER

Vincent Bonzagni

18 BIRTHPLACE OF

FATHER (City)

(State or country)

Italy

19 MAIDEN NAME

OF MOTHER

Augusta Costa

20 BIRTHPLACE OF

MOTHER (City)

(State or country)

Italy

21

Informant

(Address)

Cecile Bonzagni

Wife

A TRUE COPY

ATTEST:

(Registrar of City or Town where death occurred)

DATE FILED

August 12/57

19



copies of returns of deaths occurring in your city or town, or in any town or city in which the deceased resided, shall be transmitted to the clerk of the city or town in which the death occurred. (See Chap. 46, Sec. 12, G. L.)

The Commonwealth of Massachusetts

Boston

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

(City or Town making this return)

Suffolk

(County)

Boston

(City or Town)

COPY OF
CERTIFICATE OF DEATH

Registered No.

7502

168

No. New England Baptist Hospt.

St. (If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME

Rita E Lambert

(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 Atlantic St.

St.

Winthrop Mass.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of stay: In place of death. years. 1 months. 8 days. In place of residence. years. 30 months. days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF
DEATH

August 12/57

(Month)

(Day)

(Year)

4 I HEREBY CERTIFY, That I attended deceased from

July 3, 1957, to August 12, 1957

I last saw him alive on August 12, 1957, death is said to

have occurred on the date stated above, at 1:30 PM.

INTERVAL
BETWEEN
ONSET AND
DEATH

11 Mos.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Pulmonary metastasis

Due To Adenocarcinoma of rt. breast
(b)Due To
(c)OTHER
SIGNIFICANT
CONDITIONS Generalized metastases

18 Mos.

Was autopsy performed?

None

What test confirmed diagnosis? Exploration and xrays

5 Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed)

S Parikh

M. D.

(Address)

Lahey Clinic

Date

8-12 1957

6

Place of Burial or Cremation

Winthrop Cem-Winthrop Mass.

(City or Town)

DATE OF BURIAL

August 16/57

19

7 NAME OF

FUNERAL DIRECTOR

A J O'Maley

ADDRESS

Winthrop Mass.

Received and filed

SEP 19 1957

19

(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX

F

9 COLOR

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)

Harold J Lambert

(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:

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 Mass.

(State or country)

17 NAME OF
FATHER

Michael Moynihan

18 BIRTHPLACE OF

FATHER (City)

East Boston Mass.

(State or country)

19 MAIDEN NAME

OF MOTHER

Sarah Alexander

20 BIRTHPLACE OF

MOTHER (City)

East Boston Mass.

(State or country)

21

Informant

(Address)

Jeanne Lambert

45 Atlantic St. Winthrop Mass

A TRUE COPY

ATTEST:

(Registrar of City or Town where death occurred)

August 16/57

DATE FILED

19

RECEIVED



SEP 19 1937 AM

PLACE OF DEATH

Suffolk

(County)

Boston

(City or Town)

No.

Boston State Hospt. Boston

2 FULL NAME

John E Pfeifer

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No.

89 Summit Ave.

(Usual place of abode)

St.

Winthrop Mass.

(If nonresident, give city or town and State)

Length of stay: In place of death. 6 years. 11 months. 22 days. In place of residence. years. months. days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH

August 12/57

(Month)

(Day)

(Year)

4 I HEREBY CERTIFY, That I attended deceased from

July 1, 1957, to August 12, 1957

I last saw her alive on August 12, 1957 death is said to

have occurred on the date stated above, at 6:45AM m.

INTERVAL
BETWEEN
ONSET AND
DEATH2-3 Days
10-15 Yrs

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Myocardial infarction

Due To

(b) Hypertension

Due To

(c) Obesity

OTHER
SIGNIFICANT
CONDITIONS

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)

Nezih Sevinduk

M. D.

(Address)

Boston State Hospt

Date

August 12/57

6 Place of Burial or Cremation

Winthrop Cem-Winthrop Mass.

(City or Town)

DATE OF BURIAL

August 14/57

19

7 NAME OF FUNERAL DIRECTOR

F J Magrath
East Boston Mass.

ADDRESS

Received and filed

SEP 18 1957

19

(Registrar of City or Town where deceased resided)

The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

Boston

(City or Town making this return)

COPY OF

CERTIFICATE OF DEATH

Registered No.

7488

{(If death occurred in a hospital or institution, give its NAME instead of street and number)

{(Was deceased a U. S. War Veteran, if so specify WAR)

{(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX

M

9 COLOR

W

10 SINGLE (write the word)

MARRIED Married
WIDOWED
or DIVORCED10a If married, widowed, or divorced
HUSBAND of Helen J Smiddy

(Give maiden name of wife in full)

(or) WIFE of. (Husband's name in full)

11 IF STILLBORN, enter that fact here.

AGE 49

Years. Months. Days

If under 24 hours
Hours. Minutes

Usual

Occupation:

Longshoreman

(Kind of work done during most of working life)

14 Industry
or Business:

Retired

15 Social Security No.

029-05-5302

16 BIRTHPLACE (City)
(State or country)

Lagrange Wisconsin

17 NAME OF
FATHER

John E Pfeifer

18 BIRTHPLACE OF
FATHER (City)
(State or country)

Germany

19 MAIDEN NAME
OF MOTHER

Caroline Wagner

20 BIRTHPLACE OF
MOTHER (City)
(State or country)

Wisconsin

21

Informant
(Address)

Helen J Pfeifer

A TRUE COPY

ATTEST:

Charles H. Macke
(Registrar of City or Town where death occurred)

DATE FILED

August 16/57

19

RECEIVED



SEP 18 1957 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.)

302

The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

Boston

(City or Town making this return)

Suffolk

(County)

Boston

(City or Town)

COPY OF

CERTIFICATE OF DEATH

Registered No.

7528

130

Mass. General Hospt.

No.

{ (If death occurred in a hospital or institution,
St. { give its NAME instead of street and number)

Mae F Schmidt

2 FULL NAME

(If deceased is a married, widowed or divorced woman, give also maiden name.)

{ (Was deceased a
U. S. War Veteran,
if specify WAR)

(a) Residence. No. 27 Enfield Road
(Usual place of abode)

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.....years.....months 40.....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF
DEATH

August 14/57

(Month)

(Day)

(Year)

4 I HEREBY CERTIFY, That I attended deceased from

July 31, 19 57, to August 14, 19 57

I last saw her alive on August 14, 19 57 death is said to

have occurred on the date stated above, at 3 AM m.

INTERVAL
BETWEEN
ONSET AND
DEATH

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Small bowel infarction

2 Weeks

Due To Peritoneal adhesions
(b)

Yrs

Due To Multiple abdominal operation
(c)

Yrs

OTHER
SIGNIFICANT
CONDITIONS Cystic left cerebral
infarct, old

2 Yrs

Was autopsy performed? Yes

What test confirmed diagnosis? autopsy

5 Was disease or injury in any way related to occupation of deceased?
If so, specify.....

(Signed) C L Clay, M. D.

(Address) Mass. General Hospt. Date 19 57

6 Winthrop Cem-Winthrop Mass.
Place of Burial or Cremation (City or Town)

DATE OF BURIAL August 17/57 19 57

7 NAME OF
FUNERAL DIRECTOR A J O'Maley

ADDRESS Winthrop Mass.

Received and filed SEP 19 1957 19 57

(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX

Female

9 COLOR

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 Schmidt

(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: Housewife

(Kind of work done during most of working life)

14 Industry

or Business:

Own Home

15 Social Security No.

16 BIRTHPLACE (City) Brooklyn New York
(State or country)

17 NAME OF
FATHER

Charles F Egan

18 BIRTHPLACE OF

FATHER (City) New York

(State or country)

19 MAIDEN NAME

OF MOTHER

Mary Murphy

20 BIRTHPLACE OF

MOTHER (City)

New York

(State or country)

21

Informant
(Address)

Charles Schmidt

A TRUE COPY

ATTEST:

(Registrar of City or Town where death occurred)

DATE FILED

August 19/57

19 57

RECEIVED



SEP 1 9 1957 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 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.)

302

The Commonwealth of Massachusetts

Boston

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

(City or Town making this return)

Suffolk

(County)

Boston

(City or Town)

COPY OF CERTIFICATE OF DEATH

Registered No.

7669

No.

Boston City Hospt.

{(If death occurred in a hospital or institution,
give its NAME instead of street and number)}

2 FULL NAME.

Mary Moynihan or Moynihan

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No.

7 Center St.

St.

Winthrop Mass.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of stay: In place of death.....years.....months.....days. In place of residence.....years.....months.....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF
DEATH

August 18/57

(Month)

(Day)

(Year)

4 I HEREBY CERTIFY, That I attended deceased from

August 17/57 to

August 18/57

I last saw him live on ----, 19-- death is said to

have occurred on the date stated above, at 5:20PM.

INTERVAL
BETWEEN
ONSET AND
DEATH

7 Days

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a)

Hodgkin's Disease

Due To
(b)

Mediastinal compression due to
lymphadenopathy prob.

7 Yrs.

Due To
(c)

Staphylococcal pneumonia

Days

OTHER
SIGNIFICANT
CONDITIONS

No

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 Hospt 8-19

19

Woodlawn Cem-Everett Mass.

6 Place of Burial or Cremation

(City or Town)

DATE OF BURIAL

August 21/57

19

7 NAME OF
FUNERAL DIRECTOR

F J Magrath

ADDRESS

East Boston Mass.

Received and filed.

19

(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX

F

9 COLOR

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 J. Moynihan

(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12

AGE 39

Years

Months

Days

If under 24 hours

Hours

Minutes

13 Usual

Occupation:

Housewife

(Kind of work done during most of working life)

14 Industry

or Business:

At Home

15 Social Security No.

022-01-8721

16 BIRTHPLACE (City)

Boston Mass.

(State or country)

17 NAME OF
FATHER

Henry Johnson

18 BIRTHPLACE OF
FATHER (City)

Providence R.I.

(State or country)

19 MAIDEN NAME
OF MOTHER

Gertrude O'Rourke

20 BIRTHPLACE OF
MOTHER (City)

P.E.I.

(State or country)

21

Informant
(Address)

John J Moynihan

7 Centre St. Winthrop

A TRUE COPY

ATTEST:

(Registrar of City or Town where death occurred)

August 22/57

DATE FILED

19

RECEIVED



SEP 2 1967 PM

Copies of returns of deaths which occurred in your city or town in case the deceased resided in another city or town at the time of death should be transmitted on Form R-302 to the clerk of the city or town in which the deceased resided as soon as possible, after the close of the month in which the death occurred. (See Chap. 46, Sec. 12, G. L.)

302

The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

Boston

(City or Town making this return)

172

PLACE OF DEATH

Suffolk

(County)

Boston

(City or Town)

COPY OF

CERTIFICATE OF DEATH

Registered No. 7711

Boston State Hospt

No. St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Martina Meahan

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(Was deceased a U. S. War Veteran, if so specify WAR)

Home of Little Sisters of the Poor

Wintthrop Mass.

(a) Residence. No.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of stay: In place of death.....years.....months.....9.....days. In place of residence.....45.....years.....months.....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH

August 19/57

(Month)

(Day)

(Year)

4 I HEREBY CERTIFY, That I attended deceased from

August 15 57 to

August 19 57

I last saw her alive on August 19 19 57, death is said to

have occurred on the date stated above, at

2:45PM

INTERVAL BETWEEN ONSET AND DEATH
1 Day

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Coronary thrombosis

Due To (b)

Arterio sclerotic heart disease

Yrs

Due To (c)

OTHER SIGNIFICANT CONDITIONS

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)

S Yuen

M. D.

(Address)

Boston State Hospt

Date 8-19 19 57

Tufts School of Med.

6 Place of Burial or Cremation

General Laws

DATE OF BURIAL

August 21/57

19

7 NAME OF FUNERAL DIRECTOR

J S Waterman & Sons

ADDRESS

Boston Mass

Received and filed

Sept. 24 1957

19

(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX

F

9 COLOR

W

10 SINGLE (write the word)

MARRIED

WIDOWED Single

or DIVORCED

10a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12

AGE 87

Years.....Months.....Days

If under 24 hours
.....Hours.....Minutes

13 Usual

Occupation

Retired

(Kind of work done during most of working life)

14 Industry

or Business

15 Social Security No.

16 BIRTHPLACE (City)

(State or country)

New Brunswick

17 NAME OF FATHER

Charles Meahan

18 BIRTHPLACE OF FATHER (City)

(State or country)

Ireland

19 MAIDEN NAME OF MOTHER

(State or country)

Catherine Green

20 BIRTHPLACE OF MOTHER (City)

(State or country)

England

21

Informant (Address)

Boston State Hospt

A TRUE COPY

ATTEST:

(Registrar of City or Town where death occurred)

DATE FILED

August 26/57

19

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

(City or Town making this)

Suffolk

Boston

(County)

(City or Town)

Boston State Hospt.

No.

COPY OF

CERTIFICATE OF DEATH

Registered No. 771

{ (If death occurred in a hospital or in
St. { give its NAME instead of street and

2 FULL NAME

Martina Meahan

(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.

Home of Little Sisters of the Poor, 19 Sum t Av

(Usual place of abode)

(If nonresident, give city or town and St.

Length of stay: In place of death.....years.....months.....9.....days. In place of residence.....45.....years.....months.....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF
DEATH

August 19/57

(Month)

(Day)

(Year)

4 I HEREBY CERTIFY, That I attended deceased from

August 15/57

August 19, 19. 57

I last saw him live on August 18/57 death is said to

have occurred on the date stated above, at 2:45 P.M.

INTERVAL
BETWEEN
ONSET AND
DEATH

1 Day

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Coronary thrombosis

Due To
(b)Arterio sclerotic heart
disease

Yrs

Due To
(c)OTHER
SIGNIFICANT
CONDITIONS

Was autopsy performed?

What test confirmed diagnosis?

5 Was disease or injury in any way related to occupation of deceased?
If so, specify.

(Signed)

S Yuen

M. D.

(Address)

Boston State Hospt

8-19

19. 57

Tufts School of Medicine

6 Place of Burial or Cremation

(City or Town)

DATE OF BURIAL

August 21/57

19.

7 NAME OF
FUNERAL DIRECTOR

J S Waterman & Sons

ADDRESS

Boston Mass.

Received and filed

SEP 25 1957

19.

(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX

F

9 COLOR

W

10 SINGLE (write

MARRIED
WIDOWED
or DIVORCED S

10a If married, widowed, or divorced

HUSBAND of.....
(Give maiden name of wife in full)(or) WIFE of.....
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12

AGE 87 Years.....Months.....Days

If under 24

Hours.....

13 Usual

Occupation: Retired
(Kind of work done during most of work)14 Industry
or Business:

15 Social Security No.

16 BIRTHPLACE (City)
(State or country)

New Brunswick

17 NAME OF
FATHER

Charles Meeha

18 BIRTHPLACE OF

FATHER (City)

Ireland

(State or country)

19 MAIDEN NAME

OF MOTHER

Catherine Gree

20 BIRTHPLACE OF

MOTHER (City)

England

(State or country)

21

Informant
(Address)Boston State
Boston Mass

A TRUE COPY

ATTEST:

(Registrar of City or Town where death occ

DATE FILED

August 26/57

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING BLACK INK - THIS IS A PERMANENT RECORD

Copies of returns of deaths which occurred in your city or town in case the deceased resided in another city or town at the time of death should be transmitted on Form R-302 to the clerk of the city or town in which the deceased resided as soon as possible, after the close of the month in which the death occurred. (See Chap. 46, Sec. 12, G. L.)

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-502 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.)

302

The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

Boston

(City or Town making this return)

Suffolk

(County)

Boston

(City or Town)



COPY OF

CERTIFICATE OF DEATH

Registered No.

173 7806

No.

Mass. General Hospt.

{ (If death occurred in a hospital or institution,
St. { give its NAME instead of street and number)

2 FULL NAME

Ruth Scott

(If deceased is a married, widowed or divorced woman, give also maiden name.)

40 Trident Ave.

{ (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.....days. In place of residence.....years.....months.....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF
DEATH

August 24/57

(Month)

(Day)

(Year)

4 I HEREBY CERTIFY, That I attended deceased from

Aug. 4, 19 57, to August 24, 19 57

I last saw him/her on **August 24/57** at **12:18PM** death is said to

have occurred on the date stated above, at **12:18PM**

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a)

**Malignant lymphoma stemm cell
type**

Due To

(b)

**with massive involvement
of lungs and liver**

Due To

(c)

OTHER
SIGNIFICANT
CONDITIONS

Yes

Was autopsy performed?

What test confirmed diagnosis?

autopsy

5 Was disease or injury in any way related to occupation of deceased?

If so, specify

D A Clark

(Signed)

M. D.

(Address)

Mass. General Hospt

19

Jewish Nat. Workers Cen-Danvers Mass

6 Place of Burial or Cremation

(City or Town)

DATE OF BURIAL

August 26/57

19

7 NAME OF
FUNERAL DIRECTOR

B Schlossberg & Sons

Mattapan Mass.

ADDRESS

Received and filed

SEP 27 1957

19

(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX

F

9 COLOR

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)

Israel Scott

(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:

Housewife

(Kind of work done during most of working life)

14 Industry

or Business:

At Home

15 Social Security No.

None

16 BIRTHPLACE (City)

Latvia

(State or country)

17 NAME OF
FATHER

Joseph Latt

18 BIRTHPLACE OF

FATHER (City)

Latvia

(State or country)

19 MAIDEN NAME

OF MOTHER

Ida Herzkovitz

20 BIRTHPLACE OF

MOTHER (City)

Latvia

(State or country)

21

Informant
(Address)

Israel Scott

**40 Trident Ave Winthrop
Mass.**

A TRUE COPY

ATTEST:

(Registrar of City or Town where death occurred)

DATE FILED

August 28/57

19

RECEIVED



SEP 27 1957 PM

001A

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DEATH

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100M-11-85-9161-48

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.

174

Suffolk

(County)

Winthrop

(City or Town)

STANDARD
CERTIFICATE OF DEATH

Registered No.

No. Mount's Conv. Home 104 Highland ave

St. (If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME Annie F. (Moore) Enright

(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT

(Was deceased a
U. S. War Veteran, No
if so specify WAR)(a) Residence. No. 20 Eliot
(Usual place of abode)St. Winthrop, Mass
(If nonresident, give city or town and State)

Length of stay: In place of death years 1 months 10 days. In place of residence years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH Sept 4 1957
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
June 1, 1957 to Sept 4, 1957
last saw her alive on Sept 4, 1957 death is said to
have occurred on the date stated above, at 10A m.INTERVAL
BETWEEN
ONSET AND
DEATH
2 DAYS

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) BRONCHO-PNEUMONIA

Due To ARTERIO-SCLEROTIC
(h) HEART DISEASE

5 yrs

Due To
(c)OTHER
SIGNIFICANT
CONDITIONS

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) Fred O. Pegan M. D.

(Address) 113 Pleasant St. Winthrop Date 9/5 1957

6 Holy Cross Malden
Place of Burial or Cremation (City or Town)

DATE OF BURIAL Sept. 6 1957

7 NAME OF FUNERAL DIRECTOR John J. Spencer
ADDRESS 527 Broadway, So. Boston

Received and filed SEP 6 1957 19

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Female 9 COLOR White 10 SINGLE (write the word)
MARRIED Married
WIDOWED or DIVORCED10a If married, widowed, or divorced
HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of James A. Enright

(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: Saleslady (RETIRED) J. J. S.
(Kind of work done during most of working life)

14 Industry or Business: Clothing store

15 Social Security No. 023-01-2479

16 BIRTHPLACE (City)
(State or country) Ireland

17 NAME OF FATHER James Moore

18 BIRTHPLACE OF FATHER (City)
(State or country) Ireland

19 MAIDEN NAME OF MOTHER Mary

20 BIRTHPLACE OF MOTHER (City)
(State or country) Ireland21 Informant James A. Enright
(Address) 20 Eliot 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)

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or 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.

SEP - 6 1957 AM

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had 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

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DEATH

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apter 137,
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PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)

No. Winthrop Community Hospital

2 FULL NAME

Annie F. Murphy

(If deceased is a married, widowed or divorced woman, give also maiden name.)

318 Pleasant St.

(a) Residence. No.

(Usual place of abode)

St.

South Weymouth

(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, 1957
(Month) (Day) (Year)

4 I HEREBY CERTIFY That I attended deceased from August 1, 1957, Sept 5, 1957

I last saw him alive on Sept 5, 1957, death is said to have occurred on the date stated above, at 3:30 P.M.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Acute Pulmonary Edema

Due To Chronic Myocarditis

(b)

Due To Hypertension

(c)

OTHER SIGNIFICANT CONDITIONS

Was autopsy performed?

What test confirmed diagnosis?

5 Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) J. H. Schurath M. D.

(Address) 17 Princeton St. E. B. 9/6 57

6 Holy Cross Walden
Place of Burial or Cremation (City or Town)

DATE OF BURIAL Sept. 7, 1957

7 NAME OF FUNERAL DIRECTOR Frederick J. McGrath
ADDRESS East Boston

Received and filed. SEP 6 - 1957

(Registrar)

The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH

DIVISION OF VITAL STATISTICS

STANDARD

CERTIFICATE OF DEATH

Registered No. 175

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

IFICATE

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DEATH

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and (c)

not mean
dying,
failure,
It means
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ion given

apter 137,
requires
to print or
cause or
death on
ates.

PERSONAL AND STATISTICAL PARTICULARS

8 SEX female 9 COLOR 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 52 Years Months Days If under 24 hours
Hours Minutes

13 Usual Occupation: laundry worker

(Kind of work done during most of working life)

14 Industry or Business: Harbor View Laundry

15 Social Security No. publ.

16 BIRTHPLACE (City) St. John's
(State or country) Newfoundland

17 NAME OF FATHER John F. Murphy

18 BIRTHPLACE OF FATHER (City)
(State or country) Newfoundland

19 MAIDEN NAME OF MOTHER Nora Whalen

20 BIRTHPLACE OF MOTHER (City)
(State or country) Newfoundland21 Informant: Mary Martin
(Address) 318 Pleasant St. Co. WeymouthI 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)

100M.11-55-916145

EXTRACTS
FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, 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 purposes of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had 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 in which the deceased at the time of death should be recorded on Form R.902 to the clerk of the city or town in which the death occurred. (See Chap. 46, Sec. 12, G. L.) resided as soon as possible, after the close of the month in which the death occurred.

The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

Chester

(City or Town making this return)

Hampden

(County)

Chester

(City or Town)



COPY OF

CERTIFICATE OF DEATH

Registered No.

10 176

No.

Middlefield

{(If death occurred in a hospital or institution,
St. { give its NAME instead of street and number)

2 FULL NAME

Gilbert A. Sprague

(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 Chester Ave.

St.

Winthrop, Mass.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of stay: In place of death. 2 years. 2 months. days. In place of residence. 10 years. months. days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH

September 9 1957
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from

July 27, 1957 to Sept 29, 1957

I last saw him alive on Sept 9, 1957, death is said to

have occurred on the date stated above, at 11/10a m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Pontine Hemorrhage

INTERVAL
BETWEEN
ONSET AND
DEATH

13 Hrs.

Due To

(b) Hypertension

1 yr

Due To

(c)

OTHER
SIGNIFICANT
CONDITIONS

Coronary Artery

heart disease

3 yrs.

Was autopsy performed?

no

What test confirmed diagnosis?

clinical course

5 Was disease or injury in any way related to occupation of deceased?

If so, specify

NO

(Signed)

Milton L. Lowell

M. D.

(Address)

Chester, Mass. Date 9/10/1957

6 Winthrop Cemetery

Winthrop

Place of Burial or Cremation

(City or Town)

DATE OF BURIAL September 13

1957

7 NAME OF
FUNERAL DIRECTOR

ADDRESS

SEP 13 1957

Received and filed

1957

(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX

M

9 COLOR

White

10 SINGLE (write the word)

MARRIED married
WIDOWED
or DIVORCED

10a If married, widowed, or divorced

HUSBAND of Bessie Barrett

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12

AGE 68 Years 8 Months. Days

If under 24 hours

Hours. Minutes

13 Usual

Occupation: Custodian (ret.)

(Kind of work done during most of working life)

14 Industry

or Business:

Summer Camp (Girlscout)

15 Social Security No.

none

16 BIRTHPLACE (City)

New Britain

(State or country)

Conn.

17 NAME OF
FATHER

Gilbert Sprague

18 BIRTHPLACE OF

FATHER (City)

Unknown

(State or country)

England

19 MAIDEN NAME

OF MOTHER

Unknown

20 BIRTHPLACE OF

MOTHER (City)

Unknown

(State or country)

England

21

Informant Mrs. Catherine A. Femino

(Address) 40 Chester Ave., Winthrop, Mass.

A TRUE COPY

ATTEST:

(Registrar of City or Town where death occurred)

DATE FILED

Sept 11,

1957

RECEIVED



SEP 13 1957 AM

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. 127

PLACE OF DEATH

Suffolk
(County)Winthrop
(City or Town)

Winthrop Community Hospital

(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.)

2 FULL NAME No. SA 015 Ruth (Berger) Hollander

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 235 Washington Ave. St.

(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 40 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH Sept 11 1957
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
April, 1956, to Sept. 11, 1957
I last saw her alive on Sept. 11, 1957 death is said to
have occurred on the date stated above, at 9:30 P.M.INTERVAL
BETWEEN
ONSET AND
DEATH
2 mos.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Cancer of Cecum

Due To
(b)Due To
(c)OTHER SIGNIFICANT CONDITIONS Cancer of Colon, postoper 1 1/2 yrs.
Active status. Cancer of breast 3 yrs

Was autopsy performed? No

What test confirmed diagnosis Clinical, Pathological.

5 Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) Charles Liberman, M. D.

(Address) Winthrop, Mass Date Sept. 11 1957

6 Woodlawn Crematory Everett
Place of Burial or Cremation (City or Town)

DATE OF BURIAL Sept 14 1957

7 NAME OF FUNERAL DIRECTOR Howard S. Rynolds
ADDRESS Winthrop, Mass

Received and filed SEP 13 1957 19

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX

Female

9 COLOR

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 Irving Hollander

(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12

AGE

76

3

Months

10

Days

If under 24 hours

Hours

Minutes

13 Usual

Occupation:

Housewife

(Kind of work done during most of working life)

14 Industry

or Business:

At home

15 Social Security No.

None

16 BIRTHPLACE (City)

(State or country)

Leeds

England

17 NAME OF

FATHER

Morris Berger

P

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21

Informant

(Address)

William Hollander
235 Washington Ave.I HEREBY CERTIFY that a satisfactory standard certificate of death
was filed with me BEFORE the burial or transit permit was issued:Ralph Liberman
(Signature of Agent of Board of Health or other)H.O.
(Official Designation)Sept 13 / 57
(Date of Issue of Permit)

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which 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, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or 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 from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

1. **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

2. **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance 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)

Winthrop Community Hospital

No.

2 FULL NAME

Isaac Greenberg

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No.

655 Beach

(Usual place of abode)

St.

Revere, Mass.

(If nonresident, give city or town and State)

Length of stay: In place of death years months 9 days. In place of residence 25 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF
DEATH

Sept.

12

1957

(Month)

(Day)

(Year)

4 I HEREBY CERTIFY, That I attended deceased from

Sept. 3, 1957, to Sept. 12, 1957

I last saw him alive on Sept. 12, 1957, death is said to

have occurred on the date stated above, at 3:15 P. M.

INTERVAL
BETWEEN
ONSET AND
DEATH

8 days

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a)

Coronary Thrombosis

Due To

(b)

Myocardial Infarction

8 days

Due To

(c)

Pneumonia in right lung

4 days

OTHER
SIGNIFICANT
CONDITIONSWas autopsy performed? noWhat test confirmed diagnosis Consultation. E. Kg., X-rays.

Consultation

5 Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed)

Miss Siegel

, M. D.

(Address)

72 Shirley Ave. Date 9/12 1957

6 Hebrew Progressive, West Roxbury

Place of Burial or Cremation

(City or Town)

DATE OF BURIAL

September 13, 1957

7 NAME OF

FUNERAL DIRECTOR Benjamin F. Solomon

ADDRESS 420 Harvard St., Brookline, Mass.

Received and filed

SEP 13 1957

19

(Registrar)

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.

178

(If death occurred in a hospital or institution,
St. [give its NAME instead of street and number])

PHYSICIAN — IMPORTANT

(Was deceased a no.

U. S. War Veteran,
if so specify WAR)

St.

Revere, Mass.

(If nonresident, give city or town and State)

Length of stay: In place of death years months 9 days. In place of residence 25 years months days.

PERSONAL AND STATISTICAL PARTICULARS

8 SEX

male

9 COLOR

white

10 SINGLE (write the word)

MARRIED

WIDOWED

or DIVORCED widowed

10a If married, widowed, or divorced

HUSBAND of

Rose White

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 68

AGE

Years

Months

Days

If under 24 hours

Hours

Minutes

13 Usual

Occupation:

Merchant

(Kind of work done during most of working life)

14 Industry

or Business:

Novelties

15 Social Security No.

16 BIRTHPLACE (City)

(State or country)

Poland

17 NAME OF

FATHER

(unknown) Greenberg

S
F
T
P
A
R
E
N
T
S

18 BIRTHPLACE OF

FATHER (City)

(State or country)

Poland

19 MAIDEN NAME

OF MOTHER

Lillian (unknown)

20 BIRTHPLACE OF

MOTHER (City)

(State or country)

Poland

21

Informant

(Address)

Louis Greenberg

655 Beach 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:

(Signature of Agent or 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 year in which it has been engaged, insert in the certificate a recital to that effect, specifying the year, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. . . G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhumate a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. . . — General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical Examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

PLACE OF DEATH

SUFFOLK

(County)

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.

179

No.

Winthrop CONV. HOME

(If death occurred in a hospital or institution,
St. give its NAME instead of street and number)

2 FULL NAME

CALOGERO CANZIA MILA

(If deceased 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)

Winthrop

14 COOPER STREET

CONV. HOME

St. PLEASANT ST.

(If nonresident, give city or town and State)

Length of stay: In place of death 1/2 years months days. In place of residence 2 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF
DEATH

Sept. 13, 1957

4 I HEREBY CERTIFY, That I attended deceased from

I last saw him alive on 9/12, 1957, death is said to

have occurred on the date stated above, at 2.30 P.M.

INTERVAL
BETWEEN
ONSET AND
DEATH

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) ARTERIO-SCLEROTIC
HEART DISEASEDue To
(b)Due To
(c)OTHER
SIGNIFICANT
CONDITIONS

Was autopsy performed?

What test confirmed diagnosis?

5 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Fred O'Regan, M. D.

(Address) 113 Pleasant St. Winthrop, Date 9/17/57

6 St. Michael Cemetery Boston

Place of Burial or Cremation (City or Town)

DATE OF BURIAL Sept. 16, 1957

7 NAME OF
FUNERAL DIRECTOR

ADDRESS

Received and filed SEP 17 1957 19

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX

MALE White

9 COLOR

10 SINGLE (write the word)

MARRIED Widowed
WIDOWED
or DIVORCED10a If married, widowed, or divorced
HUSBAND of DOMENICA URGENTO
(Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12

AGE 80 Years Months Days

If under 24 hours

Hours Minutes

13 Usual

Occupation: Retired
(Kind of work done during most of working life)14 Industry
or Business: NONE

15 Social Security No. NONE

16 BIRTHPLACE (City)
(State or country) ITALY17 NAME OF
FATHER UNKNOWN

18 BIRTHPLACE OF

FATHER (City)
(State or country) ITALY

19 MAIDEN NAME

OF MOTHER Rose (UNKNOWN)

20 BIRTHPLACE OF

MOTHER (City)
(State or country) ITALY

21 Informant Rose CHICARIELLO (DAUGHTER)

(Address) 14 COOPER 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)

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:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance 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 pneumonia), and by the action of chemical (drugs or poisons) thermal or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had 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-3-56-917573

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. 180

No. 203 Shirley St.

{(If death occurred in a hospital or institution,
St. give its NAME instead of street and number)

2 FULL NAME Emma Levina (Parsons) Corkhum

(If deceased 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. 203 Shirley St.

(Usual place of abode)

St.

(If nonresident, give city or town and State)

Length of stay: In place of death 51 years months days. In place of residence 51 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH September 17, 1957
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
31 May, 1948, to 17 September, 1957I last saw her alive on 17 September, 1957 death is said to
have occurred on the date stated above, at 7:00 P.m.INTERVAL
BETWEEN
ONSET AND
DEATH

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Cerebral Thrombosis

3 hours

Due To Arteriosclerotic Heart Disease 5 yrs

(b)

Due To Generalized Arteriosclerosis 10 yrs

(c)

OTHER SIGNIFICANT CONDITIONS Chronic Cholecystitis 10 yrs

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, D.

(Address) Winthrop, Mass. Date 19 Sept 1957

6 Winthrop Cemetery Winthrop, Mass.
Place of Burial or Cremation (City or Town)

DATE OF BURIAL September 20, 1957 19

7 NAME OF FUNERAL DIRECTOR Alfred B. Marsh

ADDRESS 174 Winthrop St. Winthrop, Mass.

Received and filed.

SEP 19 1957

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX

9 COLOR

10 SINGLE (write the word)

MARRIED

WIDOWED

or DIVORCED

10a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of Arthur William Corkhum

(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12

AGE 90 Years 8 Months 13 Days

If under 24 hours

Hours Minutes

13 Usual

Occupation:

housewife

(Kind of work done during most of working life)

14 Industry

or Business:

own home

15 Social Security No.

none

16 BIRTHPLACE (City)

(State or country)

Windsor

Nova Scotia

17 NAME OF

FATHER

William Parsons

P

18 BIRTHPLACE OF

FATHER (City)

(State or country)

Nova Scotia

19 MAIDEN NAME

OF MOTHER

Levina Ward

20 BIRTHPLACE OF

MOTHER (City)

(State or country)

Nova Scotia

21

Informant

(Address)

Miss Ethel Corkhum

203 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 or Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

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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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SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

001A

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IFICATE

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50M-55-56-917873

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.

181

No. 52 Cottage Ave.

(If death occurred in a hospital or institution,
St. give its NAME instead of street and number)

2 FULL NAME John Lester 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. 52 Cottage Ave.
(Usual place of abode)

St. (If nonresident, give city or town and State)

Length of stay: In place of death 28 years months days. In place of residence 41 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH Sept. 17 1957
(Month) (Day) (Year)4 I HEREBY CERTIFY That I attended deceased from
Nov. 1956 to Sept. 17, 1957
I last saw him alive on Sept. 16, 1957, death is said to
have occurred on the date stated above, at 5:00 A.M.INTERVAL
BETWEEN
ONSET AND
DEATH
2 yrs.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Cancer of Prostate

Due To
(b)Due To
(c)OTHER
SIGNIFICANT
CONDITIONS

None

Was autopsy performed?

No

What test confirmed diagnosis? Clinical, Surgical

5 Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) Charles Liberman, M.D.

(Address) Mansfield Mass. Date 9/17/1957

6 Place of Burial or Cremation Mansfield, Perm.
(City or Town)

DATE OF BURIAL Sept. 20 1957

7 NAME OF FUNERAL DIRECTOR Howard S. Rymuth

ADDRESS Winthrop Mass.

Received and filed

SEP 18 1957

19

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX

Male

9 COLOR

White

10 SINGLE (write the word)

MARRIED

WIDOWED

or DIVORCED

Married

10a If married, widowed, or divorced

HUSBAND of Grace Slingerland

(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 2

Months 13

Days

If under 24 hours

Hours Minutes

13 Usual

Occupation:

Clerk L.T.

(Kind of work done during most of working life)

14 Industry

or Business:

Post Office

15 Social Security No.

04-16-3318

16 BIRTHPLACE (City)

Brooklyn

(State or country)

New York

17 NAME OF

FATHER

Patrick Murphy

18 BIRTHPLACE OF

FATHER (City)

Ireland

(State or country)

19 MAIDEN NAME

OF MOTHER

Rachiel Marion

20 BIRTHPLACE OF

MOTHER (City)

Liverpool

(State or country)

England

21

Informant

(Address)

Grace Murphy

52 Cottage Ave. Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death
was filed with me BEFORE the burial or transit permit was issued:Ralph S. Sweeney
(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

11.13

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven, of said chapter one hundred and fourteen, the word "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

301A

ONS

TIFICATE

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death on
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100M11-55-916145

PLACE OF DEATH

(County)

(City or Town)

No.

2 FULL NAME

(a) Residence. No.

(Usual place of abode)

Length of stay: In place of death.....years.....months.....days. In place of residence.....years.....months.....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF
DEATHSept. 18, 1957
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from

Aug 28, 1957 to Sept 18, 1957

I last saw him alive on Sept 11, 1957, death is said to

have occurred on the date stated above, at 10 P.M.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Bronchopneumonia
(terminal)

Due To

(b) Carcinoma metastasis

Due To

(c) Carcinoma of liver

INTERVAL
BETWEEN
ONSET AND
DEATH

24 hrs

mo

yr

OTHER
SIGNIFICANT
CONDITIONS

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 J. Gregoire, M. D.

(Address) 18 West 22nd St. Date 9-20-57 1957

6 St. Michael Cemetery Boston
Place of Burial or Cremation (City or Town)

DATE OF BURIAL Sept. 21, 1957

7 NAME OF
FUNERAL DIRECTOR John Circotti + Sons

ADDRESS 7 Cooper St. Boston

Received and filed. SEP 20 1957 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.

182

St. (If death occurred in a hospital or institution,
give its NAME instead of street and number)

PHYSICIAN — IMPORTANT

(Was deceased a
U. S. War Veteran,
if so specify WAR)St. Boston
(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX

MALE

9 COLOR

White

10 SINGLE

(write the word)

MARKED
WIDOWED
or DIVORCED

SINGLE

10a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12

AGE 62 Years Months Days

If under 24 hours

Hours Minutes

13 Usual

Occupation:

Dish Washer

(Kind of work done during most of working life)

14 Industry

or Business:

RESTAURANT

15 Social Security No.

012-05-1319

16 BIRTHPLACE (City)

(State or country)

ITALY

17 NAME OF

FATHER

SANTO BOMBACI

18 BIRTHPLACE OF

FATHER (City)

(State or country)

ITALY

19 MAIDEN NAME

OF MOTHER

ANNA CIACCA

20 BIRTHPLACE OF

MOTHER (City)

(State or country)

ITALY

21

Informant

(Address)

Anthony Bernards (Nephew)
Home Care SonvilleI 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)

X

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 fourteenth, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen 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 STATISTICS

To be filed for burial permit
with Board of Health
or its Agent.

183

STANDARD CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution,
St. give its NAME instead of street and number)

PHYSICIAN — IMPORTANT

(Was deceased a
U. S. War Veteran,
if so specify WAR)

PLACE OF DEATH

Suffolk
Winthrop
(City or Town)

No.

125 Clift St

2 FULL NAME

Lena Casey Casey
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No.

358 Broadway

St.

Chelsea

(Usual place of abode)

(If nonresident, give city or town and State)

Length of stay: In place of death 1 years months days. In place of residence 50 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH

Sept. 18 1957
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from

Sept. 18, 1956, to Sept. 18, 1957
I last saw her alive on Sept. 17, 1957, death is said to
have occurred on the date stated above, at 1:30 A.m.

INTERVAL
BETWEEN
ONSET AND
DEATH

3 yrs.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Arterio sclerotic Heart Disease.

Due To

(b)

Due To

(c)

OTHER
SIGNIFICANT
CONDITIONS

None.

Was autopsy performed?

No

What test confirmed diagnosis?

Clinical

5 Was disease or injury in any way related to occupation of deceased?

No

If so, specify

(Signed)

Charles Liberman, M. D.

(Address)

Winthrop, Mass

Date

9/18/1957

6 Holy Cross

Place of Burial or Cremation

Malden

(City or Town)

DATE OF BURIAL

Sept 20

1957

7 NAME OF

FUNERAL DIRECTOR

Wm F Walsh

ADDRESS

318 Broadway Chelsea

Received and filed

SEP 19 1957

19

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX

Female

9 COLOR

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

Edmund Casey

(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:

House Work

(Kind of work done during most of working life)

14 Industry

or Business:

at home

15 Social Security No.

16 BIRTHPLACE (City)

New Brunswick

(State or country)

Canada

17 NAME OF

FATHER

Joseph Casey

18 BIRTHPLACE OF

FATHER (City)

(State or country)

Canada

19 MAIDEN NAME

OF MOTHER

Philomena Bahinaw

20 BIRTHPLACE OF

MOTHER (City)

(State or country)

Canada

21

Informant

(Address)

Lena Casey
358 Broadway Chelsea

I HEREBY CERTIFY that a satisfactory standard certificate of death
was filed with me BEFORE the burial or transit permit was issued:

Ralph Siranum

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

H.O.

Sept 19/57

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

301A

ONS

IFICATE

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DEATHater
one
each
nd (c)not mean
dying,
failure,
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causedf any,
rise to
(a),
under-
last.contrib-
but not
terminal
on givenpter 137,
requires
print or
use or
eath on
ites.

504-5-36-917573

PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)

Winthrop Community Hospital

No.

2 FULL NAME

Evelyn D. Rich

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No.

82 Brooks

(Usual place of abode)

St. East Boston

(If nonresident, give city or town and State)

Length of stay: In place of death years months 1 days. In place of residence years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH

Sept. 24 - 1957

(Month)

(Day)

(Year)

4 I HEREBY CERTIFY, That I attended deceased from

Nov. 1956, to Sept. 24, 1957

I last saw her alive on Sept. 24, 1957, death is said to

have occurred on the date stated above, at 3:40 p.m.

INTERVAL
BETWEEN
ONSET AND
DEATH
Nov. 1956
Sept. 1957

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Metastatic Carcinoma -
Lungs - to Liver ? Kidney

Due To

(b)

Due To

(c)

OTHER
SIGNIFICANT
CONDITIONS

Was autopsy performed?

No

What test confirmed diagnosis? Surgical Exploration of Lung.

5 Was disease or injury in any way related to occupation of deceased? No

If so, specify.

(Signed)

Charles Meloni

M. D.

(Address)

305 Haver St. Boston

Date

Sept. 24

1957

6

Woodlawn
Place of Burial or Cremation

Everett

(City or Town)

DATE OF BURIAL

Sept. 27

19

7 NAME OF

FUNERAL DIRECTOR

Frederick J. Mearns

ADDRESS

East Boston

Received and filed

SEP 26 1957

19

(Registrar)

The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH

DIVISION OF VITAL STATISTICS

STANDARD

CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

Registered No.

181

{(If death occurred in a hospital or institution,
St. give its NAME instead of street and number)

PHYSICIAN - IMPORTANT

{(Was deceased a
U. S. War Veteran,
if so specify WAR) no

St. East Boston

(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX

female

9 COLOR

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)
Herbert A. Rich

(or) WIFE of

(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12

AGE

35

Years

Months

Days

If under 24 hours

Hours

Minutes

13 Usual

Occupation:

winder

(Kind of work done during most of working life)

14 Industry

or Business:

General Electric Co.

15 Social Security No.

017-14-7651

16 BIRTHPLACE (City)

Boston, Mass.

(State or country)

17

NAME OF

FATHER

Harold Johnson

18

BIRTHPLACE OF

Boston

FATHER (City)

Mass.

(State or country)

19

MAIDEN NAME

Caroline

OF MOTHER

--

20

BIRTHPLACE OF

Boston

MOTHER (City)

Mass.

(State or country)

21

Informant

(Address)

Herbert A. Rich

82 Brooks St. East Boston

I HEREBY CERTIFY that a satisfactory standard certificate of death
was filed with me BEFORE the burial or transit permit was issued:Joseph J. Seranque
(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

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PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)



The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD
CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

Registered No.

185

No. Winthrop Community Hospital

(If death occurred in a hospital or institution,
St. give its NAME instead of street and number)

PHYSICIAN — IMPORTANT

2 FULL NAME

Constance E Field

(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. 110 Grovers Ave.

St.

(If nonresident, give city or town and State)

Length of stay: In place of death 1 years 25 months 1 days. In place of residence 25 years 25 months 1 days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF
DEATHSept 25 1957
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from

June 1, 1954, to Sept 25, 1957
I last saw her alive on Sept 25, 1957, death is said to
have occurred on the date stated above, at 10.35 P.M.

INTERVAL
BETWEEN
ONSET AND
DEATH
1 DAY

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) CEREBRAL HEMORRHAGE

Due To

(b) HYPERTENSION

8 y

Due To

(c)

OTHER
SIGNIFICANT
CONDITIONS

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) Frank O'Regan, M. D.

(Address) 113 Pleasant Street, Winthrop Date 9/25 1957

6 Place of Burial or Cremation

(City or Town)

DATE OF BURIAL Sept 28 1957

7 NAME OF
FUNERAL DIRECTOR

ADDRESS

Received and filed

SEP 27 1957

19

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX

9 COLOR

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

4 Months

6 Days

If under 24 hours

Hours Minutes

13 Usual

Occupation:

Clerk (RET.)

(Kind of work done during most of working life)

14 Industry

or Business:

Edison Electric Co.

15 Social Security No.

012-07-6242

16 BIRTHPLACE (City)

(State or country)

Bristol

England

17 NAME OF

FATHER

Vincent Field

18 BIRTHPLACE OF

FATHER (City)

Unable to obtain

(State or country)

Unable to obtain

19 MAIDEN NAME

OF MOTHER

Isbell Young

20 BIRTHPLACE OF

MOTHER (City)

Unable to obtain

(State or country)

Unable to obtain

21

Informant

(Address)

Marcia S Fulton

13 Chesley Ave. Newtonville

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

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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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- (2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

SEP 27 1957 PM

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

PLACE OF DEATH

Suffolk
(County)Winthrop
(City or Town)Winthrop Comm Hosp
No. 40 Lincoln St. Winthrop, Mass

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. 186

(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 Baby Boy Waple

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence, No (Parents' address) 17 Grady Ct. s. East Boston, Mass
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death years months 5 days. In place of residence years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH September 25 1957
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
Sept. 20, 1957 to Sept. 25, 1957
I last saw him alive on Sept. 25, 1957, death is said to

have occurred on the date stated above, at 1.00 A.M.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Pneumonia

INTERVAL
BETWEEN
ONSET AND
DEATH

1 day

Due To Prematurity
(b)Due To
(c)OTHER
SIGNIFICANT
CONDITIONS Hyaline Membrane
syndrome

5 days

Was autopsy performed?

What test confirmed diagnosis?

5 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Dominic Thomas Shaffer, M. D.

(Address) 21 Broad St. Date Sept 25 1957

6 New Calvary Boston
Place of Burial or Cremation (City or Town)

DATE OF BURIAL 9/26/57 19

7 NAME OF FUNERAL DIRECTOR Anne M. Russell
ADDRESS 1415 Marchmont Ave.

Received and filed SEP 21 1957 19

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX M 9 COLOR white 10 SINGLE (write the word)
MARRIED
WIDOWED
OF 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 5 Days If under 24 hours
Hours Minutes13 Usual Occupation: Infant
(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 John Waple

18 BIRTHPLACE OF FATHER (City) Boston Washington
(State or country) MASS D.C.

19 MAIDEN NAME OF MOTHER Catherine O'LEARY

20 BIRTHPLACE OF MOTHER (City) East Boston
(State or country) MASS.21 Informant (Address) Mr. John Staple
17 Grady Ct., E. BostonI HEREBY CERTIFY that a satisfactory standard certificate of death
was filed with me BEFORE the burial or transit permit was issued.Walter E. Serrano
(Signature of Agent of Board of Health or other)H.C. Sept 25, 1957
(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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(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia) and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had 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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ONS

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50M-5-36-917573

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. 187

PLACE OF DEATH

Suffolk
(County)
Winthrop
(City or Town)



No. 12 Adams St.

(If death occurred in a hospital or institution, St. give its NAME instead of street and number)

2 FULL NAME Mary E. Moran
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN - IMPORTANT

(Was deceased a
U. S. War Veteran,
if, so specify WAR)

(a) Residence. No. 16 Adams St. Winthrop - Mass
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death 35 years - months - days. In place of residence 35 years - months - days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH Sept. 27 1957
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from March, 1956, to Sept. 27, 1957.
I last saw her alive on Sept. 17, 1957, death is said to

have occurred on the date stated above, at 9 P. M.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Acute left ventricular failure
Sept. 19, 1957

Due To (b) Myocardial heart
failure

Due To (c) Arteriosclerosis
Generalized

OTHER SIGNIFICANT CONDITIONS

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 Gregoire, M. D.

(Address) 195 Lexington Ave., New York 17

Place of Burial or Cremation Old Calvary - Boston - Mass.
(City or Town)

DATE OF BURIAL Sept. 30 - 1957

7 NAME OF FUNERAL DIRECTOR John W. Lane Jr.

ADDRESS Winthrop - Mass.

Received and filed SEP 30 1957 19

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Female 9 COLOR 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) Edward J. Moran
(or) WIFE of (Husband's name in full)

11 IF STILLBORN, enter that fact here

12 AGE 82 Years - Months - Days If under 24 hours Hours - Minutes

13 Usual Occupation: AT Home
(Kind of work done during most of working life)

14 Industry or Business:

15 Social Security No.

16 BIRTHPLACE (City) Boston (State or country) Mass.

17 NAME OF FATHER Michael Griffin

18 BIRTHPLACE OF FATHER (City) Ireland (State or country)

19 MAIDEN NAME OF MOTHER Catherine Sullivan

20 BIRTHPLACE OF MOTHER (City) Ireland (State or country)

21 Informant (Address) Mary P. Moran 16 Adams St. - Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other) Ralph C. Curran

(Official Designation) Battle Officer (Date of Issue of Permit) 9/30/57

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb to another, or from one cemetery to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or 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

To be filed for burial permit
with Board of Health
or its Agent.

STANDARD CERTIFICATE OF DEATH

Registered No. 188

PLACE OF DEATH

Suffolk
(County)

Winthrop
(City or Town)



No. 1 Winthrop Community Hospital

St. (If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME Crocker, Frederick Israel
(If deceased 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 Sea View Ave.,
(Usual place of abode)

St. (If nonresident, give city or town and State)

Length of stay: In place of death years 1 months days. In place of residence 35 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH Sept 29 1957
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from
Sept 11, 1957 to Sept 28, 1957

I last saw h. alive on Sept 11, 1957, death is said to

have occurred on the date stated above, at 12:55 p.m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Coronary Heart Disease

INTERVAL
BETWEEN
ONSET AND
DEATH

Due To

(b)

Due To

(c)

OTHER
SIGNIFICANT
CONDITIONS

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) M. B.

(Address) Date 1957

6 Hope Cemetery Worcester, Massachusetts
(Place of Burial or Cremation) (City or Town)

DATE OF BURIAL October 1, 1957

7 NAME OF FUNERAL DIRECTOR Alfred B. Marsh

ADDRESS 174 Winthrop St. Winthrop, Mass.

Received and filed OCT 2 1957

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX male 9 COLOR white 10 SINGLE (write the word)
MARRIED married
WIDOWED or DIVORCED

10a If married, widowed, or divorced
HUSBAND of Nellie Anna Chamberlain
(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 26 Days If under 24 hours
Hours Minutes

13 Usual Occupation: retired salesman
(Kind of work done during most of working life)

14 Industry or Business: retail typewriter sales

15 Social Security No. 010-07-4403

16 BIRTHPLACE (City) Ipswich
(State or country) Massachusetts

17 NAME OF FATHER John Russell Israel

18 BIRTHPLACE OF FATHER (City) Freeport
(State or country) Nova Scotia

19 MAIDEN NAME OF MOTHER Charity Ann Lent

20 BIRTHPLACE OF MOTHER (City) Freeport
(State or country) Nova Scotia

21 Informant Nellie A. Crocker
(Address) 10 Sea View Avenue, 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)

301A

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EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

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A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

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—Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

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SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

CERTIFICATE OF DEATH

STATE FILE NO.

05519
1-20
189

1. PLACE OF DEATH a. COUNTY York		2. USUAL RESIDENCE Where deceased lived. If institution: residence before admission a. STATE Mass. b. COUNTY	
b. CITY, TOWN, OR LOCATION Biddeford		c. LENGTH OF STAY IN 1b	
d. NAME OF HOSPITAL OR INSTITUTION Webber Hospital (If not in hospital, give street address)		d. STREET ADDRESS 187 Lincoln (If rural give location)	
e. IS PLACE OF DEATH IN RURAL AREA? YES ☐ NO ☒		e. IS RESIDENCE IN RURAL AREA? YES ☐ NO ☒ f. IS RESIDENCE ON A FARM? YES ☐ NO ☐	
3a. NAME OF DECEASED—First Name Edward		3b. Middle Name	
5. SEX M		6. COLOR OR RACE W	
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐		8. DATE OF BIRTH Sept. 17, 1883	
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) Minister		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) Turner Falls, Mass.		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME Eugene Rivette		14. MOTHER'S MAIDEN NAME Mary McCarty	
15. NAME OF SPOUSE (If Married) Marion Kinney		16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	
17. SOC. SECURITY NO.		18. INFORMANT Marion Rivette, Winthrop Address	
19. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: 4201 IMMEDIATE CAUSE (a) Acute pulmonary edema Conditions, if any, which gave rise to above cause (a) stating the underlying cause last: DUE TO (b) Coronary thrombosis DUE TO (c) Arteriosclerosis		INTERVAL BETWEEN ONSET AND DEATH 1 hour 5 years	
PART II. OTHER SIGNIFICANT CONDITIONS contributing to death but not related to the terminal disease condition given in Part I(a)		20. WAS AUTOPSY PERFORMED? YES ☐ NO ☒	
21a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐		21b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 19)	
21c. TIME OF INJURY Hour ☐ a.m. ☐ Month, Day, Year ☐ p.m. ☐		21d. INJURY OCCURRED WHILE AT ☐ NOT WHILE WORK ☐ AT WORK ☐	
21e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21f. CITY, TOWN, OR LOCATION COUNTY STATE	
22a. MEDICAL EXAMINER: I hereby certify that death occurred at the time and from the causes stated above, and that I held an (investigation) (autopsy) on the remains of the deceased as required by law.		22b. PHYSICIAN: I hereby certify that I attended the deceased from to and last saw him alive on and from the causes stated above.	
23a. SIGNATURE Leopold A. Viger M.D. (Degree or title)		23b. ADDRESS Biddeford	
23c. DATE SIGNED 7/25/57		24. LOCATION (City, town, or county) (State) Winthrop, Mass.	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 7/27/57	
24c. NAME OF CEMETERY OR CREMATORY Winthrop		24d. LOCATION (City, town, or county) (State) Winthrop, Mass.	
25. FUNERAL DIRECTOR Howard S. Reynolds, Winthrop ADDRESS		26. DATE RECD. BY LOCAL REG. 7/25/57	
27. REGISTRAR'S SIGNATURE Royal A TRUE COPY, ATTEST			

RECEIVED



OCT 22 1957 AM

1

PLACE OF DEATH

Suffolk

(County)

Boston

(City or Town)

The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

Boston

(City or Town making this return)

COPY OF

CERTIFICATE OF DEATH

Registered No.

8530 130

No.

Mass. General Hospt.

{ (If death occurred in a hospital or institution,
St. { give its NAME instead of street and number)

2 FULL NAME

Carl Hathaway

(If deceased is a married, widowed or divorced woman, give also maiden name.)

{ (Was deceased a
U. S. War Veteran,
if so specify WAR)

(a) Residence. No.

49 Prospect 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 2.....days. In place of residence 50.....years.....months.....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF
DEATH

Sept. 18/57

(Month)

(Day)

(Year)

4 I HEREBY CERTIFY, That I attended deceased from

Sept. 16

19

57

Sept. 18

19

57

I last saw h. in live on Sept. 18, 19 57, death is said to

have occurred on the date stated above, at 1:57A m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Arterio sclerotic heart disease

INTERVAL
BETWEEN
ONSET AND
DEATH

2 Yrs

Due To

(b)

Due To

(c)

OTHER
SIGNIFICANT
CONDITIONSPulmonary emphysema
Bronchio pneumonia2 Yrs
Days

Was autopsy performed? No.

What test confirmed diagnosis? clinical

5 Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) C L Clay, M. D.

(Address) Mass. General Hospt 9-18 19 57

6 Winthrop Cen-Winthrop Mass.

Place of Burial or Cremation (City or Town)

DATE OF BURIAL Sept. 20/57

19

7 NAME OF
FUNERAL DIRECTOR

H S RENOLDS

ADDRESS

Winthrop Mass.

Received and filed

Oct 11, 1957

19

(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX

M

9 COLOR

W

10 SINGLE (write the word)
MARRIED
WIDOWED
or DIVORCED

Married

10a If married, widowed, or divorced

HUSBAND of

Helen Fuller

(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 6 Months 23 Days

If under 24 hours
Hours.....Minutes

13 Usual

Occupation:

Watchman Docks

(Kind of work done during most of working life)

14 Industry
or Business:

15 Social Security No.

023-10-3451

16 BIRTHPLACE (City)
(State or country)

Cabot Vermont

17 NAME OF
FATHER

Asa Hathaway

18 BIRTHPLACE OF
FATHER (City)
(State or country)

Cabot Vermont

19 MAIDEN NAME
OF MOTHER

Lucinda Barbour

20 BIRTHPLACE OF
MOTHER (City)
(State or country)

Lowell Mass.

21

Informant
(Address)Helen Hathaway
Winthrop Mass.

A TRUE COPY

ATTEST:

(Registrar of City or Town where death occurred)

DATE FILED

Sept. 20/57

19

RECEIVED



OCT 11 1957 AM

Copies of returns of deaths which occurred in any city 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.)

302
#53
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PLACES OF DEATH
1
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.....x.....days. In place of residence.....years.....8.....months.....days.

The Commonwealth of Massachusetts

Boston

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

(City or Town making this return)

COPY OF CERTIFICATE OF DEATH

Registered No.

8615 191

Suffolk

(County)

Boston

(City or Town)



Beth Israel Hospt.

No.

St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

Samuel Padovitz

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(Was deceased a U. S. War Veteran, if so specify WAR)

33 Trident Ave.

Winthrop Mass.

(If nonresident, give city or town and State)

Length of stay: In place of death.....years.....months.....x.....days. In place of residence.....years.....8.....months.....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH

Sept. 20/57

(Month)

(Day)

(Year)

4 I HEREBY CERTIFY, That I attended deceased from

Sept. 19 57 to Sept. 20 57

I last saw him live on Sept. 20 19 57, death is said to

have occurred on the date stated above, at 1:15PM m.

INTERVAL
BETWEEN
ONSET AND
DEATH

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Pulmonary embolism

Due To
(b)

Thromboembolic disease

Due To
(c)

OTHER
SIGNIFICANT
CONDITIONS

Diabetes, tuberculosis
myocardial

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 Wolff

M. D.

(Address)

330 Brookline Ave. 9-20 57

6 Place of Burial or Cremation

(City or Town)

Chai Odom West Roxbury Mass.

DATE OF BURIAL

Sept. 22/57

19

7 NAME OF FUNERAL DIRECTOR

A Golov

ADDRESS

Brookline Mass.

Received and filed

OCT 17 1957

19

(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX

M

9 COLOR

W

10 SINGLE (write the word)

MARRIED

WIDOWED

or DIVORCED

Married

10a If married, widowed, or divorced

HUSBAND of

Rose Noble

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12

AGE 60

Years.....Months.....Days

If under 24 hours

Hours.....Minutes

13 Usual

Occupation:

Electrician

(Kind of work done during most of working life)

14 Industry

or Business:

Retired

15 Social Security No.

16 BIRTHPLACE (City)

(State or country)

Boston Mass.

17 NAME OF FATHER

Frank Padovitz

18 BIRTHPLACE OF FATHER (City)

(State or country)

Austria

19 MAIDEN NAME OF MOTHER

OF MOTHER

20 BIRTHPLACE OF MOTHER (City)

(State or country)

Austria

21

Informant

(Address)

Nathan Lappin

256 River Rd. Winthrop

Mass.

A TRUE COPY

ATTEST:

(Registrar of City or Town where death occurred)

DATE FILED

Sept. 25/57

19

RECEIVED



OCT 11 1957 AM

The Commonwealth of Massachusetts

Boston

Suffolk

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

(City or Town making this return)

PLACE OF DEATH

Boston

(City or Town)



COPY OF

CERTIFICATE OF DEATH

Registered No.

192
8632No. **Ross-Corey Rest Home**St. { (If death occurred in a hospital or institution,
give its NAME instead of street and number)2 FULL NAME **Sarah Meister**
(If deceased is a married, widowed or divorced woman, give also maiden name.){ (Was deceased a
U. S. War Veteran,
if so specify WAR)(a) Residence. No. **33 WayWay**
(Usual place of abode)**Wintthrop Mass.**

(If nonresident, give city or town and State)

Length of stay: In place of death. **11** years. **11** months. **11** days. In place of residence. **11** years. **11** months. **11** days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH **Sept. 22/57**
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
August 10 to **Sept. 22** 19 **57**
I last saw her alive on **Sept. 21** 19 **57**, death is said to
have occurred on the date stated above, at **4:55AM** m.INTERVAL
BETWEEN
ONSET AND
DEATH
3 Days

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) **Coronary occlusion**Due To (b) **General coronary and cerebral
arterio sclerosis****10 Yrs**

Due To (c)

OTHER SIGNIFICANT CONDITIONS **Aneurysm descending aorta Mos.
history healed duodenal ulcer**

Was autopsy performed?

What test confirmed diagnosis?

5 Was disease or injury in any way related to occupation of deceased? **No**
If so, specify(Signed) **H Morrison**, M. D.(Address) **Boston Mass** Date **9-22** 19 **57**6 **Cong. Anshe Sfard Cem-Lawrence Mass.**
Place of Burial or Creination (City or Town)DATE OF BURIAL **Sept. 22/57** 197 NAME OF FUNERAL DIRECTOR **Langevin Funeral Home**
ADDRESS **Lawrence Mass.**Received and filed **1001 11 10** 19

(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX **F** 9 COLOR **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 (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE **87** Years Months Days If under 24 hours
Hours Minutes13 Usual Occupation: **Housewife**
(Kind of work done during most of working life)14 Industry or Business: **Own Home**15 Social Security No. **---**16 BIRTHPLACE (City) **Russia**
(State or country)17 NAME OF FATHER **White**18 BIRTHPLACE OF FATHER (City) **Russia**
(State or country)19 MAIDEN NAME OF MOTHER **---**20 BIRTHPLACE OF MOTHER (City) **Russ ia**
(State or country)21 Informant (Address) **Albert Wechsler
Brockton M ss.**A TRUE COPY
ATTEST: **Charles H. Mack**

(Registrar of City or Town where death occurred)

DATE FILED **Sept. 25/57** 19

RECEIVED



OCT 11 1957 AM

RECEIVED



OCT 11 1957 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 to the clerk of the city or town in which the death occurred. (See Chap. 46, Sec. 12, G. L.)

The Commonwealth of Massachusetts

Boston

 EDWARD J. CRONIN
 SECRETARY OF THE COMMONWEALTH
 DIVISION OF VITAL STATISTICS

(City or Town making this return)

194
8919

Suffolk

(County)

Boston

(City or Town)

COPY OF
CERTIFICATE OF DEATH

Registered No.

No. **New England Deaconess Hospt.**(If death occurred in a hospital or institution,
St. { give its NAME instead of street and number)2 FULL NAME **John J DeCost or DeCoste**
(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 Billows St.**
(Usual place of abode)St. **Winthrop Mass.**
(If nonresident, give city or town and State)Length of stay: In place of death **6** years **6** months **17** days. In place of residence **17** years **6** months **17** days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH **Sept. 29/57**
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
Sept. 23 19 **57** to **Sept. 29** 19 **57**
I last saw him alive on **Sept. 28**, 19 **57** death is said to
have occurred on the date stated above, at **6:20AM** m.INTERVAL
BETWEEN
ONSET AND
DEATH
1 Week

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) **Broncho pneumonia**Due To
(b)Due To
(c)OTHER SIGNIFICANT CONDITIONS **Congestive heart failure Years**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) **Dr Steinke**, M. D.(Address) **N.E. Deaconess Hospt** **9-29** 19 **57**6 **Winthrop Cem-Winthrop Mass.**
Place of Burial or Cremation (City or Town)DATE OF BURIAL **Oct. 1/57** 197 NAME OF FUNERAL DIRECTOR **A J O'Maley**ADDRESS **Winthrop Mass.**Received and filed **OCT 15 1957** 19

(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX **M** 9 COLOR **W** 10 SINGLE (write the word)
MARRIED Widowed
or **DIVORCED**10a If married, widowed, or divorced
HUSBAND of **Susan Patten**
(Give maiden name of wife in full)(or) WIFE of
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE **87** Years Months Days If under 24 hours
Hours Minutes13 Usual Occupation: **Retired Callender Man**
(Kind of work done during most of working life)14 Industry or Business: **Rubber Industry**15 Social Security No. **None**16 BIRTHPLACE (City) **Havre Boucher N.S.**
(State or country)17 NAME OF FATHER **Frederick DeCoste**18 BIRTHPLACE OF FATHER (City) **Nova Scotia**
(State or country)19 MAIDEN NAME OF MOTHER **Margaret Begin**20 BIRTHPLACE OF MOTHER (City) **Nova Scotia**
(State or country)21 Informant **John DeCost**
(Address)

A TRUE COPY

ATTEST: **Charles G. Inackie**
(Registrar of City or Town where death occurred)DATE FILED **Oct. 3/57** 19

RECEIVED



OCT 18 1957 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. _____

195

Suffolk
(County)Winthrop
(City or Town)No. ~~Mount's Nursing Home~~(If death occurred in a hospital or institution,
St. [give its NAME instead of street and number])

PHYSICIAN — IMPORTANT

2 FULL NAME ~~FRANCES~~ ~~ROSE~~ ~~HELLING~~

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(Perkins)

(Was deceased a
U. S. War Veteran,
if so specify WAR)

NO

(a) Residence. No. ~~147~~ Cottage Park Road

St.

(If nonresident, give city or town and State)

Length of stay: In place of death _____ years _____ months ~~8~~ days. In place of residence ~~10~~ years ~~6~~ months _____ days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH ~~OCTOBER 2, 1957~~

(Month)

(Day)

(Year)

4 I HEREBY CERTIFY, That I attended deceased from
~~JAN-8, 1937, to OCTOBER 2, 1957~~I last saw ~~HERALD~~ on ~~OCT. 2, 1957~~, death is said to
have occurred on the date stated above, at ~~6:30 P.M.~~INTERVAL
BETWEEN
ONSET AND
DEATH

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) ~~CARDIAC DECOMPENSATION~~

2 WKS

Due To ~~CEREBRAL~~(b) ~~HEMORRHAGE~~

2 WKS

Due To ~~ARTERIOSCLEROSIS~~(c) ~~GENERAL CEREBRAL~~ 1 YEAROTHER SIGNIFICANT ~~PARTIAL PARALYSIS~~CONDITIONS ~~BOTH LEGS~~

2 WKS

Was autopsy performed? ~~NO~~

What test confirmed diagnosis?

5 Was disease or injury in any way related to occupation of deceased ~~Mo~~
If so, specify _____(Signed) ~~A. N. Caplan~~, M. D.(Address) ~~66 PRINCETON ST~~
~~EAST BOSTON~~ Date ~~10-2, 1957~~6 ~~Woodlawn Cemetery~~ ~~Everett, Mass.~~

Place of Burial or Cremation (City or Town)

DATE OF BURIAL ~~October 5, 1957~~ 197 NAME OF FUNERAL DIRECTOR ~~Alfred B. Marsh~~ADDRESS ~~174 Winthrop St. Winthrop, Mass.~~Received and filed ~~OCT 4 1957~~ 19

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX

9 COLOR

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 ~~John William Helling~~

(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12

AGE ~~81~~ Years ~~5~~ Months ~~11~~ Days

If under 24 hours

Hours Minutes

13 Usual

Occupation: ~~Housewife~~

(Kind of work done during most of working life)

14 Industry or Business: ~~Own Home~~15 Social Security No. ~~031-05-8436-D~~16 BIRTHPLACE (City) ~~Birmingham~~

(State or country)

~~England~~

17 NAME OF

FATHER

~~John William Perkins~~

P

18 BIRTHPLACE OF

FATHER (City)

(State or country)

~~England~~

19 MAIDEN NAME

OF MOTHER

~~Curtis~~

20 BIRTHPLACE OF

MOTHER (City)

(State or country)

~~England~~

21

Informant

(Address)

~~Mrs. Frank M. Pulson~~~~147 Cottage Park Road~~I HEREBY CERTIFY that a satisfactory standard certificate of death
was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. . . — General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the Commonwealth, until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

PLACE OF DEATH

Suffolk

(County)

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.

196

No. 61 Orlando Ave.,

{(If death occurred in a hospital or institution,
St. { give its NAME instead of street and number)

2 FULL NAME Mary E. Sheehan

(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT

(Was deceased a
U. S. War Veteran,
if so specify WAR)

(a) Residence. No. 61 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 20 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH October 2, 1957

(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from
Nov 11, 1956, to OCTOBER 2, 1957

I last saw her alive on Sept 30, 1957, death is said to

have occurred on the date stated above, at 3:10 A. m.

INTERVAL
BETWEEN
ONSET AND
DEATH

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Acute Myocardial Insufficiency

4 DAYS

Due To (b) Hypertensive Heart Disease

7 YEARS

Due To (c) Hypertension

10 YEARS

OTHER
SIGNIFICANT
CONDITIONS

Was autopsy performed? No

What test confirmed diagnosis?

5 Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Dorothy Cheney Appleton, M. D.

(Address) 197 Woodside Ave. Date Oct 2, 1957

Holy Cross Malden Mass

Place of Burial or Cremation (City or Town)

DATE OF BURIAL October 5, 1957

7 NAME OF FUNERAL DIRECTOR Arthur J. O'Maley

ADDRESS Winthrop, Mass.

Received and filed OCT 4 1957 19

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX 9 COLOR 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 66 Years Months Days If under 24 hours
Hours Minutes13 Usual Occupation: Clerk
(Kind of work done during most of working life)

14 Industry or Business: Registry of Deeds

15 Social Security No.
16 BIRTHPLACE (City) East Boston
(State or country) Mass

17 NAME OF FATHER Daniel J. Sheehan

18 BIRTHPLACE OF FATHER (City) Boston
(State or country) Mass

19 MAIDEN NAME OF MOTHER Elizabeth A. Cody

20 BIRTHPLACE OF MOTHER (City) St. John
(State or country) New Brunswick21 Informant: Elizabeth Anderson
(Address) 21 Beaumont Cir Yonkers N.Y.I HEREBY CERTIFY that a satisfactory standard certificate of death
was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation) (Date of Issue of Permit)

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. . . General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.

Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths 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

Chelsea

(City or Town making this return)

492 197

PLACE OF DEATH

Suffolk

(County)

Chelsea

(City or Town)

Soldiers Home Hospital

No.

COPY OF CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution,
St. { give its NAME instead of street and number)

2 FULL NAME

Nathan G. Levin

(If deceased is a married, widowed or divorced woman, give also maiden name.)

250 Shore Drive

Winthrop, Mass.

(Was deceased a **WWI**
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 - 11 days. In place of residence - years - months - days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH

Oct. 3, 1957

(Month)

(Day)

(Year)

4 I HEREBY CERTIFY, That I attended deceased from

Sept. 23

19 57

to Oct. 3

19 57

I last saw him alive on Oct. 3, 1957, death is said to

7:25P.

have occurred on the date stated above, at m.

INTERVAL
BETWEEN
ONSET AND
DEATH

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Congestive heart failure ?

Due To Coronary thrombosis ?

(b)

Due To Operative shock

(c)

Generalized abdominal
carcinomatosis ?OTHER
SIGNIFICANT
CONDITIONS

no

Was autopsy performed? clinical

What test confirmed diagnosis?

5 Was disease or injury in any way related to occupation of deceased?
If so, specify.

Oscar Acosta

(Signed)

M. D.

Soldiers' Home 10/3/57

(Address)

Chelsea, Mass.

6 Berson Cem., Everett, Mass.

Place of Burial or Cremation

Oct. 6, 1957 (City or Town)

DATE OF BURIAL

19

7 NAME OF FUNERAL DIRECTOR

Fun. Home, Morris W. Brezniaak-Levine

ADDRESS

470 Harvard Ave., Brookline

Received and filed. 19

(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX

9 COLOR

10 SINGLE (write the word)

Male

White

MARRIED

WIDOWED

or DIVORCED

Married

10a If married, widowed, or divorced
HUSBAND of Ruth Sandler

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE

1

18

If under 24 hours

Years Months Days

Hours Minutes

13 Usual

Occupation:

Salesman

(Kind of work done during most of working life)

14 Industry

or Business:

cannot be learned

15 Social Security No.

16 BIRTHPLACE (City)

(State or country)

Russia

17 NAME OF

FATHER

Abraham

18 BIRTHPLACE OF

FATHER (City)

Russia

(State or country)

19 MAIDEN NAME

OF MOTHER

Sarah Mindel

20 BIRTHPLACE OF

MOTHER (City)

Russia

(State or country)

21

Informant

(Address)

A TRUE COPY

ATTEST:

(Registrar of City or Town where death occurred)

Oct. 7, 1957

DATE FILED

19

RECEIVED



NOV -- 6157

Enlisted 9/23/17

Discharged 6/13/19

Private

Co.G.326th Inf. 82nd Div.

1902018

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. 198

Suffolk
(County)

Winthrop
(City or Town)



No. 239 Pleasant St.

St. (If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME Minnie Ireland
(If deceased 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. 239 Pleasant St. St. (If nonresident, give city or town and State)
(Usual place of abode)

Length of stay: In place of death 1 years.....months.....days. In place of residence 50 years.....months.....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH October 4, 1957
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from
MAR 11, 1955 to OCT 4, 1957
I last saw him alive on 9/23 1957, death is said to

have occurred on the date stated above, at 332A m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Coronary occlusion
CORONARY OCCLUSION

Due To (b) Arterio-sclerotic
ARTERIO-SCLEROTIC and
HYPERTENSIVE HEART DISEASE

OTHER SIGNIFICANT CONDITIONS ARTHRITIS RHEUMATOID

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) Myron H. King M. D.

(Address) 122 PLEASANT ST Date 10/4 1957
WINTHROP

6 Mt. Vollaston Quincy Mass
Place of Burial or Cremation (City or Town)

DATE OF BURIAL October 7, 1957 1957

7 NAME OF FUNERAL DIRECTOR Arthur J. O'Maley
Winthrop, Mass.

Received and filed OCT 7 1957 1957

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Female 9 COLOR 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 75 Years.....Months.....Days If under 24 hours
.....Hours.....Minutes

13 Usual Occupation: At Home
(Kind of work done during most of working life)

14 Industry or Business: none

15 Social Security No.

16 BIRTHPLACE (City) Boston
(State or country) Mass

17 NAME OF FATHER Robert D. Ireland

18 BIRTHPLACE OF FATHER (City) Boston
(State or country) Mass

19 MAIDEN NAME OF MOTHER Letitia McTavish

20 BIRTHPLACE OF MOTHER (City) Cannot be learned
(State or country)

21 Informant Pierce R. Smith
(Address) Boxford Mass

I HEREBY CERTIFY that a satisfactory standard certificate of death
was filed with me BEFORE the burial or transit permit was issued:

Ralph C. Freeman
(Signature of Agent of Board of Health or other)

Ralph C. Freeman 10/7/57
(Official Designation) (Date of Issue of Permit)

JURISDICTION (D.O.A.)
MEDICAL EXAMINER WAIVERED
100-11-55-9161-45

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or 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

To be filed for burial permit
with Board of Health
or its Agent.

STANDARD CERTIFICATE OF DEATH

Registered No. **199**

Suffolk

(County)

Winthrop

(City or Town)

No. **264 Court Road**

{(If death occurred in a hospital or institution,
St. {give its NAME instead of street and number)}

2 FULL NAME **Emily M Bloomfield**
(If deceased 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. **264 Court Road**
(Usual place of abode)

St. _____
(If nonresident, give city or town and State)

Length of stay: In place of death **62** years _____ months _____ days. In place of residence **62** years _____ months _____ days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH **OCTOBER 5 1957**
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from
JULY, 19**52** to **OCTOBER 5**, 19**57**
I last saw h^e alive on **OCTOBER 4**, 19**57**, death is said to
have occurred on the date stated above, at **4:10 A** m.

INTERVAL
BETWEEN
ONSET AND
DEATH
10 days

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) **TERMINAL BRONCHOPNEUMONIA**

Due To **ARTERIOSCLEROSIS**
(b)

5 years

Due To
(c)

OTHER SIGNIFICANT CONDITIONS

Was autopsy performed? **No**

What test confirmed diagnosis?

5 Was disease or injury in any way related to occupation of deceased? **No**
If so, specify

(Signed) **Dorothy Cheney Appleton**, M. D.

(Address) **197 Woodside Ave., Winthrop, Mass.** Date **Oct 5**, 19**57**

6 **Winthrop** **Winthrop**
Place of Burial or Cremation (City or Town)

DATE OF BURIAL **Oct. 7**, 19**57**

7 NAME OF FUNERAL DIRECTOR **Howard S. Pymble**
ADDRESS **Winthrop, Mass.**

Received and filed **OCT 7 1957** 19

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX **Female** 9 COLOR **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 **84** Years **8** Months **28** Days If under 24 hours
AGE _____ Hours _____ Minutes

13 Usual Occupation: **Broker**
(Kind of work done during most of working life)

14 Industry or Business: **Insurance**

15 Social Security No. **010-05-2352**

16 BIRTHPLACE (City) **East Boston**
(State or country) **Mass.**

17 NAME OF FATHER **Harry Bloomfield**

18 BIRTHPLACE OF FATHER (City) **Wisbech**
(State or country) **England**

19 MAIDEN NAME OF MOTHER **Maira Jamieson**

20 BIRTHPLACE OF MOTHER (City) **Montrose**
(State or country) **Scotland**

21 Informant **Lydia Bloomfield**
(Address) **264 Court Rd. Winthrop**

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Ralph C. Secanuso
(Signature of Agent of Board of Health or other)

Health Officer 19**57/07**
(Official Designation) (Date of Issue of Permit)

PLACE OF DEATH

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50M-5-56-917573

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, 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

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(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

X
PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)

No. 56 Sargent St.

2 FULL NAME Mary E. Sullivan

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 56 Sargent 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 36 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH October 9 1957

(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 2:00 P.m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Presumably due to

Due To (b) natural causes, and

generalized arterio

Due To (c) sclerosis.

Winthrop Board of

Health.

OTHER SIGNIFICANT CONDITIONS

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) Winthrop, Mass. Date 10/9/57

6 Holyhood Cemetery Brookline

Place of Burial or Cremation (City or Town)

DATE OF BURIAL October 12 1957

7 NAME OF FUNERAL DIRECTOR Arthur J. O'Maley

ADDRESS Winthrop, Mass.

Received and filed. OCT 10 1957

(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. 200

St. (If death occurred in a hospital or institution,
{ give its NAME instead of street and number)

PHYSICIAN — IMPORTANT

{ (Was deceased a
U. S. War Veteran,
if so specify WAR) No

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Female 9 COLOR 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 John M. Sullivan
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 84 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) Boston
(State or country) Mass

17 NAME OF FATHER James Sullivan

18 BIRTHPLACE OF FATHER (City) Ireland
(State or country)

19 MAIDEN NAME OF MOTHER Margaret Murphy

20 BIRTHPLACE OF MOTHER (City)
(State or country)21 Informant. Mary S. Rogers
(Address) 56 Sargent StI HEREBY CERTIFY that a satisfactory standard certificate of death
was filed with me BEFORE the burial or transit permit was issued:Joseph C. Jernigan
(Signature of Agent of Board of Health or other)Kathleen O'Brien
(Official Designation) 10/10/57
(Date of Issue of Permit)

V.L.

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or 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.

201

No. 224 Bowdoin Street

St. { (If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME Mildred F (Clark) McLeod

(If deceased 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. 224 Bowdoin St.

(Usual place of abode)

St.

30 (If nonresident, give city or town and State)

Length of stay: In place of death 20 years months days. In place of residence years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH October 10 1957
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from

_____, 19____, to _____, 19____

I last saw h_____ alive on _____, 19____, death is said to

have occurred on the date stated above, at 1:30 P. m.

INTERVAL
BETWEEN
ONSET AND
DEATH

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Natural Causes

Due To Presumably Coronary
(b) OcclusionDue To
(c)OTHER
SIGNIFICANT
CONDITIONS

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, Date 10 Oct. 1957

6 Woodlawn Crematory, Everett

Place of Burial or Cremation (City or Town)

DATE OF BURIAL Oct. 14 1957

7 NAME OF FUNERAL DIRECTOR Howard S. Reynolds
ADDRESS 180 Winthrop St. - Winthrop

Received and filed

19

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX

Female

9 COLOR

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

Robert J. McLeod

(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12

AGE

66

Years

1

Months

19

Days

If under 24 hours

Hours

Minutes

13 Usual

Occupation:

Dispatcher

(Kind of work done during most of working life)

14 Industry

or Business:

Taxi

15 Social Security No. C23-16-0552

16 BIRTHPLACE (City) Lynn

(State or country) Mass.

17 NAME OF

FATHER

Emmery Clark

18 BIRTHPLACE OF

FATHER (City)

Unable to obtain

(State or country)

19 MAIDEN NAME

OF MOTHER

Aud Burleigh

20 BIRTHPLACE OF

MOTHER (City)

Unable to obtain

(State or country)

21

Informant

(Address)

Mabel L. Nowell

5 Faun Bar Ave. Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death
was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation)

(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 town when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had 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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90M-5-56-817573

PLACE OF DEATH

Suffolk
(County)Winthrop Community
(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. 202

No. Winthrop Community Hospital

St. (If death occurred in a hospital or institution,
give its NAME instead of street and number)

PHYSICIAN — IMPORTANT

2 FULL NAME Agnes C. Lear

(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. 1028 North Shore Rd. Revere 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 30 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH Oct. 11 1957
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
Sept. 25, 1957 to Oct. 11, 1957
I last saw him alive on Oct. 11, 1957, death is said to
have occurred on the date stated above, at 10:10 A.M.INTERVAL
BETWEEN
ONSET AND
DEATH

16 days

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Acute Myocardial Infarction

Due To
(b)Due To
(c)OTHER
SIGNIFICANT
CONDITIONS

Was autopsy performed? No

What test confirmed diagnosis? EKG.

5 Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) Harry J. Weeiner, M. D.

(Address) 36 Shirley Ave Date Oct. 11 1957

6 Holy Cross Malden
Place of Burial or Cremation (City or Town)

DATE OF BURIAL Oct. 14 1957

7 NAME OF FUNERAL DIRECTOR R. J. De Mille
ADDRESS Revere, Mass

Received and filed

19

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Female 9 COLOR 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 Peter F. Lear
(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: At home Housewife
(Kind of work done during most of working life)

14 Industry or Business: AT Home

15 Social Security No.

16 BIRTHPLACE (City) Chelsea
(State or country) Mass.

17 NAME OF FATHER Michael Sullivan

18 BIRTHPLACE OF FATHER (City) Boston
(State or country) Mass.

19 MAIDEN NAME OF MOTHER Ellen McCarthy

20 BIRTHPLACE OF MOTHER (City) Boston
(State or country) Mass.21 Informant Peter F. Lear
(Address) 1028 North Shore Rd. RevereI HEREBY CERTIFY that a satisfactory standard certificate of death
was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent, 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. 6A 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

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BOM-5-56-917573

PLACE OF DEATH

Suffolk
(County)
Wintthrop
(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. **203**

No. *Wintthrop Comm. Hosp.* (If death occurred in a hospital or institution,
St. (give its NAME instead of street and number)

PHYSICIAN — IMPORTANT

2 FULL NAME *Baby Boy Fazio*
(If deceased in a married, widowed or divorced woman, give also maiden name.)

(Was deceased a
U. S. War Veteran,
if so specify WAR)

(a) Residence. No. *60 Leverett St* St. *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 *Oct. 13, 1957*
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from

....., 19....., to....., 19.....

I last saw h..... alive on....., 19....., death is said to

have occurred on the date stated above, at..... m.

INTERVAL
BETWEEN
ONSET AND
DEATH

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) *Stillborn*
STILLBORN

Due To (b) *Macerated Fetus*
MACERATED FETUS

48 hrs

Due To (c)

OTHER
SIGNIFICANT
CONDITIONS

Was autopsy performed?

What test confirmed diagnosis?

5 Was disease or injury in any way related to occupation of deceased?
If so, specify.....

(Signed) *Salvatore DeLeo*, M. D.

(Address) *220 Commonwealth Ave* Date *10-14-1957*

6 *Holy Cross Cem. Malden*
Place of Burial or Cremation (City or Town)

DATE OF BURIAL *October 14, 1957*

7 NAME OF FUNERAL DIRECTOR *Paul Buonfiglio*

ADDRESS *128 Revere St. Revere*

Received and filed *OCT 16 1957* 19.....

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX *M* 9 COLOR *W* 10 SINGLE (write the word)
MARRIED *SINGLE*
WIDOWED
or DIVORCED

10a If married, widowed, or divorced
HUSBAND of.....
(Give maiden name of wife in full)

(or) WIFE of.....
(Husband's name in full)

11 IF STILLBORN, enter that fact here. **STILLBORN**

12 AGE..... Years..... Months..... Days If under 24 hours
..... Hours..... Minutes

13 Usual Occupation:.....
(Kind of work done during most of working life)

14 Industry or Business:.....

15 Social Security No.

16 BIRTHPLACE (City) *WINTHROP, MASS*
(State or country)

17 NAME OF FATHER *James Fazio*

18 BIRTHPLACE OF FATHER (City) *Italy*
(State or country)

19 MAIDEN NAME OF MOTHER *Josephine Fazio*

20 BIRTHPLACE OF MOTHER (City) *Boston, Mass*
(State or country)

21 Informant *James Fazio*
(Address) *60 Leverett St. Boston*

I HEREBY CERTIFY that a satisfactory standard certificate of death
was filed with me BEFORE the burial or transit permit was issued:

Valeria C. Bernamini
(Signature of Agent of Board of Health or other)

Deane G. Rice 10/14/57
(Official Designation) (Date of Issue of Permit)

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhumate a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. . . — General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

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Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

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The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

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(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance 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

To be filed for burial permit
 with Board of Health
 or its Agent.

204

Registered No. _____

STANDARD
CERTIFICATE OF DEATH

1 **PLACE OF DEATH** Suffolk
 (County)
Winthrop
 (City or Town)

No. Winthrop Community Hospital (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 **FULL NAME** Elizabeth A. Kelly
 (If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 16 Vine Ave St. Winthrop
 (Usual place of abode) (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		PERSONAL AND STATISTICAL PARTICULARS	
3 DATE OF DEATH <u>OCT 15 1957</u> (Month) (Day) (Year)	8 SEX <u>Female</u>	9 COLOR <u>White</u>	10 SINGLE (write the word) <u>MARRIED</u> WIDOWED or DIVORCED <u>Married</u>
4 I HEREBY CERTIFY, That I attended deceased from <u>7/10</u> , 19 <u>53</u> , to <u>OCT 15</u> , 19 <u>57</u> I last saw her alive on <u>OCT 15</u> , 19 <u>57</u> , death is said to have occurred on the date stated above, at <u>4:25 A.M.</u>	10a If married, widowed, or divorced HUSBAND of <u>Patrick M. Kelly</u> (Give maiden name of wife in full) (or) WIFE of _____ (Husband's name in full)		
DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>RHEUMATIC HEART DIS</u> <u>WITH CONGESTIVE HEART</u> <u>FAILURE AND</u> <u>UREMIA</u>	11 IF STILLBORN, enter that fact here. _____		
Due To (b) _____	12 AGE <u>61</u> Years _____ Months _____ Days If under 24 hours _____ Hours _____ Minutes		
Due To (c) _____	13 Usual Occupation: <u>House wife</u> (Kind of work done during most of working life)		
OTHER SIGNIFICANT CONDITIONS <u>NONE</u>	14 Industry or Business: <u>own home</u>		
Was autopsy performed? <u>NO</u>	15 Social Security No. <u>None</u>		
What test confirmed diagnosis? <u>CLINICAL + X-rays</u>	16 BIRTHPLACE (City) <u>Boston, Mass.</u> (State or country)		
5 Was disease or injury in any way related to occupation of deceased <u>NO</u> If so, specify _____	17 NAME OF FATHER <u>James J. Mullen</u>		
(Signed) <u>Myron N. King</u> , M. D.	18 BIRTHPLACE OF FATHER (City) <u>Boston</u> (State or country) <u>Mass.</u>		
(Address) <u>222 PLEASANT ST. WINTHROP</u> Date <u>10/15 1957</u>	19 MAIDEN NAME OF MOTHER <u>Elizabeth A. Cruise</u>		
6 <u>Winthrop Community, Winthrop</u> Place of Burial or Cremation (City or Town)	20 BIRTHPLACE OF MOTHER (City) <u>Boston</u> (State or country) <u>Mass.</u>		
DATE OF BURIAL <u>October 18, 1957</u>	21 Informant <u>Patrick M. Kelly</u> (Address) <u>16 Vine Ave, Win.</u>		
7 NAME OF FUNERAL DIRECTOR <u>John C. Kelly</u> ADDRESS <u>286 Meridian St., E.B.</u>	I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued: <u>Joseph C. Williams</u> (Signature of Agent of Board of Health or other) <u>Malcolm G. Pierce</u> 10/16/57 (Official Designation) (Date of Issue of Permit)		
Received and filed <u>OCT 22 1957</u>	19		
(Registrar)			

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

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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)

30 Cross

No.

James R. Nolan

2 FULL NAME

(If deceased is a married, widowed or divorced woman, give also maiden name.)

30 Cross

(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 7 years _____ months _____ days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH October 16, 1957

(Month)

(Day)

(Year)

4 I HEREBY CERTIFY. That I attended deceased from
OCTOBER 1, 1950 to OCTOBER 16, 1957I last saw him live on OCTOBER 15, 1957, death is said to
have occurred on the date stated above, at 11:35 A.M.INTERVAL
BETWEEN
ONSET AND
DEATH104y0

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) CHRONIC MYOCARDITIS

Due To

(b) GENERALIZED
ARTERIO SCLEROSIS ? 10y0

Due To

(c) CHRONIC NEPHRITIS ?OTHER
SIGNIFICANT
CONDITIONSWas autopsy performed? NOWhat test confirmed diagnosis? Electrocardiogram
urinalysis5 Was disease or injury in any way related to occupation of deceased? NO
If so, specify _____

(Signed)

G. Synde Gately

M. D.

(Address)

624 Bevington Date Oct 17, 19576 Woly Cross

Place of Burial or Cremation

(City or Town)

DATE OF BURIAL

Oct. 191957

7 NAME OF

FUNERAL DIRECTOR

Frederick J. McGrath

ADDRESS

East Boston

Received and filed

OCT 18 1957

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.

205

{(If death occurred in a hospital or institution,
St. [give its NAME instead of street and number]){ **PHYSICIAN — IMPORTANT**

{ (Was deceased a

{ U. S. War Veteran, no

{ if so specify WAR)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX

9 COLOR

10 SINGLE (write the word)

MARRIED

WIDOWED

or DIVORCED Widowed

10a If married, widowed, or divorced

HUSBAND of Wm. T. Dermody

(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: checker

(Kind of work done during most of working life)

14 Industry

or Business: retired15 Social Security No. enbl.16 BIRTHPLACE (City) East Boston(State or country) Mass.17 NAME OF
FATHERJames Nolan

18 BIRTHPLACE OF

FATHER (City)

(State or country)

BostonMass.

19 MAIDEN NAME

OF MOTHER

Florence Hart

20 BIRTHPLACE OF

MOTHER (City)

(State or country)

ChelseaMass.

21

Catherine M. Ames

Informant

(Address) 30 Cross St. WinthropI HEREBY CERTIFY that a satisfactory standard certificate of death
was filed with me BEFORE the burial or transit permit was issued:Harold C. Sullivan
(Signature of Agent of Board of Health or other)Walter G. Grier
(Official Designation)10/18/57
(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

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. 206

PLACE OF DEATH

SUFFERLY

(County)

WINTHROP

(City or Town)

No.

Mounts Park Home Highland Place
St. If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME JAMES E. LYNCH
(If deceased 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. 59 SUMMIT AVE St.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death 3 years 3 months days. In place of residence 2 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH Oct 20 1957
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from
Oct 23 1957, to Oct 28 1957

5 I last saw him alive on Oct 16 1957, death is said to
have occurred on the date stated above, at 7 A. m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Bronchopneumonia
(Terminal)

Due To (b) Carcinomatosis
generalized

Due To (c)

INTERVAL
BETWEEN
ONSET AND
DEATH

1 day

1 yr

OTHER
SIGNIFICANT
CONDITIONS

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 Gregory, M. D.

(Address) 19 Washington St. Date 10/22/57

6 HOLY CROSS MALDEN
Place of Burial or Cremation (City or Town)

DATE OF BURIAL OCT. 23 1957

7 NAME OF FUNERAL DIRECTOR Maurice N. Ruby
ADDRESS 210 WINTHROP ST. WINTHROP

Received and filed OCT 22 1957

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX MALE 9 COLOR WHITE 10 SINGLE (write the word)
MARRIED WIDOWED or DIVORCED SINGLE

10a If married, widowed, or divorced
HUSBAND of (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 86 Years Months Days If under 24 hours
Hours Minutes

13 Usual Occupation COAL LABORER
(Kind of work done during most of working life)

14 Industry or Business COAL

15 Social Security No.

16 BIRTHPLACE (City) MARTHAS VINYARD
(State or country) MASS.

17 NAME OF FATHER JAMES LYNCH

18 BIRTHPLACE OF FATHER (City) IRELAND
(State or country)

19 MAIDEN NAME OF MOTHER HANNAH NOGNAN

20 BIRTHPLACE OF MOTHER (City) IRELAND.
(State or country)

21 Informant MRS RUTH MOORE
(Address) 59 SUMMIT AVE, WINTHROP

I HEREBY CERTIFY that a satisfactory standard certificate of death
was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

Health Officer 10/22/57
(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 ~~said to~~ from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.

Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical ~~(drugs or poisons)~~ thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

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PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)



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. 207

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 Pomodoro

(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.

683 Bennington Street

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

October 25, 1957

(Month)

(Day)

(Year)

4 I HEREBY CERTIFY, That I attended deceased from

, 19, to, 19

I last saw h alive on, 19, death is said to

have occurred on the date stated above, at m.

INTERVAL
BETWEEN
ONSET AND
DEATH

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Stillborn

Due To

(b)

Due To

(c)

OTHER
SIGNIFICANT
CONDITIONS

Was autopsy performed?

What test confirmed diagnosis?

5 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) M. D.

(Address) 41 Hawthorne St. Date Oct 24 1957

6 Holy Cross Cemetery Malden

Place of Burial or Cremation (City or Town)

DATE OF BURIAL Oct. 28,

57

7 NAME OF
FUNERAL DIRECTOR Vincent Rapino

ADDRESS 9 Chelsea St., East Boston, Mass.

Received and filed

OCT 28 1957

19

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX

male

9 COLOR

white

10 SINGLE (write the word)

MARRIED
WIDOWED single
or DIVORCED

10a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

11 IF STILLBORN, enter that fact here. Stillborn

12

AGE Years Months Days

If under 24 hours

Hours Minutes

13 Usual

Occupation:

(Kind of work done during most of working life)

14 Industry

or Business:

15 Social Security No.

none

16 BIRTHPLACE (City)

(State or country)

Winthrop, Mass.

17 NAME OF
FATHER

Guido Pomodoro

18 BIRTHPLACE OF

FATHER (City)

Boston

(State or country)

Mass.

19 MAIDEN NAME

OF MOTHER

Mary Filippone

20 BIRTHPLACE OF

MOTHER (City)

Boston

(State or country)

Mass.

21

Informant
(Address)Guido Pomodoro (father)
683 Bennington St., East Boston, Mass.I HEREBY CERTIFY that a satisfactory standard certificate of death
was filed with me BEFORE the burial or transit permit was issued:Ralph C. J. [Signature]
Signature of Agent of Board of Health or other

(Official Designation)

(Date of Issue of Permit) 10/28/57

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

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SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)

No. Winthrop Community Hospital

2 FULL NAME

Bay Boy Pomodoro

(If deceased is a married, widowed or divorced woman, give also maiden name.)

683 Bennington Street

(a) Residence. No.

(Usual place of abode)

St.

East Boston

(If nonresident, give city or town and State)

Length of stay: In place of death _____ years _____ months _____ days. In place of residence _____ years _____ months _____ days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH

October 25, 1957

(Month)

(Day)

(Year)

4 I HEREBY CERTIFY, That I attended deceased from

_____, 19_____, to _____, 19_____.

I last saw h_____ alive on _____, 19_____, death is said to

have occurred on the date stated above, at _____ m.

INTERVAL
BETWEEN
ONSET AND
DEATH

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) _____

Due To

(b)

Stillborn

Due To

(c)

OTHER
SIGNIFICANT
CONDITIONS

Was autopsy performed? _____

What test confirmed diagnosis? _____

5 Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed)

M. D.

(Address)

Date

Holy Cross Cemetery Malden

6 Place of Burial or Cremation

(City or Town)

DATE OF BURIAL

Oct. 28,

19

7 NAME OF FUNERAL DIRECTOR

Vincent Rapino

ADDRESS

9 Chelsea St., East Boston, Mass.

Received and filed

OCT 28 1957

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.

208

{(If death occurred in a hospital or institution,
St. {give its NAME instead of street and number)

{ PHYSICIAN - IMPORTANT

{(Was deceased a
U. S. War Veteran, **no**
if so specify WAR)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX

male

9 COLOR

white

10 SINGLE (write the word)

MARRIED

WIDOWED **single**

or DIVORCED

10a If married, widowed, or divorced
HUSBAND of _____

(Give maiden name of wife in full)

(or) WIFE of _____

(Husband's name in full)

11 IF STILLBORN, enter that fact here. **Stillborn**

12

AGE

Years

Months

Days

If under 24 hours

Hours

Minutes

13 Usual

Occupation: _____

(Kind of work done during most of working life)

14 Industry

or Business: _____

15 Social Security No. **none**

16 BIRTHPLACE (City)

(State or country)

Winthrop, Mass.

17 NAME OF FATHER

Guido Pomodoro

18 BIRTHPLACE OF

FATHER (City)

Boston

(State or country)

Mass.

19 MAIDEN NAME

OF MOTHER

Mary Filippone

20 BIRTHPLACE OF

MOTHER (City)

Boston

(State or country)

Mass.

21

Informant
(Address)

Guido Pomodoro (father)

683 Bennington St. E. 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 officer)

(Official Designation)

(Date of Issue of Permit)

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

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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.

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SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

PLACE OF DEATH

Suffolk
(County)Winthrop
(City or Town)

The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICSSTANDARD
CERTIFICATE OF DEATHTo be filed for burial permit
with Board of Health
or its Agent.

Registered No. 209

No. Winthrop Community Hospital (If death occurred in a hospital or institution,
St. give its NAME instead of street and number)2 FULL NAME Josephine (Hayes) Hendrick
(If deceased is a married, widowed or divorced woman, give also maiden name.)PHYSICIAN - IMPORTANT
(Was deceased a
U. S. War Veteran,
if so specify WAR)(a) Residence. No. 135 Circuit Road, Winthrop St.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death years months 21 days. In place of residence 50 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH Oct. 25 1957
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
1-24-53, 1953, to Oct. 25, 1957
I last saw her alive on Oct. 24, 1957, death is said to
have occurred on the date stated above, at 2:30 A. M.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Bronchopneumonia
(terminal)Due To (b) arteriosclerotic heart
disease

Due To (c)

OTHER SIGNIFICANT CONDITIONS Carcinoma of Rectum
Symptomatic - anemia

Was autopsy performed?

What test confirmed diagnosis?

5 Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Josephine Hendrick M. D.

(Address) 194 Washington St. Date 10-25-1957

6 Winthrop Winthrop
Place of Burial or Cremation (City or Town)

DATE OF BURIAL October 28 1957

7 NAME OF FUNERAL DIRECTOR Arthur J. O'Maley
ADDRESS Winthrop, Mass

Received and filed OCT 28 1957 19

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Female 9 COLOR 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 Walter J. Hendrick
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 82 Years Months Days If under 24 hours
Hours Minutes13 Usual Occupation: Housewife
(Kind of work done during most of working life)

14 Industry or Business: Own Home

15 Social Security No.

16 BIRTHPLACE (City) East Boston
(State or country) Mass

17 NAME OF FATHER Charles Hayes

18 BIRTHPLACE OF FATHER (City) Nova Scotia
(State or country)

19 MAIDEN NAME OF MOTHER Mary A. Kenney

20 BIRTHPLACE OF MOTHER (City) Boston,
(State or country) Mass21 Informant Walter J. Hendrick
(Address) 135 Circuit Rd WinthropI HEREBY CERTIFY that a satisfactory standard certificate of death
was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation) (Date of Issue of Permit) 10/28/57

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or 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. 210

No. Winthrop Community Hospital

{(If death occurred in a hospital or institution,
St. {give its NAME instead of street and number)

2 FULL NAME Boy Pavone

(If deceased 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. 5 Orient Avenue
(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 days. In place of residence years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH Oct 28, 1957
(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.INTERVAL
BETWEEN
ONSET AND
DEATH

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Stillborn

Due To (b) Hydrocephalic

Due To (c)

OTHER
SIGNIFICANT
CONDITIONS

Was autopsy performed? no

What test confirmed diagnosis? Cholesterol

5 Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Louis S. DeRaffa M. D.

(Address) 1902 Date Oct 28, 1957

6 Holy Cross Cemetery Malden

Place of Burial or Cremation (City or Town)

DATE OF BURIAL October 29, 1957

7 NAME OF FUNERAL DIRECTOR Vincent Rapino

ADDRESS 9 Chelsea Street, East Boston, Mass.

Received and filed OCT 31 1957 19

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX male 9 COLOR 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: None
(Kind of work done during most of working life)

14 Industry or Business: -----

15 Social Security No. None

16 BIRTHPLACE (City) Winthrop, Mass.
(State or country)

17 NAME OF FATHER Anthony Pavone

18 BIRTHPLACE OF FATHER (City) Boston, Mass.
(State or country)

19 MAIDEN NAME OF MOTHER Marjorie Palla

20 BIRTHPLACE OF MOTHER (City) Boston, Mass.
(State or country)21 Informant Anthony Pavone (father)
(Address) 5 Orient Ave., East 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
March 1957
(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 required.

(3) **Medical Examiners** 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. 115 Circuit Road

St. (If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME Matthew J. Kenefick

(If deceased 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. 115 Circuit Road
(Usual place of abode)

St. Winthrop

(If nonresident, give city or town and State)

Length of stay: In place of death 12 years months days. In place of residence 12 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH October 29, 1957
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
Jan. 1, 1957, to Oct. 29, 1957
I last saw him alive on Oct. 28, 1957, death is said to
have occurred on the date stated above, at 140 P. M.INTERVAL
BETWEEN
ONSET AND
DEATH
2 Days

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Acute Pulmonary Edema

Due To Chronic Myocarditis

(b) 1 yr

Due To Cancer of the Lung

(c) 3 yrs

OTHER SIGNIFICANT CONDITIONS None

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) George H. Schwartz, M. D.

(Address) 19 Princeton St Date 10/29, 1957

6 Winthrop Cemetery Winthrop
Place of Burial or Cremation (City or Town)

DATE OF BURIAL November 2, 1957

7 NAME OF FUNERAL DIRECTOR A.M. Kelly

ADDRESS 223 Mass. Ave. Arlington

Received and filed OCT 31 1957 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. 211

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Male 9 COLOR White 10 SINGLE (write the word)
MARRIED
WIDOWED Married
or DIVORCED10a If married, widowed, or divorced
HUSBAND of Violet M. Sterling
(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 2 Days
If under 24 hours
Hours Minutes13 Usual Occupation: Traffic Clerk
(Kind of work done during most of working life)

14 Industry or Business: Wholesale Drug (United)

15 Social Security No. 012-10-1074

16 BIRTHPLACE (City) Boston
(State or country) Massachusetts

17 NAME OF FATHER John J. Kenefick

18 BIRTHPLACE OF FATHER (City) Boston
(State or country) Massachusetts

19 MAIDEN NAME OF MOTHER Elizabeth M. Murphy

20 BIRTHPLACE OF MOTHER (City) Boston
(State or country) Massachusetts21 Informant Violet M. Kenefick
(Address) 115 Circuit Rd, WinthropI HEREBY CERTIFY that a satisfactory standard certificate of death
was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation) (Date of Issue of Permit) 10/31/57

V.A.V

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

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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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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

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50M-5-56-917573

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.

212

No. Winthrop Community Hosp

(If death occurred in a hospital or institution,
St. give its NAME instead of street and number)

2 FULL NAME. Cough, Baby Girl

(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT

(Was deceased a
U. S. War Veteran,
if so specify WAR)

(a) Residence. No. 31 Belcher

(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
DEATH10
(Month)30
(Day)57
(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 Delivered 6:34 PM

INTERVAL
BETWEEN
ONSET AND
DEATH

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) STILLBORN

Due To

(b)

Due To

(c)

OTHER
SIGNIFICANT
CONDITIONS

Was autopsy performed? yes

What test confirmed diagnosis? clinical

5 Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signature) Arthur C. Murray, M. D.

(Address) Winthrop Mass Date 30 Oct 1957

6 Winthrop

Place of Burial or Cremation

(City or Town)

DATE OF BURIAL

October 31 19 57

7 NAME OF
FUNERAL DIRECTOR

Arthur J. O'Maley

ADDRESS

Winthrop Mass

Received and filed

OCT 30 1957

19

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX

9 COLOR

10 SINGLE (write the word)

MARRIED
WIDOWED
or DIVORCED

F

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.

STILLBORN

12

AGE Years Months Days

If under 24 hours

Hours Minutes

13 Usual

Occupation:

(Kind of work done during most of working life)

14 Industry

or Business:

15 Social Security No.

16 BIRTHPLACE (City) Winthrop
(State or country)17 NAME OF
FATHER

Michael Cough

18 BIRTHPLACE OF

FATHER (City) Houlton

(State or country)

Maine

19 MAIDEN NAME

OF MOTHER Mary Dozier

20 BIRTHPLACE OF

MOTHER (City) Fairfield

(State or country)

Maine

21

Informant

(Address) 31 Belcher 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 Officer)

(Official Designation)

(Date of Issue of Permit)

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. . . — General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.

Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

Copies of returns of deaths which occurred in your city or town in case the deceased resided in another city or town at the time of death should be transmitted on Form R-302 to the clerk of the city or town in which the deceased resided as soon as possible, after the close of the month in which the death occurred. (See Chap. 46, Sec. 12, G. L.)

25M-6-56-918227

PLACE OF DEATH

Essex

(County)

Danvers

(City or Town)



The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

Danvers

(City or Town making this return)

COPY OF

CERTIFICATE OF DEATH

Registered No. 113

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 Mabel Thurston (Johnson)
(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. 11-25 Winthrop, Mass.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death... years... months... 2 days. In place of residence... years... months... days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH October 3, 1957
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from Oct. 1, 1957, to Oct. 3, 1957

I last saw h... alive on ... death is said to have occurred on the date stated above, at ... m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Arteriosclerotic Heart Disease

INTERVAL
BETWEEN
ONSET AND
DEATH
Yrs.Due To Generalized
(b) Arteriosclerosis

Yrs

Due To Pernicious Anemia
(c)

Yrs.

OTHER
SIGNIFICANT
CONDITIONSNo
Was autopsy performed? Clinical & Lab.
What test confirmed diagnosis?5 Was disease or injury in any way related to occupation of deceased?
If so, specify.(Signed) Andrew Nichols III M. D.
Hathorne, Mass. 10/3 57
(Address) Winthrop Winthrop, Mass.6 Place of Burial or Cremation Winthrop, Mass.
DATE OF BURIAL Oct. 5, 19577 NAME OF FUNERAL DIRECTOR Howard S. Reynolds
ADDRESS Winthrop, Mass.

Received and filed November 20, 1957

(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Female 9 COLOR 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) George O. Thurston
(or) WIFE of (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 75 Years Months Days If under 24 hours Hours Minutes

13 Usual Occupation: Housewife
(Kind of work done during most of working life)

14 Industry or Business:

15 Social Security No. Freeport
16 BIRTHPLACE (City) (State or country) Maine

17 NAME OF FATHER 1st name unknown, Johnson

18 BIRTHPLACE OF FATHER (City) Freeport
(State or country) Maine

19 MAIDEN NAME OF MOTHER 1st name unknown, Colser

20 BIRTHPLACE OF MOTHER (City) Freeport
(State or country) Maine21 Informant Mary D. Sheehan
(Address) Hathorne, Mass.

A TRUE COPY

ATTEST: (Registrar of City or Town where death occurred)

DATE FILED Oct. 9, 1957

RECEIVED



NOV 7 1957

R-301A

INSTRUCTIONS
FOR
CERTIFICATEgiving
OF DEATHnot enter
than one
for each
(b) and (c)not mean
of dying,
heart failure,
etc. It means
or, or compli-
which causedis, if any,
rise to
cause (a),
the under-
cause last.ons contrib-
death but not
the terminal
condition givenChapter 137,
1954, requires
to print or
cause or
at death on
ificates.

50M-11-56-918978

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. **211**

PLACE OF DEATH
1 **SUFFOLK** (County)
WINTHROP (City or Town)

**STANDARD
CERTIFICATE OF DEATH**

No. **MOUNTS CONVELESCING HOME** St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME **ANDREA FERRAGUTO**
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. **29 ALLEN** St. **Boston MASS.**
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death **3** years **3** months **40** days. In place of residence **40** years **3** months **40** days.

MEDICAL CERTIFICATE OF DEATH		PERSONAL AND STATISTICAL PARTICULARS	
3 DATE OF DEATH Nov. 1, 1957 (Month) (Day) (Year) 4 I HEREBY CERTIFY, That I attended deceased from June 10, 1957, to Nov. 1, 1957. I last saw him live on Nov. 1, 1957, death is said to have occurred on the date stated above, at 1.40 P.m. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) cancer of liver, stomach colon and rectum Due To (b) _____ Due To (c) _____ OTHER SIGNIFICANT CONDITIONS Was autopsy performed? no What test confirmed diagnosis? clinical and Lab. 5 Was disease or injury in any way related to occupation of deceased? no If so, specify _____ (Signed) Charles Palmer M.D. (Address) 342 Hanover St Boston, Mass Place of Burial or Cremation St. Michael (City or Town) DATE OF BURIAL Nov. 4, 1957 7 NAME OF FUNERAL DIRECTOR Joseph Russo ADDRESS 42 Green St. Boston Received and filed NOV 4 1957 (Registrar)	8 SEX MALE 9 COLOR White 10 SINGLE (write the word) MARRIED MARRIED WIDOWED OR DIVORCED 10a If married, widowed, or divorced HUSBAND of Josephine Strazzulla (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: FRUIT PEDDLER (Kind of work done during most of working life) 14 Industry or Business: SELF 15 Social Security No. NONE 16 BIRTHPLACE (City) AUGUSTA (State or country) ITALY PARENTS 17 NAME OF FATHER SEBASTIANO FERRAGUTO 18 BIRTHPLACE OF FATHER (City) ITALY (State or country) 19 MAIDEN NAME OF MOTHER MARIA PACI 20 BIRTHPLACE OF MOTHER (City) ITALY (State or country) 21 Informant (Address) DOMENIC FERRAGUTO-SON 27 CORAL AVE. WINTHROP I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued: Ralph L. Linnam (Signature of Agent of Board of Health or other) H.O. (Official Designation) Nov. 2 - 1957 (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

DUCTIONS
FOR
CERTIFICATEgiving
OF DEATHnot enter
than one
for each
b) and (c)oes not mean
of dying,
heart failure,
etc. It means
e, or compli-
which causedns, if any,
ave rise to
cause (a),
the under-
cause last.ions contrib-
death but not
the terminal
condition givenChapter 137,
1954, requires
ns to print or
e cause or
of death on
rtificates.

PLACE OF DEATH

1

Suffolk
(County)Winthrop
(City or Town)

No. 288 Court Rd.

2 FULL NAME Amanda Pauline Nichols (Harrington)
(If deceased is a married, widowed or divorced woman, give also maiden name.)(a) Residence. No. 288 Court Rd.
(Usual place of abode)St. Winthrop
(If nonresident, give city or town and State)

Length of stay: In place of death 57 years.....months.....days. In place of residence 57 years.....months.....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH November 1, 1957
(Month) (Day) (Year)4 I HEREBY CERTIFY That I attended deceased from
November 15, 1957, to Oct 31, 1957, 19I last saw her alive on Oct 29, 1957, death is said to
have occurred on the date stated above, at 2:35 p.m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Myocarditis

INTERVAL
BETWEEN
ONSET AND
DEATH
instantDue To
(b) SenilityDue To
(c) SENILITYOTHER
SIGNIFICANT
CONDITIONSWas autopsy performed? Clinical Sign
What test confirmed diagnosis?5 Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) [Signature] M. D.

(Address) Winthrop Date Nov 2, 1957

6 Woodlawn Cemetery Everett
Place of Burial or Cremation (City or Town)

DATE OF BURIAL Nov. 4, 1957

7 NAME OF FUNERAL DIRECTOR Richard C. Kirby
ADDRESS 917 Bennington St., Boston

Received and filed. NOV 4 1957 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. 215

St. { (If death occurred in a hospital or institution,
give its NAME instead of street and number)

PHYSICIAN — IMPORTANT

(Was deceased a
U. S. War Veteran,
if so specify WAR) No

PERSONAL AND STATISTICAL PARTICULARS

8 SEX F 9 COLOR 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 Walter E. Nichols
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 87 Years 10 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) Boston
(State or country)

17 NAME OF FATHER Joseph C. Harrington

18 BIRTHPLACE OF FATHER (City) CBL.
(State or country)

19 MAIDEN NAME OF MOTHER CBL

20 BIRTHPLACE OF MOTHER (City) CBL
(State or country)21 Informant Paul M. Nichols (Son)
(Address) 288 Court Rd. WinthropI HEREBY CERTIFY that a satisfactory standard certificate of death
was filed with me BEFORE the burial or transit permit was issued:

[Signature] (Signature of Agent of Board of Health or other)

[Signature] (Official Designation) 11/4/57 (Date of Issue of Permit)

100M-11-35-6145

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
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SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

DUCTIONS
OR
CERTIFICATEiving
OF DEATHt enter
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for each
b) and (c)es not mean
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SOM-3-36-917573

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.

STANDARD

CERTIFICATE OF DEATH

Registered No. 216

1 No. Mount's Convalescent Home St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME William Stanton } **PHYSICIAN — IMPORTANT**
(If deceased is a married, widowed or divorced woman, give also maiden name.) } (Was deceased a U. S. War Veteran, so specify WAR) No

(a) Residence. No. 148 Falcon St. East Boston
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death 7 years 7 months 5 days. In place of residence 7 years 7 months 5 days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH Nov. 1, 1957
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from April 1, 1957, to Nov. 1, 1957
I last saw him alive on Nov. 1, 1957, death is said to have occurred on the date stated above, at 6:00 a.m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Cerebral HemorrhageDue To (b) Hypertension

Due To (c)

OTHER SIGNIFICANT CONDITIONS Hypertensive-Cardio-vascular Disease.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) Charles Liberman M. D.(Address) Winthrop Mass Date Nov. 1 19576 Holy Cross Malden
Place of Burial or Cremation (City or Town)DATE OF BURIAL Nov. 5 19577 NAME OF FUNERAL DIRECTOR Frederick J. Magrath
ADDRESS East BostonReceived and filed NOV 6 1957 19

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Male 9 COLOR White 10 SINGLE (write the word) Single
MARRIED
WIDOWED
or DIVORCED

10a If married, widowed, or divorced
HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 70 Years Months Days If under 24 hours
Hours Minutes13 Usual Occupation: Teamster
(Kind of work done during most of working life)14 Industry or Business: Retired

15 Social Security No.

16 BIRTHPLACE (City) East Boston
(State or country) MASS.17 NAME OF FATHER William Stanton18 BIRTHPLACE OF FATHER (City) Boston
(State or country) MASS.19 MAIDEN NAME OF MOTHER Margaret Butler20 BIRTHPLACE OF MOTHER (City) Boston
(State or country) MASS.21 Informant (Address) Mildred Murphy
148 Falcon 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:

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit) 11/4/57

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. . . — General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RECEIVED

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

1

PLACE OF DEATH

NORFOLK

BROOKLINE

(City or Town)

No. 227 Summit Avenue

The Commonwealth of Massachusetts

BROOKLINE

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

(City or Town making this return)

COPY OF

CERTIFICATE OF DEATH

Registered No. 799 219

(If death occurred in a hospital or institution,
St. { give its NAME instead of street and number)2 FULL NAME Louis A. Chase
(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 Hermon Street
(Usual place of abode)St. Winthrop, Massachusetts
(If nonresident, give city or town and State)

Length of stay: In place of death years months 7 days. In place of residence 65 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH November 3 1957
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
October 27, 1957, to November 3, 1957.
I last saw him alive on November 3, 1957, death is said to
have occurred on the date stated above, at 8:18 p. m.INTERVAL
BETWEEN
ONSET AND
DEATH

4 wks

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Bilateral Hydronephrosis with
Uremia

3 mos

Due To Cancer of Urinary Bladder
(b) with MetastasesDue To
(c)OTHER
SIGNIFICANT
CONDITIONSWas autopsy performed?
What test confirmed diagnosis? Surgery5 Was disease or injury in any way related to occupation of deceased?
If so, specify(Signed) Raymond O Olson M. D.
270 Commonwealth Ave
(Address) Boston, Mass. Date Nov. 3 19576 Winthrop Cemetery, Winthrop, Massachusetts
Place of Burial or Cremation (City or Town)

DATE OF BURIAL November 6 1957

7 NAME OF FUNERAL DIRECTOR Alfred B. Marsh
ADDRESS 174 Winthrop St., Winthrop, Mass.

Received and filed DEC 10 1957

(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX male 9 COLOR white 10 SINGLE (write the word)
MARRIED
WIDOWED
or DIVORCED married10a If married, widowed, or divorced Ethel Anna Fish
HUSBAND of (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 77 Years Months Days If under 24 hours
Hours Minutes13 Usual Occupation: Civil Engineer
(Kind of work done during most of working life)14 Industry or Business: Civil Engineering Co.
023-05-6457-A

15 Social Security No.

16 BIRTHPLACE (City) Malden
(State or country) Massachusetts

17 NAME OF FATHER George William Chase

18 BIRTHPLACE OF FATHER (City) Malden
(State or country) Massachusetts

19 MAIDEN NAME OF MOTHER Almira Pratt

20 BIRTHPLACE OF MOTHER (City) Malden
(State or country) Massachusetts21 Informant Mrs. Louis A. Chase
(Address) 92 Hermon St., Winthrop, Mass.A TRUE COPY
ATTEST: (Registrar of City or Town where death occurred)

DATE FILED November 7 1957

RECEIVED



DEC 1 01957 AM

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PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)



The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH

DIVISION OF VITAL STATISTICS

STANDARD

CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

Registered No. _____

No. 57 Woodside Ave.

(If death occurred in a hospital or institution,
St. give its NAME instead of street and number)

2 FULL NAME Richard Owen Hughes

(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT

(Was deceased a
U. S. War Veteran,
if so specify WAR)

218

(a) Residence. No. 57 Woodside Ave.

(Usual place of abode)

St. _____ (If nonresident, give city or town and State)

Length of stay: In place of death 33 years _____ months _____ days. In place of residence 33 years _____ months _____ days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH Nov 5 4 1957
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
Feb. 1954, to Nov 4 1957
I last saw him alive on Nov 3 1957, death is said to
have occurred on the date stated above, at 10.05 A.M.INTERVAL
BETWEEN
ONSET AND
DEATH
2 days

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Bronchopneumonia
(terminal)Due To (b) Carcinomatosis
generalized

Due To (c) _____

OTHER SIGNIFICANT CONDITIONS Myocardial heart
disease

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. Gregorie, M. D.

(Address) 144 Washington St. Date 11/4 1957

6 Winthrop Winthrop
Place of Burial or Cremation (City or Town)

DATE OF BURIAL Nov 7 1957

7 NAME OF FUNERAL DIRECTOR Howard S. Reynolds
ADDRESS Winthrop, Mass.

Received and filed NOV 6 1957 19

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX male 9 COLOR White 10 SINGLE (write the word)
MARRIED
WIDOWED
or DIVORCED married10a If married, widowed, or divorced
HUSBAND of Emma L. 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 86 Years 5 Months 7 Days If under 24 hours
Hours Minutes13 Usual Occupation: Paper Ruler
(Kind of work done during most of working life)

14 Industry or Business: Stationary

15 Social Security No. 022-05-0515

16 BIRTHPLACE (City) Berne County
(State or country) Penn.

17 NAME OF FATHER Owen Hughes

18 BIRTHPLACE OF FATHER (City) Wales
(State or country)

19 MAIDEN NAME OF MOTHER Margaret Lewis

20 BIRTHPLACE OF MOTHER (City) Wales
(State or country)21 Informant Emma L. Hughes
(Address) 57 Woodside Ave. WinthropI HEREBY CERTIFY that a satisfactory standard certificate of death
was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or 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 STATISTICSTo be filed for burial permit
with Board of Health
or its Agent.STANDARD
CERTIFICATE OF DEATH

Registered No.

219

No. Winthrop Community Hospital

{(If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME GEORGE A. COLE

(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. 42 Bradstreet Avenue

St.

Revere

(Usual place of abode)

(If nonresident, give city or town and State)

Length of stay: In place of death years months 22 days. In place of residence 47 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH Nov. 5, 1957
(Month) (Day) (Year)4 I HEREBY CERTIFY. That I attended deceased from
Oct 10, 1957, to Nov. 5, 1957
I last saw him alive on Nov. 5, 1957, death is said to
have occurred on the date stated above, at 9:05 P.M.INTERVAL
BETWEEN
ONSET AND
DEATH

26

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Pulmonary Embolism

Due To Prostatectomy Days
(b)Due To
(c)OTHER
SIGNIFICANT
CONDITIONS

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) EDWARD ROSEN, M. D.
164 Shirley Ave REVERE
(Address) Date 11.5.576 Mt. Auburn Cambridge
Place of Burial or Cremation (City or Town)

DATE OF BURIAL Nov. 8, 1957

7 NAME OF FUNERAL DIRECTOR Arthur S. Porcella
ADDRESS 876 Winthrop Ave., Revere, Mass.

Received and filed NOV 7 1957 19

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX

Male

9 COLOR

White

10 SINGLE (write the word)

MARRIED
WIDOWED
or DIVORCED Married

10a If married, widowed, or divorced

HUSBAND of Mary V. Valencia
(Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12

AGE 78 Years Months Days

If under 24 hours

Hours Minutes

13 Usual

Occupation: Retired Watchman

(Kind of work done during most of working life)

14 Industry
or Business:

15 Social Security No. 021-09-7560

16 BIRTHPLACE (City) Cambridge
(State or country) Mass.

17 NAME OF FATHER Arthur Cole

18 BIRTHPLACE OF FATHER (City)
(State or country)

Maine

19 MAIDEN NAME OF MOTHER Annie MacElvene

20 BIRTHPLACE OF MOTHER (City) Cambridge
(State or country) Mass.

21

Informant Mrs. Mary V. Cole
(Address) 42 Bradstreet Ave., Revere, Mass.I HEREBY CERTIFY that a satisfactory standard certificate of death
was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit) 11/7/57

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or 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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Suffolk

PLACE OF DEATH

(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.

STANDARD

CERTIFICATE OF DEATH

Registered No. 220

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 Boy Sylvia

(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT

(Was deceased a
U. S. War Veteran,
if so specify WAR)(a) Residence. No. 241 Washington Ave St. Winthrop
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death years months days. In place of residence years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH Nov 10 1957
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
_____, 19____, to _____, 19____,
I last saw h_____ alive on _____, 19____, death is said to
have occurred on the date stated above, at _____ m.INTERVAL
BETWEEN
ONSET AND
DEATH

DEATH WAS CAUSED BY: IMMEDIATE CAUSE ✓

(a) STILLBORN

Due To
(b) _____Due To
(c) _____OTHER
SIGNIFICANT
CONDITIONS

Was autopsy performed?

What test confirmed diagnosis?

5 Was disease or injury in any way related to occupation of deceased?
If so, specify _____

(Signed) Myron H. King, M. D.

(Address) 22 Pleasant St. W. Date 11/10 1957

6 Winthrop Cemetery Winthrop
Place of Burial or Cremation (City or Town)

DATE OF BURIAL November 12, 19 57

7 NAME OF FUNERAL DIRECTOR Ernest P. Caggiano
ADDRESS 147 Winthrop St. Winthrop

Received and filed. NOV 12 1957 19

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX M 9 COLOR 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) Mass.

17 NAME OF FATHER Albert J. Sylvia

18 BIRTHPLACE OF FATHER (City) Fall River
(State or country) Mass.

19 MAIDEN NAME OF MOTHER Mary Goncalo

20 BIRTHPLACE OF MOTHER (City) Fall River
(State or country) Mass.21 Informant Albert J. Sylvia
(Address) 241 Washington Ave. Winthrop1 HEREBY CERTIFY that a satisfactory standard certificate of death
was filed with me BEFORE the burial or transit permit was issued:Ralph E. Per...
(Signature of Agent of Board of Health or other)Ralph E. Per... 11/12/57
(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)

No. Winthrop Community Hospital

2 FULL NAME Gabriel A. Carbone
(If deceased is a married or divorced woman, give also maiden name.)(a) Residence. No. 536 Bennington St. St. East Boston
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death. years. months. 2 days. In place of residence. 50 years. months. days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH Nov. 11 - 1957
(Month) (Day) (Year)4 I HEREBY CERTIFY That I attended deceased from
Nov. 1, 1957, to Nov. 11, 1957
I last saw him alive on Nov. 4, 1957 death is said to
have occurred on the date stated above, at 12:45 p.m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) RUPTURE HEMORRHOIDAL
Rupture Hemangioma of liver

Due To Bronchitis - coughing

(b) Original process probably congenital.

Due To Shock. Uraemia -

(c)

OTHER
SIGNIFICANT
CONDITIONS

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) Charles Meloni M. D.

(Address) 305 Haver St. Boston Date Nov 12 1957

6 Holy Cross Cemetery Malden
Place of Burial or Cremation (City or Town)

DATE OF BURIAL November 14th. 1957 19.

7 NAME OF FUNERAL DIRECTOR Vincent Capino
ADDRESS 9 Chelsea St. East Boston

Received and filed NOV 13 1957 19.

(Registrar)

The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH

DIVISION OF VITAL STATISTICS

STANDARD

CERTIFICATE OF DEATH

Registered No. 821

St. (If death occurred in a hospital or institution,
{ give its NAME instead of street and number)

PHYSICIAN - IMPORTANT

(Was deceased a
U. S. War Veteran,
if so specify WAR) NO

PERSONAL AND STATISTICAL PARTICULARS

8 SEX male 9 COLOR white 10 SINGLE (write the word)
MARRIED
WIDOWED
or DIVORCED married10a If married, widowed or divorced
HUSBAND of Mary Colagiovanni
(Give maiden name of wife in full)(or) WIFE of
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 52 Years. Months. Days If under 24 hours
Hours. Minutes13 Usual Occupation: Ins. Broker
(Kind of work done during most of working life)

14 Industry or Business: self employed

15 Social Security No. 028-05-1845

16 BIRTHPLACE (City)
(State or country) Italy

17 NAME OF FATHER Alfredo Carbone

18 BIRTHPLACE OF FATHER (City) Italy
(State or country)

19 MAIDEN NAME OF MOTHER Amalia Nocita

20 BIRTHPLACE OF MOTHER (City) Italy
(State or country)21 Informant Mary Carbone (wife)
(Address) 536 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:

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit) 11/13/57

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and 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. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or 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

301A

11-4

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SON-5-56-917573

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. 222

No. Winthrop Community Hospital

St. (If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME → Myrtle Eliza (Parker) Dodge
(If deceased 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. 72 Pleasant Street
(Usual place of abode)

St. (If nonresident, give city or town and State)

Length of stay: In place of death years months 4 days. In place of residence 46 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH February 13 1957
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from
Nov 10, 1957, to Nov 13, 1957
I last saw her alive on Nov 13, 1957, death is said to
have occurred on the date stated above, at 1:10 P. M.

INTERVAL
BETWEEN
ONSET AND
DEATH

1 day

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Broncho pneumonia
(terminal)

Due To myocardial heart
(b) Disease

Due To aortic sclerosis
(c) generalized

OTHER
SIGNIFICANT
CONDITIONS LOBAR Pneumonia

3 day

Was autopsy performed?

What test confirmed diagnosis?

5 Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) [Signature], M. D.

(Address) 194 Washington St. Date 11-15-1957

6 Winthrop Winthrop
Place of Burial or Cremation (City or Town)

DATE OF BURIAL Nov. 16 1957

7 NAME OF FUNERAL DIRECTOR [Signature]
ADDRESS [Signature]

Received and filed NOV 15 1957 19

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Female 9 COLOR 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 Waldo C Dodge
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 74 Years 10 Months 7 Days If under 24 hours
Hours Minutes

13 Usual Occupation: House wife
(Kind of work done during most of working life)

14 Industry or Business: Own Home

15 Social Security No. None

16 BIRTHPLACE (City) Malone
(State or country) New York

17 NAME OF FATHER Charles W Parker

18 BIRTHPLACE OF FATHER (City) Malone
(State or country) New York

19 MAIDEN NAME OF MOTHER Mary E Wood

20 BIRTHPLACE OF MOTHER (City) Malone
(State or country) New York

21 Informant Waldo C Dodge
(Address) 72 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] (Signature of Agent of Board of Health or other)

[Signature] (Official Designation) 11/15/57 (Date of Issue of Permit)

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. . . General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.

Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had 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. **223**

PLACE OF DEATH

Suffolk
(County)
Winthrop
(City or Town)



No. **45 Pleasant Street**

(If death occurred in a hospital or institution,
St. {give its NAME instead of street and number)

2 FULL NAME **Charles Oeffinger**

(If deceased 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 Pleasant Street**
(Usual place of abode)

St. (If nonresident, give city or town and State)

Length of stay: In place of death **25** years months days. In place of residence **42** years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH **November 13 1957**
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from
11 Nov 1957, to **13 Nov 1957**,
I last saw him alive on **12 Nov 1957**, death is said to
have occurred on the date stated above, at **11:55 AM**.

INTERVAL
BETWEEN
ONSET AND
DEATH

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) **Malignant Lymphoma**

Due To (b) **1 yr.**

Due To (c)

OTHER SIGNIFICANT CONDITIONS

Arteriosclerotic Heart Disease

Was autopsy performed? **No**
What test confirmed diagnosis? **Biopsy 6 April 1957 at Mass Gen Hospital**

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 **14 Nov 1957**

6 **Winthrop**
Place of Burial or Cremation (City or Town)

DATE OF BURIAL **Nov. 15 1957**

7 NAME OF FUNERAL DIRECTOR **Herbert S. Rymble**

ADDRESS **16 Winthrop Mass**

Received and filed **NOV 15 1957**

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX **Male** 9 COLOR **White** 10 SINGLE (write the word)
MARRIED
WIDOWED or **DIVORCED**

10a If married, widowed, or divorced **Lina Russell**
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 **1** Months **21** Days If under 24 hours
Hours Minutes

13 Usual Occupation: **Waiter**
(Kind of work done during most of working life)

14 Industry or Business: **Restaurant**

15 Social Security No. **020-02-8047**

16 BIRTHPLACE (City) **Germany**
(State or country)

17 NAME OF FATHER **Charles Oeffinger**

18 BIRTHPLACE OF FATHER (City) **Germany**
(State or country)

19 MAIDEN NAME OF MOTHER **Marie Gieser**

20 BIRTHPLACE OF MOTHER (City) **Germany**
(State or country)

21 Informant **Arthur Bollinger**
(Address) **42 Southbourn Rd. J.P.**

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Herbert S. Rymble
(Signature of Agent of Board of Health or other)
Health Officer 11/15/57
(Official Designation) (Date of Issue of Permit)

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

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No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER



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PLACE OF DEATH

Suffolk
(County)

Mass Wintthrop
(City or Town)

46 Washington Ave Wintthrop
No. Washington Rest Home Wintthrop

2 FULL NAME Katherine B Winston

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence, No. 53 St Andrew Road East Boston Boston
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death years months 21 days. In place of residence 53 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH Nov 13 1957
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from April 1957 to Nov 13 1957

I last saw her alive on Nov 12 1957, death is said to have occurred on the date stated above, at 6:10 P.M.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Bronchopneumonia (terminal)

Due To (b) Carcinoma metastasis

Due To (c)

OTHER SIGNIFICANT CONDITIONS arteriosclerosis generalized

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 J. Cummings, M. D.

(Address) 146 Washington Ave Date 11-15-1957

6 Holy Cross Malden
Place of Burial or Cremation (City or Town)

DATE OF BURIAL November 16 1957

7 NAME OF FUNERAL DIRECTOR Richard C Kirby
ADDRESS 917 Bennington St East Boston

Received and filed NOV 15 1957 19

(Registrar)

The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD

CERTIFICATE OF DEATH

Registered No. 221

{(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 Female 9 COLOR 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 76 Years 8 Months 15 Days If under 24 hours Hours Minutes

13 Usual Occupation: Housework (Kind of work done during most of working life)

14 Industry or Business: At Home

15 Social Security No. none

16 BIRTHPLACE (City) Boston (State or country) Massachusetts

17 NAME OF FATHER James Winston

18 BIRTHPLACE OF FATHER (City) Ireland (State or country)

19 MAIDEN NAME OF MOTHER Mary Cummings

20 BIRTHPLACE OF MOTHER (City) Ireland (State or country)

21 Informant Joseph J Cummings (Address) 56 Gladstone St East Boston

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other) (Official Designation) (Date of Issue of Permit) 11/15/57

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

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SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

NOV 15 1937 PM



301A

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PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)



The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

To be filed for burial permit
with Board of Health
or its Agent.

STANDARD
CERTIFICATE OF DEATH

Registered No.

225

No. Winthrop Community Hospital

(If death occurred in a hospital or institution,
St. give its NAME instead of street and number)

2 FULL NAME Henry W. Benson

(If deceased 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. 1 Bellevue Terr.

(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 23 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH NOV 15 1957
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from
NOV 13, 1957, to NOV 15, 1957
I last saw him alive on NOV 15, 1957, death is said to
have occurred on the date stated above, at 10:45 A.M.

INTERVAL
BETWEEN
ONSET AND
DEATH
12 hrs.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) ACUTE MYOCARDIAL INFARCT

Due To (b) COMPLETE HEART BLOCK

2 DAYS

Due To (c) ARTERIO-SCLEROSIS GENERALIZED
ARTERIO-SCLEROTIC HEART DIS.

10 YRS.

OTHER SIGNIFICANT CONDITIONS ARTHRITIS

10 YRS.

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) Myron H. King M.D.

(Address) 121 PLEASANT ST. WINTHROP Date 11/15/57

6 Woodlawn Cemetery Everett
Place of Burial or Cremation (City or Town)

DATE OF BURIAL Nov. 16 1957

7 NAME OF FUNERAL DIRECTOR Howard S. King
ADDRESS Winthrop Mass.

Received and filed NOV 1 - 1957 19

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX

Male

9 COLOR

White

10 SINGLE (write the word)

MARRIED

WIDOWED

or DIVORCED

Married

10a If married, widowed, or divorced

HUSBAND of

Alice L. Weare

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12

AGE 80 Years 11 Months 14 Days

If under 24 hours

Hours Minutes

13 Usual

Occupation:

Mechanic - Retired (11-19)

(Kind of work done during most of working life)

14 Industry

or Business:

Railroad

15 Social Security No.

027-07-1617

16 BIRTHPLACE (City)

(State or country)

Bridgetown

Nova Scotia

17 NAME OF

FATHER

Manley Benson

18 BIRTHPLACE OF

FATHER (City)

(State or country)

Bridgetown

Nova Scotia

19 MAIDEN NAME

OF MOTHER

Ruth Kendall

20 BIRTHPLACE OF

MOTHER (City)

(State or country)

Bridgetown

Nova Scotia

21

Informant

(Address)

Alice Benson
Bellevue Terr. Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death
was filed with me BEFORE the burial or transit permit was issued:

Halper & Burianoff
(Signature of Agent of Board of Health or other)

Heath Officer
(Official Designation)

11/10/57
(Date of Issue of Permit)

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall 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

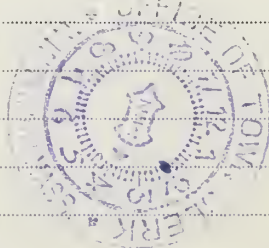
DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

NOV 15 1917



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. 226

PLACE OF DEATH

SUFFOLK
(County)

WINTHROP
(City or Town)

No. BAYVIEW HOME

St. (If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME MARK C. LAWLLESS (ARNOLD)
(If deceased 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 SUNNYSIDE AVE.
(Usual place of abode)

St. (If nonresident, give city or town and State)

Length of stay: In place of death.....years.....2 months.....days. In place of residence.....years.....months.....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH NOV. 16 1957
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from
JAN 30, 1951, to NOV 16, 1957

I last saw her live on NOV. 15, 1957, death is said to
have occurred on the date stated above, at 5:55 P.M.

INTERVAL
BETWEEN
ONSET AND
DEATH
6 MO.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) CARCINOMA OF COLON

Due To
(b)

Due To
(c)

OTHER SIGNIFICANT CONDITIONS
HYPERTENSIVE + ARTERIO
SCLEROTIC HEART DIS
E CONGESTIVE FAILURE

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) Myron H. King, M. D.
(Address) 222 PLEASANT ST. WINTHROP, MASS. NOV 18 1957

6 ST JOSEPH BOSTON
Place of Burial or Cremation (City or Town)

DATE OF BURIAL NOV 17 1957

7 NAME OF FUNERAL DIRECTOR William H. King
ADDRESS WINTHROP WINTHROP

Received and filed NOV 19 1957

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX FEMALE 9 COLOR WHITE 10 SINGLE (write the word)
MARRIED
WIDOWED
or DIVORCED (WIDOWED)

10a If married, widowed, or divorced
HUSBAND of (Give maiden name of wife in full)

(or) WIFE of JAMES J. LAWLLESS
(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 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 WILLIAM ARNOLD
LAWLLESS

18 BIRTHPLACE OF FATHER (City) LONDON
(State or country) ENGLAND

19 MAIDEN NAME OF MOTHER ELIZABETH LAWLLESS

20 BIRTHPLACE OF MOTHER (City) LONDON
(State or country) ENGLAND

21 Informant WILLIAM H. LAWLLESS
(Address) WINTHROP 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) 11/19/57

100M-11-55-916145

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

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A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and four-
te n, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

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SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

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50M-11-56-918978

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. 227

PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)



No. Winthrop Community Hospital

{(If death occurred in a hospital or institution,
St. give its NAME instead of street and number)2 FULL NAME Sarah M. Lee (Bradley)
(If deceased 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. 87 Jones Road
(Usual place of abode) Xst. Revere, Mass.
(If nonresident, give city or town and State)

Length of stay: In place of death years months days. In place of residence 40 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH Nov. 16 1957
(Month) (Day) (Year)4 I HEREBY CERTIFY That I attended deceased from
July 2, 1954, to Nov 16, 1957
I last saw her alive on Nov 15, 1957, death is said to
have occurred on the date stated above, at 6:55 A.M.INTERVAL
BETWEEN
ONSET AND
DEATH

10 days

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Bronchial
AsthmaDue To
(b)Due To
(c)OTHER
SIGNIFICANT
CONDITIONSAcute Virus
Infection

7 days

Was autopsy performed? Yes

What test confirmed diagnosis? Clinical

5 Was disease or injury in any way related to occupation of deceased No.
If so, specify

(Signed) John F. Cicilia, M. D.

(Address) River Mass Date 18 Nov 57

6 Holy Cross Malden
Place of Burial or Cremation (City or Town)

DATE OF BURIAL Nov. 19, 1957

7 NAME OF FUNERAL DIRECTOR Arthur S. Porcella
ADDRESS 876 Winthrop Ave., Revere

Received and filed NOV 16 1957 19

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX female 9 COLOR 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 F. Lee
(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: Housewife
(Kind of work done during most of working life)

14 Industry or Business: Own Home

15 Social Security No. None

16 BIRTHPLACE (City) Philadelphia
(State or country) Penn.

17 NAME OF FATHER James E. Bradley

18 BIRTHPLACE OF FATHER (City) Ireland
(State or country)

19 MAIDEN NAME OF MOTHER Sarah J. Martin

20 BIRTHPLACE OF MOTHER (City) Philadelphia,
(State or country) Penn.21 Informant George F. Lee husband
(Address) 87 Jones Rd., RevereI HEREBY CERTIFY that a satisfactory standard certificate of death
was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation) (Date of Issue of Permit) 11/18/57

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

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- (3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

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SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

301A

ONS

IFICATE

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50M-5-56-917573

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. 228

Mount's Convalescent Home

(If death occurred in a hospital or institution,
St. give its NAME instead of street and number)

2 FULL NAME Rose DeMarco (Olisterno)

(If deceased 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. 62 Gove St.
(Usual place of abode)St. East Boston
(If nonresident, give city or town and State)

Length of stay: In place of death years months days. In place of residence years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH November 17, 1957
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from
2-11-1953, to Nov-14-1957
I last saw ~~de~~ alive on NOVEMBER 14, 1957, death is said to
have occurred on the date stated above, at 2:10 P.m.

INTERVAL
BETWEEN
ONSET AND
DEATH

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) CARCINOMA OF VAGINA AND
ITS METASTASISDue To
(b)Due To
(c)OTHER
SIGNIFICANT
CONDITIONSBRONCHIAL ASTHMA -
ARTHRITIS - OLD AGE

Was autopsy performed? NO
What test confirmed diagnosis? Laboratory at Hospital

5 Was disease or injury in any way related to occupation of deceased? NO
If so, specify

(Signed) Vincent Butts, M. D.
(Address) 244 Meridian St. Boston
Date Nov-18-1957

6 St. Michael's, Boston
Place of Burial or Cremation Nov. 20 (City or Town) 57
DATE OF BURIAL 19

7 NAME OF FUNERAL DIRECTOR Frederick I. Magnath
ADDRESS East Boston

Received and filed Nov 17, 1957 19

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX female 9 COLOR 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)
Carmine DeMarco
(or) WIFE of (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 80 Years Months Days If under 24 hours
Hours Minutes

13 Usual Occupation: housework
(Kind of work done during most of working life)

14 Industry or Business: own home

15 Social Security No.

16 BIRTHPLACE (City) Italy
(State or country)

17 NAME OF FATHER Frank Olisterno

18 BIRTHPLACE OF FATHER (City) Italy
(State or country)

19 MAIDEN NAME Concetta --
OF MOTHER

20 BIRTHPLACE OF MOTHER (City) Italy
(State or country)

21 Informant Carmelo Nicri
(Address) 113 Payne 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:

(Signature of Agent of Board of Health or other)

(Official Designation) (Date of Issue of Permit) 11/19/57

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or 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

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SOM-3-36-917573

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. 929

PLACE OF DEATH

Suffolk
(County)Winthrop
(City or Town)

No. 106 Circuit Road

{(If death occurred in a hospital or institution,
St. give its NAME instead of street and number)2 FULL NAME Marcellus Nelson Gilbert, 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) 4/11/1-1(a) Residence. No. 106 Circuit 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 November 18 1957
(Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
June, 1956, to Nov. 18, 1957
I last saw him alive on Nov. 17, 1957, death is said to
have occurred on the date stated above, at 6.30 A.M.INTERVAL
BETWEEN
ONSET AND
DEATH
10 days

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Uremia

Due To (b) Hypertensive Cardiovascular disease

YRS.

Due To (c)

OTHER SIGNIFICANT CONDITIONS Diabetes Pneumonia

YRS.
2 days

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) Nathaniel P. Danoff, M. D.

(Address) 377 Milton St. Date Nov. 19 1957

6 Woodlawn Cemetery Everett
Place of Burial or Cremation (City or Town)

DATE OF BURIAL November 20, 1957

7 NAME OF FUNERAL DIRECTOR Alfred B. Marsh

ADDRESS 174 Winthrop St. Winthrop, Mass.

Received and filed NOV. 19, 1957

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX male 9 COLOR white 10 SINGLE (write the word)
MARRIED
WIDOWED married
or DIVORCED

10a If married, widowed, or divorced

HUSBAND of Natalee Close
(Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 67 Years 9 Months 15 Days If under 24 hours
Hours Minutes13 Usual Occupation: retired projectionist
(Kind of work done during most of working life)

14 Industry or Business: motion picture theaters

15 Social Security No. 010-07-8048

16 BIRTHPLACE (City) Charlestown
(State or country) Mass.

17 NAME OF FATHER Marcellus Nelson Gilbert

18 BIRTHPLACE OF FATHER (City) Leeds Junction
(State or country) Maine

19 MAIDEN NAME OF MOTHER Harriet Morse

20 BIRTHPLACE OF MOTHER (City) Newton
(State or country) Mass.21 Informant (Address) Mrs. Marcellus N. Gilbert
106 Circuit Rd. WinthropI HEREBY CERTIFY that a satisfactory standard certificate of death
was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit) 11/19/57

1

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given, and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or 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	March 27, 1916
DATE OF DISCHARGE	February 11, 1919
RANK, RATING	Pvt. First Class
ORGANIZATION AND OUTFIT	Bat B 55th. Coast Artillery
SERVICE NUMBER	578281

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. 230

PLACE OF DEATH

Suffolk
(County)Winthrop
(City or Town)

No. 24 Lincoln Street

(If death occurred in a hospital or institution,
St. {give its NAME instead of street and number})2 FULL NAME Janis Voldemars Rozenbergs
(If deceased is a married, widowed or divorced woman, give also maiden name.)PHYSICIAN — IMPORTANT
(Was deceased a
U. S. War Veteran,
if so specify WAR) NO.(a) Residence. No. 24 Lincoln Street
(Usual place of abode)

St. (If nonresident, give city or town and State)

Length of stay: In place of death 8 years 11 months days. In place of residence 8 years 11 months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH November 19 1957
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
Nov 30, 1954, to 15 Nov, 1957
I last saw him alive on 15 Nov, 1957, death is said to
have occurred on the date stated above, at 3:15 A.M.INTERVAL
BETWEEN
ONSET AND
DEATH

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Metastases from Carcinoma
of Stomach 3 yrs.

Due To (b) Carcinoma of Stomach 3 yrs.

Due To (c) OTHER SIGNIFICANT CONDITIONS
Arterio sclerosis
Heart Disease 2 yrs.Was autopsy performed? No
What test confirmed diagnosis? Microscopic5 Was disease or injury in any way related to occupation of deceased? No
If so, specify(Signed) John Homans Jr., M. D.
(Address) 1776 Beacon St. Brookline, Mass. Date 19 Nov 19576 Gethsemane Cemetery W. Roxbury
Place of Burial or Cremation (City or Town)

DATE OF BURIAL November 22, 1957

7 NAME OF FUNERAL DIRECTOR Alfred B. Marsh
ADDRESS 174 Winthrop St. Winthrop.

Received and filed NOV 26, 1957

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX male 9 COLOR white 10 SINGLE (write the word)
MARRIED
WIDOWED married
or DIVORCED10a If married, widowed, or divorced
HUSBAND of Mirdza Martinsons
(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 3 Months 22 Days If under 24 hours
Hours Minutes13 Usual Occupation: Retired Sea Captain
(Kind of work done during most of working life)

14 Industry or Business: Merchant Ships

15 Social Security No. 033-24-6541-A.

16 BIRTHPLACE (City) Tuja
(State or country) Latvia

17 NAME OF FATHER Adams Rozenbergs

18 BIRTHPLACE OF FATHER (City) Latvia
(State or country)

19 MAIDEN NAME OF MOTHER Marija Ekis

20 BIRTHPLACE OF MOTHER (City) Latvia
(State or country)21 Informant Mirdza Rozenbergs
(Address) 24 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) 11/21/57

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

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No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhumate a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

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RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

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(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting 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

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100-11-55-916145

PLACE OF DEATH

Suffolk
(County)Wintthrop
(City or Town)

No. Mayflower Nursing Home

2 FULL NAME. Catherine L. McLaughlin
(If deceased is a married, widowed or divorced woman, give also maiden name.)(a) Residence. No. 35 West Earle East Boston St.
(Usual place of abode)

Length of stay: In place of death 2 weeks years months days. In place of residence 3 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH November 21, 1957
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
Nov. 12, 1957, to Nov 21, 1957
I last saw her alive on Nov 19, 1957, death is said to
have occurred on the date stated above, at 9:30 P.m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) CARCINOMA OF
UTERUSDue To
(b)Due To
(c)OTHER SIGNIFICANT CONDITIONS METASTASIS TO
LARGE INTESTINEWas 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 J. Palermo, M. D.
(Address) Revere, Mass Date 11/22, 19576 Holy Cross Malden
Place of Burial or Cremation (City or Town)

DATE OF BURIAL Nov. 23, 1957

7 NAME OF FUNERAL DIRECTOR Frederick J. McGrath
East Boston

Received and filed NOV 23 1957

(Registrar)

The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICSSTANDARD
CERTIFICATE OF DEATH

Registered No. 231

{(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 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 77 Years Months Days If under 24 hours
Hours Minutes13 Usual Occupation: housework
(Kind of work done during most of working life)

14 Industry or Business: own home

15 Social Security No.
16 BIRTHPLACE (City) Boston, Mass.
(State or country)

17 NAME OF FATHER Daniel McLaughlin

18 BIRTHPLACE OF FATHER (City) Ireland
(State or country)

19 MAIDEN NAME OF MOTHER Nancy Toner

20 BIRTHPLACE OF MOTHER (City) Ireland
(State or country)21 Informant Agnes Hall
(Address) 755 Bonnington St. E. P.1 HEREBY CERTIFY that a satisfactory standard certificate of death
was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. . . . General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

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50M-5-36-917373

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. 232

PLACE OF DEATH

SUFFOLK

(County)

Winthrop

(City or Town)



No. Winthrop Community Hospital (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Baby (Girl) 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) NO

(a) Residence. No. 102 Blue Hill Ave St. Roxbury
(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. 24 - 1957
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____

I last saw him alive on _____, 19____, death is said to have occurred on the date stated above, at 12:01 p.m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Stillborn mature

INTERVAL
BETWEEN
ONSET AND
DEATH

Due To (b) _____

Due To (c) _____

OTHER
SIGNIFICANT
CONDITIONS

Was autopsy performed? _____

What test confirmed diagnosis? _____

5 Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____

(Signed) Charles Meloni, M. D.

(Address) 305 Haven St Boston Date Nov. 24 1957

6 ST. JOSEPH'S BOSTON
Place of Burial or Cremation (City or Town)

DATE OF BURIAL NOV. 26 1957

7 NAME OF FUNERAL DIRECTOR J. J. Good & Sons
ADDRESS 330 Dudley St. Roxbury

Received and filed NOV 26 1957

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX FEMALE 9 COLOR 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: NONE
(Kind of work done during most of working life)

14 Industry or Business: NONE

15 Social Security No. NONE

16 BIRTHPLACE (City) WINTHROP
(State or country) MASS.

17 NAME OF FATHER BERNARD G. MURPHY

18 BIRTHPLACE OF FATHER (City) Boston
(State or country) MASS

19 MAIDEN NAME OF MOTHER KORRAINET. BERTOLON

20 BIRTHPLACE OF MOTHER (City) Boston
(State or country) MASS.

21 Informant BERNARD G. MURPHY
(Address) 102 Blue Hill Ave. (FATHER)

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Ralph C. Bernan
(Signature of Agent of Board of Health or other)

Health Office 11/25/57
(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

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No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.

Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

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SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICSTo be filed for burial permit
with Board of Health
or its Agent.

-301A

PLACE OF DEATH

SUFFOLK

(County)

WINTHROP

(City or Town)

STANDARD
CERTIFICATE OF DEATH

Registered No. 233

No. 14 PLEASANT PARK RD

St. { (If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME FRED S PITMAN

(If deceased 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 PLEASANT PARK 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 17 years. months. days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH Nov. 24 1957
(Month) (Day) (Year)

4 I HEREBY CERTIFY That I attended deceased from

Jan. 1955 to Nov. 24 1957

I last saw him alive on Nov. 22, 1957, death is said to

have occurred on the date stated above, at 9 A.M.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Myocardial Heart Disease

INTERVAL
BETWEEN
ONSET AND
DEATH

yrs

Due To (h) arteriosclerosis
generalized

yrs

Due To (c) sensitivity

yrs

OTHER SIGNIFICANT CONDITIONS Chronic valvular
Heart Disease

yrs

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 G. Gagne M. D.

(Address) 194 Washington Ave Date 11-24-1957

6 Town Wayland
Place of Burial or Cremation (City or Town)

DATE OF BURIAL Nov - 26 - 1957

7 NAME OF FUNERAL DIRECTOR Maurice W Kirby

ADDRESS 210 Winthrop St

Received and filed NOV 27 1957

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX male 9 COLOR white 10 SINGLE (write the word)
MARRIED WIDOWED
or DIVORCED widowed10a If married, widowed, or divorced
HUSBAND of Hattie HESS
(Give maiden name of wife in full)(or) WIFE of LOUISE SHERES
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 86 Years. Months. Days If under 24 hours
Hours. Minutes13 Usual Occupation: Painter
(Kind of work done during most of working life)

14 Industry or Business: Automobile

15 Social Security No. unknown

16 BIRTHPLACE (City) Dover N. H.
(State or country)

17 NAME OF FATHER John A Pitman

18 BIRTHPLACE OF FATHER (City) Dover
(State or country) N. H.

19 MAIDEN NAME OF MOTHER unknown

20 BIRTHPLACE OF MOTHER (City) unknown
(State or country)21 Informant Mrs Marion L Carter
(Address) 116 Highland Ave Newton High 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)

Talan E. Williams 11/26/57
(Official Designation) (Date of Issue of Permit)
Health Officer 115.V

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

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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. 234

Suffolk

(County)

Winthrop

(City or Town)



No. 66 Summit Ave.

{(If death occurred in a hospital or institution,
St. {give its NAME instead of street and number)

2 FULL NAME Abbott Russell Coffin

(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT

(Was deceased a
U. S. War Veteran,
if so specify WAR) V.W. #1

(a) Residence. No. 66 Summit Ave.

St.

(If nonresident, give city or town and State)

Length of stay: In place of death 8 years months days. In place of residence 33 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH November 26 1957
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
11/25/1957, to 11/26/1957
I last saw him alive on 11/26/1957, death is said to
have occurred on the date stated above, at 6:00 P.M.INTERVAL
BETWEEN
ONSET AND
DEATH

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Acute Coronary Occlusion 1 Day.

Due To (b) Hypertensive Coronary
Artery Heart Disease 8 yrs.

Due To (c)

OTHER
SIGNIFICANT
CONDITIONS

None.

Was autopsy performed? No

What test confirmed diagnosis? Clinical.

5 Was disease or injury in any way related to occupation of deceased No
If so, specify

(Signed) Charles Liberman, M.D.

(Address) Winthrop, Mass Date 11/28/1957

6 Winthrop Cemetery Winthrop, Mass
Place of Burial or Cremation (City or Town)

DATE OF BURIAL November 29, 1957

7 NAME OF FUNERAL DIRECTOR Alfred B. Marsh
ADDRESS 174 Winthrop St., Winthrop

Received and filed NOV 29 1957 19

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX

Male

9 COLOR

White

10 SINGLE (write the word)
MARRIED
WIDOWED
or DIVORCED10a If married, widowed, or divorced
HUSBAND of Dorothy Witherall
(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 10 Months 13 Days
If under 24 hours
Hours Minutes13 Usual Occupation: Pipe Fitter
(Kind of work done during most of working life)

14 Industry or Business: Beacon Oil Refinery

15 Social Security No. 012-09-1907-H
16 BIRTHPLACE (City) Marblehead
(State or country) Mass.

17 NAME OF FATHER Simeon Coffin

18 BIRTHPLACE OF FATHER (City) Marblehead
(State or country) Mass.

19 MAIDEN NAME OF MOTHER Stella B. Marr

20 BIRTHPLACE OF MOTHER (City) Marblehead
(State or country) Mass.21 Informant A. Russell, Jr. (son)
(Address) Rocky Hill Rd. Plymouth, 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 of other)

(Official Designation)

(Date of Issue of Permit) 11/29/57

V.I.V

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable 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	December 9, 1917
DATE OF DISCHARGE	March 2, 1919
RANK, RATING	Private
ORGANIZATION AND OUTFIT	612th Aero Squadron
SERVICE NUMBER	1071025

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.

235

PLACE OF DEATH

SUFFOLK

(County)

WINTHROP

(City or Town)



No. WINTHROP COM. HOSP.

{(If death occurred in a hospital or institution,
St. {give its NAME instead of street and number)2 FULL NAME EVA WELLS (MCCARTHY)
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN - IMPORTANT

{(Was deceased a
U. S. War Veteran,
if so specify WAR) NO(a) Residence, No. 24 TEMPLE AVE
(Usual place of abode)

St.

(If nonresident, give city or town and State)

Length of stay: In place of death years months 3 days. In place of residence 35 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH November 26, 1957.
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
January 19 to 1947 Nov. 1957
I last saw her alive on 11/26/1957 death is said to
have occurred on the date stated above, at 7:55 am.INTERVAL
BETWEEN
ONSET AND
DEATH

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Acute myocardial infarction

Due To (b) Coronary sclerosis

Due To (c) Arteriosclerotic heart dis
Arteriosclerosis, general 10 years

OTHER SIGNIFICANT CONDITIONS Hypertrophic arthritis 10 years

Was autopsy performed? no
What test confirmed diagnosis? clinical and lab.5 Was disease or injury in any way related to occupation of deceased? no
If so, specify

(Signed) M. Traubstein Jr. M. D.

(Address) 73 Bartlett Road Date 11/26/1957

6 HOLYHOOD BROWLINE
Place of Burial or Cremation (City or Town)

DATE OF BURIAL NOV. 29 1957

7 NAME OF FUNERAL DIRECTOR Maurice H. Ruby
ADDRESS 210 WINTHROP ST. WINTHROP.

Received and filed NOV 27 1957 19

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX 9 COLOR 10 SINGLE (write the word)
FEMALE WHITE MARRIED
WIDOWED or DIVORCED 4 WIDOWED10a If married, widowed, or divorced
HUSBAND of(or) WIFE of JOHN L. WELLS
(Give maiden name of wife in full)
(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: 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) BOSTON
(State or country) MASS

17 NAME OF FATHER CALAHAN MCCARTHY

18 BIRTHPLACE OF FATHER (City) IRELAND
(State or country)

19 MAIDEN NAME OF MOTHER ELIZABETH (UNKNOWN)

20 BIRTHPLACE OF MOTHER (City) IRELAND
(State or country)21 Informant MRS ROBERT MAHONEY
(Address) 24 TEMPLE AVE WINTHROPI HEREBY CERTIFY that a satisfactory standard certificate of death
was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit) 11/27/57

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or 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 ~~sentences~~ and by the action of chemical (drugs or poisons) thermal, or electrical agents and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

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50M-5-36-917375

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. 236

No. Winthrop Community Hospital St. (If death occurred in a hospital or institution,
St. {give its NAME instead of street and number})2 FULL NAME Baby boy Simonson
(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. 44 Revere Beach Parkway St. Revere
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death years months 2 days. In place of residence years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH nov. 28 1957
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
nov 26, 1957, to nov 28 1957
I last saw him alive on 12 midnight nov 28, death is said to
have occurred on the date stated above, at 9:25 A.M.INTERVAL
BETWEEN
ONSET AND
DEATH

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) ACUTE Congestion
CARDIAC FAILURE and renal failureDue To (b) CONGENITAL
HEART DISEASE

Due To (c)

OTHER
SIGNIFICANT
CONDITIONSWas autopsy performed? yes
What test confirmed diagnosis? clinical5 Was disease or injury in any way related to occupation of deceased? no
If so, specify

(Signed) Maurine J. Briggs, M. D.

(Address) 7 Shore Drive Date Nov 28 1957

6 Holy Cross Cemetery, Malden
Place of Burial or Cremation (City or Town)

DATE OF BURIAL November 30th 1957

7 NAME OF FUNERAL DIRECTOR Richard C. Kirby
ADDRESS 917 Bennington St., E. Boston

Received and filed DEC 2 1957 19

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX M 9 COLOR W 10 SINGLE (write the word)
MARRIED
WIDOWED
or DIVORCED Single10a If married, widowed, or divorced
HUSBAND of (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE Years Months 2 Days If under 24 hours
Hours Minutes13 Usual Occupation: None
(Kind of work done during most of working life)

14 Industry or Business: None

15 Social Security No. None

16 BIRTHPLACE (City) Winthrop
(State or country) Mass

17 NAME OF FATHER William D. Simonson

18 BIRTHPLACE OF FATHER (City) East Boston
(State or country) Mass

19 MAIDEN NAME OF MOTHER Myrna Eaton

20 BIRTHPLACE OF MOTHER (City) Middleboro
(State or country) Mass21 Informant William D. Simonson-father
(Address) 44 Revere Beach Pkwy, RevereI HEREBY CERTIFY that a satisfactory standard certificate of death
was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit) 11/30/57

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February 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).

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 disabled by recognizable 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 physician.**—Will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had 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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DOM-3-36-917373

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.

237

STANDARD
CERTIFICATE OF DEATH

Registered No. _____

No. 41 Washington Ave. Ba View Nursing (If death occurred in a hospital or institution,
Home St. (give its NAME instead of street and number)

2 FULL NAME Lillian S Wilkins
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT
(Was deceased a
U. S. War Veteran,
if so specify WAR)

(a) Residence. No. 41 Washington Ave. St. _____
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death 1 years 10 months _____ days. In place of residence 70 years _____ months _____ days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH November 28 1957
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from
Nov 15, 1957 to Nov 28, 1957
I last saw him alive on Nov 28, 1957, death is said to
have occurred on the date stated above, at 5:15 PM.

INTERVAL
BETWEEN
ONSET AND
DEATH
Sudden

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Myocarditis

Due To Senility
(b)

Due To _____
(c)

OTHER SIGNIFICANT CONDITIONS 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) Harold S. Perwits, M. D.

(Address) Winthrop Date Nov. 28 1957

6 Winthrop Winthrop
Place of Burial or Cremation (City or Town)

DATE OF BURIAL Nov. 30 1957

7 NAME OF FUNERAL DIRECTOR Harold S. Perwits
ADDRESS Winthrop Mass.

Received and filed NOV 29 1957 19

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Female 9 COLOR 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 92 10 14
Years Months Days If under 24 hours
Hours Minutes

13 Usual Occupation: Teacher (Retired)
(Kind of work done during most of working life)

14 Industry or Business: Public school

15 Social Security No. One

16 BIRTHPLACE (City) East Boston
(State or country) Mass

17 NAME OF FATHER Fredrick Wilkins

18 BIRTHPLACE OF FATHER (City) Unable to obtain
(State or country)

19 MAIDEN NAME OF MOTHER Fredlove Trussel

20 BIRTHPLACE OF MOTHER (City) Unable to obtain
(State or country)

21 Informant Miriam Hutchinson
(Address) 309 E. 3rd 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:
Harold S. Perwits
(Signature of Agent of Board of Health or other)
Health Officer 11/29/57
(Official Designation) (Date of Issue of Permit)

V10

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. . . . General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)

No. Mayflower Nursing Home- 39 Groves Ave. (If death occurred in a hospital or institution, give NAME instead of street and number)2 FULL NAME Joseph Coaster

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 178 Harris
(Usual place of abode)St. Revere

(If nonresident, give city or town and State)

Length of stay: In place of death. 7 years. months. days. In place of residence. years. months. days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH November 29 1957
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from , 19, to , 19.I last saw h. alive on , 19, death is said to have occurred on the date stated above, at 1:01 P. m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Natural CausesDue to (b) Cerebrovascular Incident
1 hourDue to (c) Cerebral Arteriosclerosis
yearsOTHER SIGNIFICANT CONDITIONS Hypertension
yearsWas autopsy performed? no
What test confirmed diagnosis? clinical5 Was disease or injury in any way related to occupation of deceased? no
If so, specify Signature of Medical Officer Benjamin F. Solomon M. D.
Winthrop Board of Health Date 29 Nov 1957
Roxbury Mutual (Montvale) Woburn6 Place of Burial or Cremation (City or Town) DATE OF BURIAL December 1 19577 NAME OF FUNERAL DIRECTOR Benjamin F. Solomon
420 Harvard St., Brookline
ADDRESS Received and filed NOV 29 1957 19

(Registrar)

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. 238

(If death occurred in a hospital or institution, give NAME instead of street and number)

PHYSICIAN — IMPORTANT

(Was deceased a
U. S. War Veteran,
if so specify WAR)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Male 9 COLOR White 10 SINGLE (write the word)
MARRIED Widowed
WIDOWED Widowed
or DIVORCED10a If married, widowed or divorced
HUSBAND of Esther Lawson
(Give maiden name of wife in full)(or) WIFE of
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 80 Years 7 Months 17 Days
If under 24 hours
Hours Minutes 13 Usual Occupation: Cigar Packer (retired)
(Kind of work done during most of working life)14 Industry
or Business: 15 Social Security No.
16 BIRTHPLACE (City) London
(State or country) England17 NAME OF FATHER Henry Coster18 BIRTHPLACE OF FATHER (City) Amsterdam
(State or country) Holland19 MAIDEN NAME OF MOTHER Sara (Unknown)20 BIRTHPLACE OF MOTHER (City) Amsterdam
(State or country) Holland21 Informant Mrs. Louis Elman
(Address) 178 Harris 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:

(Signature of Agent of Board of Health of (City))

(Official Designation)

(Date of Issue of Permit) 11/29/57

EXTRACTS
FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

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A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

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RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

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- (2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

X
PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)

No.

30 Grovers Ave.

Mayflower NURSING HOME

St. (give its NAME instead of street and number)

Registered No.

239

PHYSICIAN - IMPORTANT

(Was deceased a

U. S. War Veteran,
if so specify WAR)

2 FULL NAME

Alexander Woolf

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No.

66 Indine Ave.

St.

(If nonresident, give city or town and State)

Length of stay: In place of death years months 14 days. In place of residence 30 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF
DEATH

NOV.

29

1957

(Month)

(Day)

(Year)

4 I HEREBY CERTIFY, That I attended deceased from

11-28-57 19 to 11-29-57 19

I last saw him alive on 11-28-57 19, death is said to

have occurred on the date stated above, at 1:30 AM

INTERVAL
BETWEEN
ONSET AND
DEATH

4 DAYS

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a)

UREMIA

Due To

(b)

ARTERIOSCLEROTIC
NEPHROSIS

Due To

(c)

OTHER
SIGNIFICANT
CONDITIONSPARKINSONS
DISEASE

8 YEARS

Was autopsy performed?

NO

What test confirmed diagnosis?

5 Was disease or injury in any way related to occupation of deceased?

If so, specify NO

(Signed) A. N. Caplan, M. D.

186 PRINCETON ST. E. BOSTON Date 11-29-1957

6 Winthrop

Place of Burial or Cremation

(City or Town)

DATE OF BURIAL

Dec. 2

19

7 NAME OF

FUNERAL DIRECTOR

Howard S. Byrnes

ADDRESS

Winthrop, Mass.

Received and filed

NOV 29 1957

19

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX

Male

9 COLOR

White

10 SINGLE (write the word)

MARRIED
WIDOWED
or DIVORCED Married

10a If married, widowed, or divorced

HUSBAND of Florence Goodyear

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12

AGE

70

Years

7

Months

10

Days

If under 24 hours

Hours Minutes

13 Usual

Occupation:

Clerk

(Kind of work done during most of working life)

14 Industry

or Business:

Stock

15 Social Security No.

None

16 BIRTHPLACE (City)

(State or country)

England

17 NAME OF

FATHER

Isid Woolf

18 BIRTHPLACE OF

FATHER (City)

(State or country)

Unable to obtain

England

19 MAIDEN NAME

OF MOTHER

Clara

20 BIRTHPLACE OF

MOTHER (City)

(State or country)

Unable to obtain

England

21

Informant

(Address)

David Woolf

66 Indine Ave. Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Ralph C. Sweeney

(Signature of Agent of Board of Health or other)

Health Officer

(Official Designation)

11/29/57

(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

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. 2410

PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)

No. 79 Johnson Ave.

{(If death occurred in a hospital or institution,
St. {give its NAME instead of street and number)2 FULL NAME Lila Chicken
(If deceased 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. 79 Johnson Ave.
(Usual place of abode)

St.

(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 November 30 1957
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
Jan. 18, 1956, to Nov. 30, 1957
I last saw her alive on Nov. 29, 1957, death is said to
have occurred on the date stated above, at 11:25 p.m.INTERVAL
BETWEEN
ONSET AND
DEATH

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) arteriosclerotic and hypertensive
heart disease 2 1/2 yrs.

Due To (b) generalized arteriosclerosis 4 yrs.

Due To (c) ~~arteriosclerosis~~

OTHER SIGNIFICANT CONDITIONS benign nephrosclerosis 2 yrs.

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) H. Traubstein, Jr., M. D.

(Address) 73 Bartlett Rd. Date 12/2/ 1957
Winthrop 52, Mass.6 Woodlawn Cemetery Everett, Mass.
Place of Burial or Cremation (City or Town)

DATE OF BURIAL December 3 1957

7 NAME OF FUNERAL DIRECTOR Alfred B. Marsh
ADDRESS 174 Winthrop St. Winthrop

Received and filed

DEC 5 1957

19

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Female 9 COLOR White 10 SINGLE (write the word)
MARRIED
WIDOWED
or DIVORCED10a If married, widowed, or divorced
HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of Charles Fred Chicken
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 84 Years 8 Months 6 Days If under 24 hours
Hours Minutes13 Usual Occupation: housewife
(Kind of work done during most of working life)

14 Industry or Business: own home

15 Social Security No. no

16 BIRTHPLACE (City) Rochester
(State or country) N. H.

17 NAME OF FATHER Roscoe Flanders

18 BIRTHPLACE OF FATHER (City) Rochester,
(State or country) N. H.

19 MAIDEN NAME OF MOTHER Mooney

20 BIRTHPLACE OF MOTHER (City) N. H.
(State or country)21 Informant Mrs. Garfield J. Hewson
(Address) 79 Johnson Ave. WinthropI HEREBY CERTIFY that a satisfactory standard certificate of death
was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit) 12/3/57

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or 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

To be filed for burial permit
with Board of Health
or its Agent.

PLACE OF DEATH

Suffolk
(County)

Winthrop
(City or Town)

No.

Murphy ~~Rest~~ Nursing Home

STANDARD CERTIFICATE OF DEATH

Registered No.

241

{(If death occurred in a hospital or institution,
give its NAME instead of street and number)}

2 FULL NAME Marietta Hills
(If deceased 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)

Length of stay: In place of death 2 years months days. In place of residence 26 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH Nov 30 1957
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from
May 1953, to Nov 30 1957
I last saw her alive on Oct 30 1957, death is said to
have occurred on the date stated above, at 12:10 P. m.

INTERVAL
BETWEEN
ONSET AND
DEATH

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) acute left ventricular
dilatation

min

Due To
(b) arteriosclerosis - generalized

yr

Due To
(c) myocardial heart
disease

yr

OTHER SIGNIFICANT CONDITIONS

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) Joseph Gregoire, M. D.

(Address) 144 Academy St. Date 12-2 1957

6 Winthrop
Place of Burial or Cremation (City or Town)

DATE OF BURIAL Dec. 3 1957

7 NAME OF FUNERAL DIRECTOR Howard's Obituaries
ADDRESS 11 Winthrop Mass.

Received and filed DEC 2 1957 19

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Female 9 COLOR 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 Harry H Hills
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 84 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: At Home

15 Social Security No. None

16 BIRTHPLACE (City) Stoughton
(State or country) Mass.

17 NAME OF FATHER Albert Crossman

18 BIRTHPLACE OF FATHER (City) Vermont
(State or country)

19 MAIDEN NAME OF MOTHER Sarah Stearns

20 BIRTHPLACE OF MOTHER (City) Massachusetts
(State or country)

21 Informant Records C. O. O.
(Address) Town of 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) 12/3/57

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

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A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

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death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

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- (3) **Medical Examiners** 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

01A

ONS

FICATE

G DEATH

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DOM-3-36-917573

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.STANDARD
CERTIFICATE OF DEATH

Registered No. 242

No. Winthrop Community Hospital

{(If death occurred in a hospital or institution,
St. {give its NAME instead of street and number)

2 FULL NAME Sullivan, Francis

(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT

{(Was deceased a
U. S. War Veteran,
if so specify WAR) no(a) Residence. No. 24 Billings St.
(Usual place of abode)St. Quincy, Mass.
(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 November 30 1957
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
Nov. 29, 1957, to Nov. 30, 1957
I last saw him alive on Nov. 30, 1957, death is said to
have occurred on the date stated above, at 10:45p m.INTERVAL
BETWEEN
ONSET AND
DEATH

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Pneumonia bilateral

2 days

Due To
(b)Due To
(c)OTHER SIGNIFICANT CONDITIONS Diabetes Mellitus
Cardiac decomposition

Was autopsy performed?

What test confirmed diagnosis? X-Ray

5 Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) Joseph Gregorie, M. D.

(Address) 194 Washington Ave Date 11-30-57

6 Place of Burial or Cremation St. Joseph Cemetery Boston
(City or Town)

DATE OF BURIAL Dec. 4 1957

7 NAME OF FUNERAL DIRECTOR C. V. Theodore

ADDRESS 333 Hancock St Quincy

Received and filed DEC 2 1957 19

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Male 9 COLOR 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 30 Years Months Days If under 24 hours
Hours Minutes13 Usual Occupation: Machinist
(Kind of work done during most of working life)

14 Industry or Business: Machine Shop.

15 Social Security No.

16 BIRTHPLACE (City) Boston
(State or country) Mass

17 NAME OF FATHER Dennis Sullivan

18 BIRTHPLACE OF FATHER (City) Boston
(State or country) Mass

19 MAIDEN NAME OF MOTHER Catherine Bates

20 BIRTHPLACE OF MOTHER (City) Boston
(State or country) Mass21 Informant John Sullivan
(Address) 24 Billings St. No QuincyI 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) 12/2/57

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

CTIONS
OR
CERTIFICATEiving
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the terminal
ition givenchapter 137,
4, requires
to print or
cause or
death on
Scales.

DOM-11-56-918979

PLACE OF DEATH

SUFFOLK

(County)

BOSTON

(City or Town)

The Commonwealth of Massachusetts
EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICSSTANDARD
CERTIFICATE OF DEATHOUT OF TOWN
To be filed for burial permits
with Board of Health
or its Agent

Registered No.

No. BETH ISRAEL HOSP.

(If death occurred in a hospital or institution,
St. give its NAME instead of street and number)

2 FULL NAME KATHERINE MILNE

(If deceased is a married, widowed or divorced woman, give also maiden name)

PHYSICIAN IMPORTANT

(Was deceased a
U. S. War Veteran,
if so specify WAR)(a) Residence, No. 9 GROVERA AVE
(Usual place of abode)

St. WINTHROP.

(If nonresident, give city or town and State)

Length of stay: In place of death years 13/4 months days. In place of residence 40 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH SEPT 30 1957
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
Aug. 8, 1957, to SEPT 30, 1957

I last saw her alive on SEPT 30, 1957, death is said to

have occurred on the date stated above, at 9 a. m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) HEMORRHAGE

Due To (b) CARCINOMATOSIS (OVARIES) 2 years.

Due To
(c)OTHER
SIGNIFICANT
CONDITIONS

Was autopsy performed? YES

What test confirmed diagnosis?

5 Was disease or injury in any way related to occupation of deceased?
If so, specify NO(Signed) L. Charndoff, M.D.
(Address) 330 Brookline Ave Date Sept 30, 19576 Winthrop Cemetery Winthrop, Mass.
Place of Burial or Cremation (City or Town)

DATE OF BURIAL October 3, 1957

7 NAME OF FUNERAL DIRECTOR Alfred B. Marsh

ADDRESS 174 Winthrop St. Winthrop, Mass.

Received and filed

OCT 8 1957
Charles H. Mackie
(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX

F

9 COLOR

W

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 John Malcolm Milne, Sr.
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 69 Years 8 Months 13 Days

If under 24 hours
Hours Minutes

13 Usual Occupation: Housewife

(Kind of work done during most of working life)

14 Industry or Business: Own Home

15 Social Security No. none

16 BIRTHPLACE (City) Glasgow
(State or country) Scotland

17 NAME OF FATHER Robert Smith

18 BIRTHPLACE OF FATHER (City) Scotland
(State or country)

19 MAIDEN NAME OF MOTHER Elizabeth Moir

20 BIRTHPLACE OF MOTHER (City) Scotland
(State or country)21 Informant John Malcolm Milne, Jr.
(Address) 9 Grovere 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

D-3967
(Official Designation)10-2(5-7)
(Date of Issue of Permit)

A TRUE COPY ATTEST:

Charles H. Mackie

City Registrar



JAN 1 3 04

PLACE OF DEATH

Suffolk
(County)

Boston
(City or Town)



The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD
CERTIFICATE OF DEATH

OUT-OF-TOWN

To be filed for burial permit
with Board of Health
or its Agent

Registered No. 19250

No. The Boston Floating Hospital

{(If death occurred in a hospital or institution,
St. give its NAME instead of street and number)

2 FULL NAME BELMONTE, Doreen
(If deceased 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. 6 Elmwood Ct.
(Usual place of abode)

10 hrs., 15 min.

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 4, 1957
(Month) (Day) (Year)

4 I HEREBY CERTIFY That I attended deceased from
October 3, 1957 to October 4, 1957

I last saw her alive on October 4, 1957, death is said to
have occurred on the date stated above, at 7:35 a. m.

INTERVAL
BETWEEN
ONSET AND
DEATH

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Irreversible shock

Due To

(b)

Due To

(c)

OTHER SIGNIFICANT CONDITIONS: ileal atresia, volvulus, with
infarction, perforation and

Was autopsy performed? Yes (peritonitis)
What test confirmed diagnosis? Operation

5 Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Jacqueline Min M. D.

(Address) 20 Adl Street Date 10-4 1957

6 Holy Cross Cemetery Malden
(City or Town)

DATE OF BURIAL October 4, 1957

7 NAME OF FUNERAL DIRECTOR Anthony P. Rapino
ADDRESS 9 Chelsea St., East Boston, Mass.

Received and filed Charles H. Mackie
(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX female 9 COLOR 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 2 Days If under 24 hours
Hours Minutes

13 Usual Occupation: (Kind of work done during most of working life)

14 Industry or Business:

15 Social Security No.

16 BIRTHPLACE (City) (State or country) Boston, Mass.

17 NAME OF FATHER Aldo V. Belmonte

18 BIRTHPLACE OF FATHER (City) (State or country) East Boston, Mass.

19 MAIDEN NAME OF MOTHER Anna Marie Visco

20 BIRTHPLACE OF MOTHER (City) (State or country) East Boston Mass.

21 Informant (Address) Aldo V. Belmonte (father)
6 Elmwood Ct., Winthrop, Mass.

I HEREBY CERTIFY that a satisfactory standard certificate of death
was filed with me BEFORE the burial or transit permit was issued
Jacqueline Casey
(Signature of Agent of Board of Health or other)
20-4080 10/10/57
(Official Designation) (Date of Issue of Permit)

A TRUE COPY ATTEST:

Charles H. Mackie

City Registrar

RECEIVED



JAN 1 3 10 58 AM

R-301A

CTIONS
OR
CERTIFICATEgiving
OF DEATHot enter
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for each
b) and (c)oes not mean
of dying,
eart failure,
tc. It means
r, or compli-
which causedns, if any,
ave rise to
ause (a),
the under-
ause last.ions contrib-
eath but not
the terminal
dition givenChapter 117,
95A, requires
s to print or
ause or
f death on
ificates.

PLACE OF DEATH

Suffolk

(County)

West Roxbury

(City or Town)

No. Veterans Administration Hospital

2 FULL NAME DAVID BEAL
(If deceased is a married, widowed or divorced woman, give also maiden name.)(a) Residence. No. 7 Amelia Ave.
(Usual place of abode)

Length of stay: In place of death 0 years 0 months 9 days In place of residence 44 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH October 8, 1957

(Month)

(Day)

(Year)

4 I HEREBY CERTIFY, That I attended deceased from
9/29/ 57 to 10/8/ 57I last saw him alive on 10/8/ 19 57 death is said to
have occurred on the date stated above, at 7:30 A. m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Coronary thrombosis

INTERVAL
BETWEEN
ONSET AND
DEATH

10 days

Due To (b) Arteriosclerotic heart
disease

Due To (c)

OTHER
SIGNIFICANT
CONDITIONSWas 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) C. E. Forkner, Jr. M. D.

(Address) VAH, West Roxbury, Mass. 10/8/ 57

6 Hand-in-Hand Cemetery, W. Roxbury, Mass.
Place of Burial or Cremation (City or Town)

DATE OF BURIAL October 9 19 57

7 NAME OF FUNERAL DIRECTOR Solomon Funeral Home
ADDRESS Brookline, Mass.

Received and filed

Charles H. Inackie

(Registrar)

The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD

CERTIFICATE OF DEATH

Registered No.

St. (If death occurred in a hospital or institution,
give its NAME instead of street and number)

PHYSICIAN IMPORTANT

Was deceased a U. S. War Veteran, WVI
(If so specify WAR)

Winthrop

(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX

M

9 COLOR

W

10 SINGLE (write the word)
MARRIED Married
WIDOWED
OR DIVORCED

10a If married, widowed, or divorced

HUSBAND of Mildred Jacobs
(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 9 Months 13 Days If under 24 hours
Hours Minutes13 Usual Occupation: Saleswoman Merchant
(Kind of work done during most of working life)

14 Industry or Business: self-employed Machine Tools

015 28 6794

15 Social Security No.

16 BIRTHPLACE (City) Boston, Mass. Russia
(State or country)

17 NAME OF FATHER

Morris Beal

18 BIRTHPLACE OF FATHER (City)

Russia
(State or country)

19 MAIDEN NAME OF MOTHER

Sophie Rose

20 BIRTHPLACE OF MOTHER (City)

Russia
(State or country)

21

Informant Mrs. Mildred Beal
(Address) 7 Amelia 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:Jacqueline Casey
(Signature of Agent of Board of Health or other)20-4051
(Official Designation)10-9-59
(Date of Issue of Permit)

V.B. V

A TRUE COPY ATTEST:

Charles H. Mackie

City Registrar

100 100

JAN 1 5 1958 PM

73488
36107
M R-301A

PLACE OF DEATH

Suffolk
(County)
Boston
(City or Town)



EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD
CERTIFICATE OF DEATH

OUT - OF - TOWN
To be filed for burial permit
with Board of Health
or its agent

Registered No.

No. Veterans Administration Hospital

(If death occurred in a hospital or institution,
State give its NAME instead of street and number)

2 FULL NAME FRANK B. DUNBAR
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN - IMPORTANT

(Was deceased a
U. S. War Veteran. WW II
If so specify WAR)

(a) Residence, No. 10 Eleanor Court
(Usual place of abode)

x Winthrop, Mass.

(If nonresident, give city or town and State)

Length of stay: In place of death years months 12 days. In place of residence years months days.

INSTRUCTIONS
FOR
CERTIFICATE

giving
OF DEATH

not enter
than one
for each
(b) and (c)

does not mean
of dying.
heart failure,
etc. It means
the, or compli-
which caused

ons, if any,
gave rise to
cause (a),
the under-
cause last

itions contrib-
death but not
to the terminal
condition given

Chapter 137,
1954, requires
ans to print or
be cause or
of death on
certificates.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH October 8 1957
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from
Sept. 26, 1957, to October 8, 1957

~~XXXXXXXXXXXXXXXXXXXX~~, death is said to
have occurred on the date stated above, at 11:55 p.m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Glioblastoma, multiforme

Due To (b) Arteriosclerotic heart
disease

Due To (c)

OTHER
SIGNIFICANT
CONDITIONS

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) Charles E. Norton, M. D.

(Address) VAH Boston, Mass. Date Oct. 9 1957

6 Winthrop Cemetery, Winthrop, Mass.
Place of Burial or Cremation
October 14, 1957
DATE OF BURIAL

7 NAME OF FUNERAL DIRECTOR Howard Reynolds
ADDRESS Winthrop St., Winthrop, Mass.

Received and filed OCT 14 1957
Charles H. Mackie (Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Male 9 COLOR White 10 SINGLE (write the word)
MARRIED
WIDOWED
or DIVORCED Married

10a If married, widowed or divorced,
HUSBAND of Lillian Brems
(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 8 Months 8 Days If under 24 hours
Hours Minutes

13 Usual Occupation: Lieutenant - BFD
(Kind of work done during most of working life)

14 Industry or Business: Boston Fire Department

15 Social Security No. 551-24-1643

16 BIRTHPLACE (City) Boston
(State or country) Massachusetts

17 NAME OF FATHER Thomas Dunbar

18 BIRTHPLACE OF FATHER (City) Rye
(State or country) New Hampshire

19 MAIDEN NAME OF MOTHER Hattie Chick

20 BIRTHPLACE OF MOTHER (City) Tama
(State or country) New Hampshire

21 Informant Hospital records, VA Hospital
(Address) 150 S. Huntington Ave., Boston

I HEREBY CERTIFY that a satisfactory standard certificate of death
was filed with me BEFORE the burial or transfer permit was issued.

Jaqueline Casey
(Signature of Agent of Board of Health or other)

2-4075 10-10-57
(Official Designation) (Date of Issue of Permit)

804-5-97-020343

A TRUE COPY ATTEST:

Charles H. Mackie

City Registrar

RECEIVED



JAN 13 1899

Copies of returns of deaths which occurred in your city or town at the time of death should be transmitted on Form R-302 to the clerk of the city or town in which the deceased resided as soon as possible, after the close of the month in which the death occurred. (See Chap. 46, Sec. 12, G. L.)

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

Boston

(City or Town making this return)

COPY OF

CERTIFICATE OF DEATH

Registered No. 9215 647

No. Beth Israel Hospital

St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Rose Tratt

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(Was deceased a U. S. War Veteran, if so specify WAR) None

(a) Residence. No. 40 Elmwood Avenue
(Usual place of abode)

St. Winthrop, Mass
(If nonresident, give city or town and State)

Length of stay: In place of death.....years.....months.....days. In place of residence.....years.....months.....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH October 8 1957
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from 8/8 19 57 to 10/8 19 57
I last saw him alive on 8/8 19 57 death is said to have occurred on the date stated above, at 11:30 a.m.

INTERVAL BETWEEN ONSET AND DEATH ?

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Septicemia.

Due To Osteomyelitis 4 wks
(b)

Due To R hip fracture 8 wks
(c)

OTHER SIGNIFICANT CONDITIONS Diabetes ASHD

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) Gordon Kooth M. D.
(Address) 330 Brookline Ave 10/8 19 57

6 Tifereth Israel of Winthrop
Place of Burial or Cremation Everett, Mass. (Town)

DATE OF BURIAL 10/9 19 57

7 NAME OF FUNERAL DIRECTOR Henry Letine

ADDRESS 470 Harvard St Brookline

Received and filed. Oct 11 19 57

(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Fem 9 COLOR 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) Bernard Tratt
(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 Housewife
(Kind of work done during most of working life)

14 Industry or Business At home

15 Social Security No. none

16 BIRTHPLACE (City) Riga Latvia
(State or country)

17 NAME OF FATHER Samuel Wolfson

18 BIRTHPLACE OF FATHER (City) Riga Latvia
(State or country)

19 MAIDEN NAME OF MOTHER -- --

20 BIRTHPLACE OF MOTHER (City) Riga Latvia
(State or country)

21 Informant (Address) Estelle Weiner 40 Elmwood Ave Winthrop

A TRUE COPY Charles H. Mackie

ATTEST: (Registrar of City or Town where death occurred)

DATE FILED OCT. 11, 1957 19

SOM-11-35-916:45

RECEIVED



JAN 1 8 1950 PM

PLACE OF DEATH

SUFFOLK
(County)ROXBURY
(City or Town)The Commonwealth of Massachusetts
EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICSSTANDARD
CERTIFICATE OF DEATHOUT - OF - TOWN
To be filed for burial permit
with Board of Health
or its AgentRegistered No. 248
(09-150)

1. **PLACE OF DEATH** **JEWISH MEMORIAL HOSP.** St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2. **FULL NAME** **FANNIE KURLAND** (If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) **Residence.** No. **35 Sea View Ave** St. **Winthrop** (If nonresident, give city or town and State)

Length of stay: In place of death years **3** months **5** days. In place of residence 1 years months days.

MEDICAL CERTIFICATE OF DEATH

3. **DATE OF DEATH** **OCTOBER 14 1957**
(Month) (Day) (Year)

4. **I HEREBY CERTIFY**, That I attended deceased from **JULY 11 1957** to **OCTOBER 14 1957**
I last saw him alive on **OCTOBER 14 1957**, death is said to have occurred on the date stated above, at **2:40 P.M.**

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) **CEREBROVASCULAR ACCIDENTS (MULTIPLE)**

INTERVAL
BETWEEN
ONSET AND
DEATH

YRS

Due To (b) **CEREBROVASCULAR DISEASE**

YEARS

Due To (c) **HYPERTENSION**

YEARS

OTHER SIGNIFICANT CONDITIONS **ARTERIOSCLEROSIS**

YEARS

Was autopsy performed? **NO**
What test confirmed diagnosis? **EKG - PHYSICAL EXAM.**

5. Was disease or injury in any way related to occupation of deceased?
If so, specify **NO**

(Signed) **ANELIA DOWESA M.D. A. Down** M. D.
(Address) **JEWISH MEMORIAL HOSPITAL** OCT. 14 1957

6. **Tiferith Israel Cem. Everett**
Place of Burial or Cremation (City or Town)

DATE OF BURIAL October 15 1957

7. **NAME OF FUNERAL DIRECTOR Aaron Golov**
ADDRESS 1668 Beacon St Brookline

Received and Filed **OCT 18 1957**

Charles A. Inackie
(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8. **SEX** **Female** 9. **COLOR** **White** 10. **SINGLE** (write the word) **MARRIED** **WIDOWED** **DIVORCED**

10a. If married, widowed, or divorced **Joseph Kurland**
HUSBAND of (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

11. IF STILLBORN, enter that fact here.

12. **AGE** **78** Years Months Days If under 24 hours
Hours Minutes

13. Usual Occupation: **Housework**
(Kind of work done during most of working life)

14. Industry or Business: **At Home**

15. Social Security No. **None**

16. BIRTHPLACE (City) **Russia**
(State or country)

17. NAME OF FATHER **Hyman Libber**

18. BIRTHPLACE OF FATHER (City) **Russia**
(State or country)

19. MAIDEN NAME OF MOTHER **Zelda Portnoy**

20. BIRTHPLACE OF MOTHER (City) **Russia**
(State or country)

21. Informant (Address) **Edward Kurland (son)**
30 Mermaid Ave. Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the birth or transit permit was issued.

Norma J. Anderson
(Signature of Agent of Board of Health or other)

4448 **10/15/57**
(Official Designation) (Date of Issue of Permit)

A TRUE COPY ATTEST:

Charles H. Mackie

City Registrar

RECEIVED



JAN 1 9 1879

PLACE OF DEATH

Suffolk
(County)Boston
(City or Town)

No. 240 Huntingdon Ave

Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Loran Peters Tibbetts

(If deceased is a married, widowed or divorced woman, give also maiden name.)

Registered No. 49782

To be filed for burial
permit with Board of
Health or its Agent.

(a) Residence No.

14 Wadsworth Ave.

(Usual place of abode)

St.

Ward.

Winthrop

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred

yrs.

mos.

days.

How long in U. S., if of foreign birth?

yrs.

mos.

days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Male

4 COLOR OR RACE

White

5 SINGLE (write the word)

MARRIED
WIDOWED
or DIVORCED

Married

5a If married, widowed, or divorced
HUSBAND of

Ruth G Lucas

(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

60

Years

2

Months

21

Days

If less than 1 day

Hours

Minutes

9 Usual
Occupation:

Clerk

10 Industry
or Business:

Grocery store

11 Social Security No.

022-07-5423

12 BIRTHPLACE (City)
(State or country)Halden
Mass.13 NAME OF
FATHER

Wesley Tibbetts

14 BIRTHPLACE OF
FATHER (City)
(State or country)Glenburn
Maine15 MAIDEN NAME
OF MOTHER

Grace Peters

16 BIRTHPLACE OF
MOTHER (City)
(State or country)Westport
Nova Scotia

17

Informant
(Address)Ruth G Tibbetts
14 Wadsworth Ave. Winthrop

Relation, if any

I HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued.

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF
DEATHOct
(Month)23
(Day)1957
(Year)19 I HEREBY CERTIFY that I have investigated the death of the person
above-named and that the CAUSE AND MANNER thereof are as follows:
(If an injury was involved, state fully.)Coronary
Occlusion.

420A

20 IN WHAT CITY OR TOWN
WAS INJURY SUSTAINED?

(Signed)

George W. Curtis M. D.

(Address)

25 Shattuck

Date 10-23-1957

21 PLACE OF BURIAL,
CREMATION OR REMOVALNewton
(Cemetery)Newton
(City or town)

DATE OF BURIAL

Oct. 26

1957

22 NAME OF
UNDERTAKER

Howard S. Reynolds

ADDRESS

Winthrop Mass

Received and filed

Charles H. Mackie

OCT 29 1957

(Registrar)

HABV

If deceased was a U. S. War Veteran, G.L. Chap. 46, Section 10, requires physicians to insert a recital to that effect
of Death. See reverse side for extracts from the laws relative to the return of certificates of death.

24-10-53-910604

A TRUE COPY ATTEST:

Charles H. Mackie

City Registrar

RECEIVED



JAN - 8 1958 AM

301A

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TIFICATE

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on givenpter 137,
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ates.

50M-5-56-91753

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.

250

No. 159 Winthrop Street

(If death occurred in a hospital or institution,
St. give its NAME instead of street and number)

2 FULL NAME Harold Nathan Bangs

(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT

(Was deceased a

U. S. War Veteran,

(if so specify WAR) W.W.1.

(a) Residence. No. 159 Winthrop Street

(Usual place of abode)

St.

(If nonresident, give city or town and State)

Length of stay: In place of death 58 years months days. In place of residence 58 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH December 1 1957
(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 AM.

INTERVAL
BETWEEN
ONSET AND
DEATH

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Natural Causes

Due To Coronary Occlusion

(b)

1 hr.

Due To Arteriosclerotic Heart
(c) DiseaseOTHER
SIGNIFICANT
CONDITIONS

Was autopsy performed? No

What test confirmed diagnosis? Clinical

5 Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed)

M. D.

6 Winthrop Cemetery Winthrop
Place of Burial or Cremation (City or Town)

DATE OF BURIAL December 4 1957

7 NAME OF
FUNERAL DIRECTOR

ADDRESS 174 Winthrop St. Winthrop

Received and filed

DEC 3 1957

19

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX

Male

9 COLOR

White

10 SINGLE (write the word)

MARRIED

WIDOWED Married

or DIVORCED

10a If married, widowed, or divorced

HUSBAND of Gertrude Agnes Chisholm

(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 11 Months 19 Days

If under 24 hours

Hours Minutes

13 Usual

Occupation: Retired Fireman

(Kind of work done during most of working life)

14 Industry

or Business: town of Winthrop

15 Social Security No.

16 BIRTHPLACE (City)
(State or country)

Winthrop

Mass.

17 NAME OF

FATHER Harry Nathan Bangs

18 BIRTHPLACE OF

FATHER (City) Durham, Maine
(State or country)

19 MAIDEN NAME

OF MOTHER Helen Mac Donald

20 BIRTHPLACE OF

MOTHER (City) New York

(State or country)

N.Y.

21

Informant
(Address)

Mrs. H. N. Bangs

159 Winthrop St. Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death
was filed with me BEFORE the burial or transit permit was issued:Harold Nathan Bangs
(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 had without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE	April 7, 1917
DATE OF DISCHARGE	December 21, 1918
RANK, RATING	seaman confirmed
ORGANIZATION AND OUTFIT	U.S. Navy
SERVICE NUMBER	110-38-27

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50M-11-56-918978

X
PLACE OF DEATH

Suffolk
(County)

Winthrop
(City or Town)

No. Mayflower Nursing Home
39 Grovers Avenue, Winthrop

2 FULL NAME Diego Ciarfella
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 122 Bayswater Street St. East Boston
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death 15 years 15 months 15 days. In place of residence 3 years 3 months 3 days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH DECEMBER 5 1957
(Month) (Day) (Year)

4 I HEREBY CERTIFY That I attended deceased from
Nov. 26, 1957, to DEC 5, 1957
I last saw him alive on DEC. 4, 1957, death is said to
have occurred on the date stated above, at 6:45 A m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Broncho-pneumonia.

Due To Carcinoma of Lung.
(b)

Due To
(c)

OTHER SIGNIFICANT CONDITIONS BRAIN tumor-Carcinoma.

Was autopsy performed? NO
What test confirmed diagnosis? Operation on Brain - X-rays

5 Was disease or injury in any way related to occupation of deceased? NO
If so, specify

(Signed) Dominic Thomas Staffieri, M. D.
(Address) 21 BREED STREET Date DEC 5 1957

6 Holy Cross Cemetery, Malden
Place of Burial or Cremation (City or Town)
DATE OF BURIAL December 9th 1957

7 NAME OF FUNERAL DIRECTOR Richard C. Kirby
ADDRESS 917 Bennington St., E. Boston

Received and filed DEC 5 1957 19

(Registrar)

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. 251

(If death occurred in a hospital or institution,
St. give its NAME instead of street and number)

PHYSICIAN - IMPORTANT
(Was deceased a
U. S. War Veteran, No
if so specify WAR)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX M 9 COLOR W 10 SINGLE (write the word)
MARRIED
or WIDOWED or DIVORCED Married

10a If married, widowed, or divorced
HUSBAND of Mary Marcella
(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 1 Months 29 Days
If under 24 hours
Hours Minutes

13 Usual Occupation: Coppersmith
(Kind of work done during most of working life)

14 Industry or Business: General Ship Yards

15 Social Security No. 024-03-3149

16 BIRTHPLACE (City)
(State or country) Italy

17 NAME OF FATHER Luigi Ciarfella

18 BIRTHPLACE OF FATHER (City)
(State or country) Italy

19 MAIDEN NAME OF MOTHER Rosina Colona

20 BIRTHPLACE OF MOTHER (City)
(State or country) Italy

21 Informant Carmen Ciarfella-son
(Address) 122 Bayswater 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:

Ralph E. Jernigan
(Signature of Agent of Board of Health or other)
(Official Designation) (Date of Issu of Permit) 12/5/57

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhumate a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or 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 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

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PLACE OF DEATH

Suffolk
(County)Winthrop
(City or Town)

The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICSSTANDARD
CERTIFICATE OF DEATHTo be filed for burial permit
with Board of Health
or its Agent.

Registered No. 252

No. 194 Main Street, Winthrop

(If death occurred in a hospital or institution,
St. give its NAME instead of street and number)

2 FULL NAME Louis F. LeBlanc

(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. 194 Main Street, Winthrop St.
(Usual place of abode)

(If nonresident, give city or town and State)

Length of stay: In place of death 13 years months days. In place of residence 13 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH Dec 5 1957
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
Nov 15, 1957 to Dec 5, 1957.
I last saw him alive on 12-3, 1957, death is said to
have occurred on the date stated above, at 9:42 p.m.INTERVAL
BETWEEN
ONSET AND
DEATH

2 days

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Coronary
OcclusionDue To
(b)Due To
(c)OTHER
SIGNIFICANT
CONDITIONSCerebral Arteriosclerosis
17 mos.

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. W. Potte, M. D.

(Address) 17A Benn. St. E. B. Date 12-6 1957

6 Winthrop Cemetery, Winthrop
Place of Burial or Cremation (City or Town)

DATE OF BURIAL December 9th 1957

7 NAME OF FUNERAL DIRECTOR Richard C. Kirby
ADDRESS 917 Bennington St., E. Boston

Received and filed DEC 8 1957 19

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX

M

9 COLOR

W

10 SINGLE (write the word)

MARRIED

WIDOWED

or DIVORCED Widowed

10a If married, widowed or divorced

HUSBAND of Odessa M. Muisse
(Give maiden name of wife in full)(or) WIFE of _____
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12

AGE 39 Years 7 Months 4 Days

If under 24 hours

Hours Minutes

13 Usual

Occupation:

Carpenter (Retired)
(Kind of work done during most of working life)

14 Industry

or Business:

Building

15 Social Security No.

021-14-1260 A

16 BIRTHPLACE (City)

Yarmouth

(State or country)

Nova Scotia

17 NAME OF

FATHER

Athanasius LeBlanc

18 BIRTHPLACE OF

FATHER (City)

Yarmouth

(State or country)

Nova Scotia

19 MAIDEN NAME

OF MOTHER

Rosalie Clermont

20 BIRTHPLACE OF

MOTHER (City)

Yarmouth

(State or country)

Nova Scotia

21

Informant

(Address)

Edward LeBlanc-son

194 Main Street, Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death
was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING

4 E

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

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(3) **Medical Examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

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Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had 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. 253

No. Bay View Nursing Home

(If death occurred in a hospital or institution,
St. [give its NAME instead of street and number])

2 FULL NAME Arthur Dalrymple
(If deceased 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 Bowdoin Street St.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death years months 20 days. In place of residence 60 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH December 13 1957
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from
25 Nov, 1957, to 13 December 57
I last saw him alive on 12 Dec, 1957, death is said to
have occurred on the date stated above, at 8 A.M.

INTERVAL
BETWEEN
ONSET AND
DEATH

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Carcinoma of

(b) Rectum 1 Yr

(c)

OTHER SIGNIFICANT CONDITIONS

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 O. Murray M. D.
(Address) Winthrop Mass Date 14 Dec 1957

6 Winthrop Cemetery Winthrop, Mass.
Place of Burial or Cremation (City or Town)

DATE OF BURIAL December 16, 1957 19

7 NAME OF FUNERAL DIRECTOR Alfred B. Marsh
ADDRESS 174 Winthrop St. Winthrop, Mass.

Received and filed DEC 17 1957 19

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX male 9 COLOR white 10 SINGLE (write the word)
MARRIED WIDOWED
or DIVORCED

10a If married, widowed, or divorced
HUSBAND of Margaret Isobel MacEachern
(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 8 Months 18 Days If under 24 hours
Hours Minutes

13 Usual Occupation: retired line man
(Kind of work done during most of working life)

14 Industry or Business: N.E. Tel. & Tel. Co.

15 Social Security No. 011-07-3399

16 BIRTHPLACE (City) Lower Selmah
(State or country) Nova Scotia

17 NAME OF FATHER Joel Dalrymple

18 BIRTHPLACE OF FATHER (City) Lower Selmah
(State or country) Nova Scotia

19 MAIDEN NAME OF MOTHER Anne Borden

20 BIRTHPLACE OF MOTHER (City) Lower Selmah
(State or country) Nova Scotia

21 Informant Arthur W. Dalrymple
(Address) 164 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:

(Signature of Agent of Board of Health or other)
(Official Designation) (Date of Issue of Permit)

V.B. V

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February 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.

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The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

301A

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50M-5-57-920345

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.

254

No. 34 TAPTS AVE

 (If death occurred in a hospital or institution,
St. give its NAME instead of street and number)

2 FULL NAME

PATRICK MC CARTHY

(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 TAPTS AVE

St.

WINTHROP

(Usual place of abode)

(If nonresident, give city or town and State)

Length of stay: In place of death 30 years months days. In place of residence 30 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH

Dec 13

1957

(Month)

(Day)

(Year)

4 I HEREBY CERTIFY, That I attended deceased from

Sept 1955, to Dec 13, 1957

I last saw him alive on Dec 13, 1957 death is said to

have occurred on the date stated above, at 12:30 A.M.

 INTERVAL
BETWEEN
ONSET AND
DEATH

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Hemorrhage

Due To

(b) carcinoma floor of mouth

Due To

(c)

OTHER SIGNIFICANT CONDITIONS

Hypertrophic obstructing prostate

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. J. Greenfield

M. D.

(Address)

417 Church St. W. Roxbury

Date 12-13

1957

6 ST. JOSEPH

W. ROY BURY

Place of Burial or Cremation

(City or Town)

DATE OF BURIAL

December 16

1957

7 NAME OF FUNERAL DIRECTOR

Daniel J. Quinn

ADDRESS

Cassie Ave.

Received and filed

DEC 13 1957

19

John A. Clark

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX

M

9 COLOR

W

10 SINGLE (write the word)

MARRIED

WIDOWED

or DIVORCED

Widowed

10a If married, widowed, or divorced HUSBAND of BRIDGET McMULLEN

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12

AGE 82 Years Months Days

If under 24 hours

Hours Minutes

13 Usual Occupation:

RETIRED CHAUFFEUR

(Kind of work done during most of working life)

14 Industry or Business:

A. I. CROLL CO.

15 Social Security No.

None

16 BIRTHPLACE (City)

(State or country)

IRELAND

17 NAME OF FATHER

DAVID MC CARTHY

18 BIRTHPLACE OF FATHER (City)

IRELAND

(State or country)

19 MAIDEN NAME OF MOTHER

(?) Hayes

20 BIRTHPLACE OF MOTHER (City)

IRELAND

(State or country)

21

Rev. CHARLES MC CARTHY

Informant (Address)

ST. JAMES RECTORY, ARLINGTON

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

John A. Clark

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

111

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

R-301A

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50M-5-57-920345

PLACE OF DEATH

1

Suffolk

(County)

Winthrop

(City or Town)

No. 246 Shirley St., Winthrop

2 FULL NAME Robert P. Lindgren

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 246 Shirley Street Winthrop St.

(Usual place of abode)

(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 12 14 1957
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from

NOV 4, 1949, to DEC 14, 1957

I last saw him live on DEC 14, 1957, death is said to

have occurred on the date stated above, at 10:50 p.m.

INTERVAL
BETWEEN
ONSET AND
DEATH

1/2 HR

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) CARDIAC ASTHMA

Due To RHEUMATIC AND
(b) ARTERIO-SCLEROTIC
HEART DISEASE

2 YRS.

Due To CARCINOMA OF TONGUE

6 MO

OTHER SIGNIFICANT CONDITIONS DUODENAL ULCER

3 YRS.

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 No

(Signed) Myron H. King III, M. D.

(Address) 220 Pleasant St., Winthrop Date 12/16/57

6 Fairview Cemetery, Hyde Park, Mass.

Place of Burial or Cremation (City or Town)

DATE OF BURIAL December 17, 1957, 19

7 NAME OF FUNERAL DIRECTOR John G. Molloy
ADDRESS 1126 Washington St., Dorchester

Received and filed DEC 18 1957 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. 255

{(If death occurred in a hospital or institution,
St. [give its NAME instead of street and number])

PHYSICIAN - IMPORTANT

{(Was deceased a
U. S. War Veteran,
if so specify WAR) No

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Male 9 COLOR White 10 SINGLE (write the word)
MARRIED Widowed
WIDOWED
or DIVORCED10a If married, widowed, or divorced
HUSBAND of Rose Ellen Fox
(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 3 Months 15 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. 027-14-4329

16 BIRTHPLACE (City) Hyde Park
(State or country) Mass

17 NAME OF FATHER Swan J. Lindgren

18 BIRTHPLACE OF FATHER (City) Stockholm, Sweden
(State or country)

19 MAIDEN NAME OF MOTHER Ellen (not known)

20 BIRTHPLACE OF MOTHER (City) Sweden
(State or country)21 Informant Mr. Chester P. Lindgren
(Address) 40 Rustlewood St., Milton, Mass.I HEREBY CERTIFY that a satisfactory standard certificate of death
was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation) (Date of Issue of Permit) 12/17/57

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

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PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)

No.

383 Pleasant Street

((If death occurred in a hospital or institution,
St. give its NAME instead of street and number)

2 FULL NAME

Margaret (Jackson) Armitstead

(If deceased 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.

Boston Street

St.

Middleton, Mass.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of stay: In place of death years months 22 days. In place of residence 5 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF
DEATH

December 13, 1957

(Month)

(Day)

(Year)

4 I HEREBY CERTIFY, That I attended deceased from

Dec. 2, 1957, to December 13, 1957

I last saw her alive on December 17, 1957, death is said to
have occurred on the date stated above, at 4.30 a. m.INTERVAL
BETWEEN
ONSET AND
DEATH

4 mos

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Cancer of the right breast

Due To

(b) Metastasis to lungs.

Due To

(c)

OTHER
SIGNIFICANT
CONDITIONS

Diabetes

4 yrs

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) William W. Dorfman, M. D.

(Address) Revere, Mass. Date 12/18 1957

6 Puritan Lawn, Lexington, Mass. Peabody

Place of Burial or Cremation

(City or Town)

DATE OF BURIAL

Dec. 13

19

7 NAME OF
FUNERAL DIRECTOR

ADDRESS

Received and filed

DEC 19 1957

19

(Registrar)

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.

256

PERSONAL AND STATISTICAL PARTICULARS

8 SEX

9 COLOR

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 I. Armitstead

(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12

AGE 74 Years 7 Months 6 Days

If under 24 hours

Hours Minutes

13 Usual

Occupation:

Housewife

(Kind of work done during most of working life)

14 Industry

or Business:

Own home

15 Social Security No.

None

16 BIRTHPLACE (City)

(State or country)

England

17 NAME OF

FATHER

Thomas Jackson

18 BIRTHPLACE OF

FATHER (City)

(State or country)

England

19 MAIDEN NAME

OF MOTHER

Margaret Hart

20 BIRTHPLACE OF

MOTHER (City)

(State or country)

England

21

Informant

(Address)

Stanley Armitstead

383 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:

Gardner C. Peterson

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

12/18/57

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid, or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or 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. 257

No. 214 SHIRLEY

{(If death occurred in a hospital or institution,
St. {give its NAME instead of street and number)

2 FULL NAME

ANNIE SOLOMON

(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. 214 SHIRLEY

(Usual place of abode)

St. WINTHROP MASS

(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 Dec. 18 1957
(Month) (Day) (Year)4 I HEREBY CERTIFY. That I attended deceased from
June, 1952, to Dec. 18, 1957
I last saw her alive on Dec. 18, 1957, death is said to
have occurred on the date stated above, at 8:05 P.m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Cancer of Colon

INTERVAL
BETWEEN
ONSET AND
DEATH

14 mos

Due To
(b)Due To
(c)OTHER
SIGNIFICANT
CONDITIONS

None.

Was autopsy performed? No

What test confirmed diagnosis? Clinical and Surgical

5 Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) Charles Liberman, M. D.

(Address) WINTHROP, MASS. Date 12/18/1957

6 WINTHROP EVERETT
Place of Burial or Cremation (City or Town)

DATE OF BURIAL DEC 19 1957

7 NAME OF FUNERAL DIRECTOR BENJAMIN BIRNBACH
ADDRESS 11 WASHINGTON ST., DORCH.

Received and filed. DEC 19 1957 19

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX FEMALE 9 COLOR 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 HARRY SOLOMON
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 65 Years Months Days If under 24 hours
Hours Minutes13 Usual Occupation: HOUSEWIFE
(Kind of work done during most of working life)

14 Industry or Business: AT HOME

15 Social Security No.

16 BIRTHPLACE (City) LITHUANIA
(State or country)

17 NAME OF FATHER HARRIS BARON

18 BIRTHPLACE OF FATHER (City) LITHUANIA
(State or country)

19 MAIDEN NAME OF MOTHER REBECCA FLEISHER

20 BIRTHPLACE OF MOTHER (City) LITHUANIA
(State or country)21 Informant HARRY SOLOMON
(Address) 214 SHIRLEY ST WINTHROPI HEREBY CERTIFY that a satisfactory standard certificate of death
was filed with me BEFORE the burial or transit permit was issued:Joseph E. Liberman
(Signature of Agent of Board of Health or other)
Health Officer 12/18/57
(Official Designation) (Date of Issue of Permit)

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

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A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

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death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

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SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

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50M-5-56-817373

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.STANDARD
CERTIFICATE OF DEATH

Registered No. 258

No. Winthrop Community Hospital

(If death occurred in a hospital or institution,
St. {give its NAME instead of street and number)

2 FULL NAME Infant Cannata

(If deceased 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. 155 Bennington 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 Dec 20 1957
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from

1957 to 11/1/1957, 19
I last saw him alive on 11/1/1957, death is said to

have occurred on the date stated above, at 11 a.m.

INTERVAL
BETWEEN
ONSET AND
DEATH

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Stillborn (6 1/2 mo)

Due To
(b)Due To
(c)OTHER
SIGNIFICANT
CONDITIONS

Was autopsy performed? no

What test confirmed diagnosis? chond ox

5 Was disease or injury in any way related to occupation of deceased? no
If so, specify

(Signed) James E. Schuchler, M. D.

(Address) 19 Bennington St., Date Dec 20 1957

6 Holy Cross cemetery Malden

Place of Burial or Cremation (City or Town)

DATE OF BURIAL Dec. 23, 1957

7 NAME OF FUNERAL DIRECTOR Vincent Rapino
ADDRESS 9 Chelsea St., East Boston, Mass.

Received and filed. DEC 27 1957 19

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX not known 9 COLOR white 10 SINGLE (write the word) MARRIED single WIDOWED or DIVORCED

10a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

11 IF STILLBORN, enter that fact here. Stillborn

12 AGE Years Months Days If under 24 hours Hours Minutes

13 Usual Occupation: ***** (Kind of work done during most of working life)

14 Industry or Business: *****

15 Social Security No. *****

16 BIRTHPLACE (City) Winthrop, Mass.
(State or country)

17 NAME OF FATHER Anthony Cannata

18 BIRTHPLACE OF FATHER (City) East Boston, Mass.
(State or country)

19 MAIDEN NAME OF MOTHER Marie Moran

20 BIRTHPLACE OF MOTHER (City) East Boston, Mass.
(State or country)21 Informant Anthony Cannata (father)
(Address) 155 Bennington St., East 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)

171943 Dec 20 1957

(Official Designation)

(Date of Issu of Permit)

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

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Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had 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.STANDARD
CERTIFICATE OF DEATH

Registered No. 250

No. Winthrop Community Hospital
(If death occurred in a hospital or institution,
St. give its NAME instead of street and number)2 FULL NAME Rosetta Key
(If deceased 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. 146 Cottage Park Rd. St. (If nonresident, give city or town and State)
(Usual place of abode)

Length of stay: In place of death years months 3 days. In place of residence 60 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH DECEMBER 21 1957
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
APRIL 20, 1957, to DECEMBER 21, 1957
I last saw h alive on DECEMBER 21, 1957, death is said to
have occurred on the date stated above, at 9:15 A. m.INTERVAL
BETWEEN
ONSET AND
DEATH

5 DAYS

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) CONGESTIVE HEART FAILURE

Due To (b) ARTERIOSELEROTIC HEART
DISEASE

4 YEARS

Due To (c) GENERAL ARTERIOSCLEROSIS

7 YEARS

OTHER
SIGNIFICANT
CONDITIONS

Was autopsy performed? No

What test confirmed diagnosis?

5 Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) Dorothy Cheney Appleton, M. D.

(Address) 197 Woodside Ave. Date Dec 21 1957
Winthrop, Mass6 Winthrop Winthrop
Place of Burial or Cremation (City or Town)

DATE OF BURIAL Dec. 24 1957

7 NAME OF FUNERAL DIRECTOR Howard S. Reynolds
ADDRESS Winthrop Mass

Received and filed. DEC 23 1957 19

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Female 9 COLOR 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 87 Years 2 Months 18 Days If under 24 hours
Hours Minutes13 Usual Occupation: Teacher
(Kind of work done during most of working life)

14 Industry or Business: Music

15 Social Security No. None

16 BIRTHPLACE (City) England
(State or country)

17 NAME OF FATHER William S Key

18 BIRTHPLACE OF FATHER (City) England
(State or country)

19 MAIDEN NAME OF MOTHER Rose Honewell

20 BIRTHPLACE OF MOTHER (City) England
(State or country)21 Informant Ernest Key
(Address) 732 Pleasant 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)

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or 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. 200

No. Winthrop Community Hospital

(If death occurred in a hospital or institution,
St. give its NAME instead of street and number)

2 FULL NAME (Mrs.) Katherine Gillis (Cameron)
(If deceased 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. 223 Woodside Ave., Winthrop 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 25 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH 12 - 22 - 57
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from
Sept 19, 1950, to Dec 22, 1957

I last saw her alive on Dec 21, 1957, death is said to
have occurred on the date stated above, at 3:30 A.M.

INTERVAL
BETWEEN
ONSET AND
DEATH

4 weeks

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) uremia

Due To (b) arterio Sclerosis

Due To (c) diabetes

OTHER SIGNIFICANT CONDITIONS Congestive heart failure

Was autopsy performed? No

What test confirmed diagnosis?

5 Was disease or injury in any way related to occupation of deceased?
If so, specify No

(Signed) H. B. Greenfield, M. D.

(Address) 447 Shirley St. Date 12-22-1957

6 Place of Burial or Cremation Winthrop Winthrop
(City or Town)

DATE OF BURIAL DEC 24 1957

7 NAME OF FUNERAL DIRECTOR Maurice H. Kirby
ADDRESS Winthrop

Received and filed DEC 24 1957 19

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX FEMALE 9 COLOR WHITE 10 SINGLE (write the word)
MARRIED
WIDOWED
or DIVORCED WIDOWED

10a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of PETER GILLIS

(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 12 Years Months Days If under 24 hours
Hours Minutes

13 Usual Occupation: HOME
(Kind of work done during most of working life)

14 Industry or Business:

15 Social Security No. NONE

16 BIRTHPLACE (City) BIG BEACH N.S.
(State or country)

17 NAME OF FATHER JOHN CAMERON

18 BIRTHPLACE OF FATHER (City) BIG BEACH N.S.
(State or country)

19 MAIDEN NAME OF MOTHER MARGARET (UNKNOWN)

20 BIRTHPLACE OF MOTHER (City) BIG BEACH N.S.
(State or country)

21 Informant Mrs. CHARLES CLARK
(Address) 223 WOODSIDE AVE

I HEREBY CERTIFY that a satisfactory standard certificate of death
was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation) (Date of Issue of Permit) 12/23/57 K.B.V.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given, and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable 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.

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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)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. 261

No Winthrop Community Hospital

(If death occurred in a hospital or institution,
St. give its NAME instead of street and number)

2 FULL NAME Female Latter

(If deceased 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. 11 Hale Ave
(Usual place of abode)

St. (If nonresident, give city or town and State)

Length of stay: In place of death years months days. In place of residence years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH December 23, 1957.
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
, 19, to , 19,I last saw h alive on , 19, death is said to
have occurred on the date stated above, at 1:25 P.m.INTERVAL
BETWEEN
ONSET AND
DEATH

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Stillborn

Due To (b) Prematurity

7 mos.

Due To (c) Premature separation of
placenta with hemorrhage

4 hrs.

OTHER
SIGNIFICANT
CONDITIONSWas autopsy performed? no
What test confirmed diagnosis? clinical5 Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) M. Traugott M. D.

(Address) 73 Bartlett Road Date 12/23/57

6 Winthrop Winthrop
Place of Burial or Cremation (City or Town)

DATE OF BURIAL December 26, 1957

7 NAME OF FUNERAL DIRECTOR Arthur J. O'Maley
ADDRESS Winthrop, Mass
DEC 26 1957

Received and filed 19

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Female 9 COLOR 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. Stillborn

12 AGE Years Months Days If under 24 hours
Hours Minutes

13 Usual Occupation: (Kind of work done during most of working life)

14 Industry
or Business:

15 Social Security No.

16 BIRTHPLACE (City) Winthrop
(State or country) Mass

17 NAME OF FATHER Alfred Latter

18 BIRTHPLACE OF FATHER (City) Revere
(State or country) Mass

19 MAIDEN NAME OF MOTHER Kathleen E. Baker

20 BIRTHPLACE OF MOTHER (City) Everett
(State or country) Mass21 Informant Alfred Latter
(Address) 11 Hale Ave., WinthropI HEREBY CERTIFY that a satisfactory standard certificate of death
was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation) (Date of Issue of Permit) 12/26/57

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

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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)



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. 262

No. Bay View Nursing Home

(If death occurred in a hospital or institution,
St. give its NAME instead of street and number)2 FULL NAME Albert Charles Smith
(If deceased is a married, widowed or divorced woman, give also maiden name.)PHYSICIAN — IMPORTANT
(Was deceased a
U. S. War Veteran,
if so specify WAR)(a) Residence. No. 174 Court Rd. St. (If nonresident, give city or town and State)
(Usual place of abode)

Length of stay: In place of death years months 3 days. In place of residence 57 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH December 23, 1957
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
24/9, 1947, to December 23, 1957
I last saw him alive on Dec. 23, 1957, death is said to
have occurred on the date stated above, at 12:05 P. M.INTERVAL
BETWEEN
ONSET AND
DEATH

5 yrs.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Arteriosclerosis, cerebral

Due To
(b)Due To
(c)OTHER
SIGNIFICANT
CONDITIONS

None.

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) Winthrop, Mass. Date 12/24/57

6 Place of Burial or Cremation Boston
(City or Town)

DATE OF BURIAL Dec. 26 1957

7 NAME OF FUNERAL DIRECTOR Howard S. Reynolds

ADDRESS Winthrop, Mass.

Received and filed DEC 26 1957 19

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Male 9 COLOR White 10 SINGLE (write the word)
MARRIED
WIDOWED
or DIVORCED married10a If married, widowed, or divorced
HUSBAND of Frances Clisham
(Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 00 Years 5 Months 1 Days
If under 24 hours
Hours Minutes13 Usual Occupation: Brew Master
(Kind of work done during most of working life)

14 Industry or Business: Brewery

15 Social Security No. 1-2-16-8600

16 BIRTHPLACE (City) Boston
(State or country) Mass.

17 NAME OF FATHER William Smith

18 BIRTHPLACE OF FATHER (City) Germany
(State or country)

19 MAIDEN NAME OF MOTHER Mary Elizabeth Letzger

20 BIRTHPLACE OF MOTHER (City) Germany
(State or country)21 Informant Frances Smith
(Address) 174 Court Rd. WinthropI HEREBY CERTIFY that a satisfactory standard certificate of death
was filed with me BEFORE the burial or transit permit was issued:Hazel C. Liberman
(Signature of Agent of Board of Health or other)

(Official Designation) (Date of Issue of Permit) 12/26/57

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 43, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. . . General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.

Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate, and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had 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. 263

No. 40 Cottage PK. Rd.

 St. (If death occurred in a hospital or institution,
 give its NAME instead of street and number)

2 FULL NAME Joseph Howard Sullivan

(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. 40 Cottage PK. Rd. 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 December 26 1957

(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 201 P. m.

 INTERVAL
 BETWEEN
 ONSET AND
 DEATH

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Natural Causes

Due To Presumably Coronary Occlusion

Due To Arteriosclerotic Heart Disease years

OTHER SIGNIFICANT CONDITIONS Hypertension years

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 Date 26 Dec 1957

6 Winthrop Winthrop

Place of Burial or Cremation

(City or Town)

DATE OF BURIAL December 30 1957

7 NAME OF FUNERAL DIRECTOR Frederick J. MAGRATH

ADDRESS East Boston

Received and filed DEC 27 1957 19

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

 8 SEX male 9 COLOR white 10 SINGLE (write the word) MARRIED MARRIED
 WIDOWED or DIVORCED

 10a If married, widowed, or divorced
 HUSBAND of Stella M. McDonald
 (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

11 IF STILLBORN, enter that fact here.

 12 AGE 63 Years Months Days If under 24 hours
 Hours Minutes

 13 Usual Occupation: Captain
 (Kind of work done during most of working life)

14 Industry or Business: Boston Towboat Co.

15 Social Security No. 019-14-3874 H

 16 BIRTHPLACE (City) METAGHAN
 (State or country) Nova Scotia

17 NAME OF FATHER Alfred Sullivan

 18 BIRTHPLACE OF FATHER (City) Nova Scotia
 (State or country)

19 MAIDEN NAME OF MOTHER Catherine Howley

 20 BIRTHPLACE OF MOTHER (City) Nova Scotia
 (State or country)

 21 Informant Stella M. Sullivan
 (Address) 40 Cottage PK. Rd. Winthrop

 I HEREBY CERTIFY that a satisfactory standard certificate of death
 was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation) (Date of Issue of Permit) 12/27/57

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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(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had 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. 261

PLACE OF DEATH

Suffolk
(County)Winthrop
(City or Town)

No. 184 HERMAN

{(If death occurred in a hospital or institution,
St. give its NAME instead of street and number)2 FULL NAME Alphonsus J. Fopiano
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT

{(Was deceased a
U. S. War Veteran, W W Z
if so specify WAR)(a) Residence. No. 184 HERMAN
(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 31 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH Dec 27 1957
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
Feb. 1953, to Dec 27, 1957
I last saw him alive on Dec. 24, 1957, death is said to
have occurred on the date stated above, at 8:30 p.m.INTERVAL
BETWEEN
ONSET AND
DEATH
48 hrs

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Bronchopneumonia
(Terminal)

Due To (b) Carcinomatosis

Due To (c) Carcinoma of
rectumOTHER
SIGNIFICANT
CONDITIONS

Was autopsy performed?

What test confirmed diagnosis? operation

5 Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) Joseph Gregore, M. D.

(Address) 194 Washington Ave Boston Date 12-27 1957

6 MT. CALVARY BOSTON
Place of Burial or Cremation (City or Town)

DATE OF BURIAL 12-30-57 19

7 NAME OF FUNERAL DIRECTOR ARTHUR S. PORCELLA
ADDRESS 876 Winthrop Ave. RIVERSIDE

Received and filed

19

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Male 9 COLOR 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 69 Years 6 Months 16 Days If under 24 hours
Hours Minutes

13 Usual Occupation: (Kind of work done during most of working life)

14 Industry or Business: Retired - INVESTMENT
CONSULTANT

15 Social Security No. None

16 BIRTHPLACE (City) BOSTON
(State or country) MASS

17 NAME OF FATHER GIOVANNI FOPIANO

18 BIRTHPLACE OF FATHER (City) ITALY
(State or country)

19 MAIDEN NAME OF MOTHER LOUISE LEVERONE

20 BIRTHPLACE OF MOTHER (City) ITALY
(State or country)21 Informant (Address) CLARA FOPIANO
184 HERMAN 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) 12/27/57

50M-11-56-918978

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

10/22/18

DATE OF DISCHARGE

2/15/19

RANK, RATING

ENGINE-MAN 1ST CLASS

ORGANIZATION AND OUTFIT

U. S. NAVY - Reserve - FORCE

SERVICE NUMBER

1510767

301A

TIFICATE

ng
DEATHnter
n one
each
and (c)not mean
dying,
failure,
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causedif any,
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requires
o print or
ause or
death on
ates.

30M-5-56-917573

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.

265

No. Bay View Nursing Home

(If death occurred in a hospital or institution,
St. give its NAME instead of street and number)

2 FULL NAME Joseph F. Shepherd

(If deceased 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. 160 Court Rd.

St.

(If nonresident, give city or town and State)

Length of stay: In place of death 4 years months days. In place of residence years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH December 30, 1957
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
, 19, to , 19,I last saw him alive on Dec. 30, 1957, death is said to
have occurred on the date stated above, at 10:20 p.m.INTERVAL
BETWEEN
ONSET AND
DEATH

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) arteriosclerotic heart disease

4 yrs.

Due To Generalized arteriosclerosis
(b)

7 yrs.

Due To
(c)

OTHER SIGNIFICANT CONDITIONS cerebral arteriosclerosis

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) Dr. Trausstein, Jr., M. D.

(Address) 73 Bartlett Rd. Date Dec. 31, 1957

6 Amesbury Rockport Maine
Place of Burial or Cremation (City or Town)

DATE OF BURIAL Jan. 7, 1958

7 NAME OF FUNERAL DIRECTOR Howard S. Reynolds
ADDRESS Winthrop, Mass.

Received and filed DEC 31 1957 19

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Male 9 COLOR White 10 SINGLE (write the word)
MARRIED
WIDOWED Widowed
or DIVORCED10a If married, widowed or divorced
HUSBAND of Florence Munroe
(Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 25 Years 7 Months 17 Days If under 24 hours
Hours Minutes13 Usual Occupation: Broker
(Kind of work done during most of working life)

14 Industry or Business: Food

15 Social Security No. 022-07-5443

16 BIRTHPLACE (City) Rockport
(State or country) Maine

17 NAME OF FATHER Samuel Shepherd

18 BIRTHPLACE OF FATHER (City) Rockport
(State or country) Maine

19 MAIDEN NAME OF MOTHER Ellen Andrews

20 BIRTHPLACE OF MOTHER (City) Maine
(State or country)21 Informant Kathryn Sinatra
(Address) 215 Woodside Ave. WinthropI HEREBY CERTIFY that a satisfactory standard certificate of death
was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation) (Date of Issue of Permit) 12/31/57

V.B.V.

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable 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) but by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

DEPARTMENT OF HEALTH
NEW YORK, N.Y.

(County)

(City or Town)



EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

(City or Town making this return)

COPY OF
CERTIFICATE OF DEATH

Registered No. 266

No. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME BERNARD B. WOOD

(Was deceased a War Veteran, specify WAR)

Rev. 9/54
142

Bore Death

FILED

RICHMOND

Certificate No.

156-57-501830

5
Institution

5716

Bore-Resid.

8

Area-Dist.

VO1341

Nativ. Dec.

1

Cause 1

151-

Cause 2

Operation

0

Att.-Autop.

✓

Cem.

7

Type Accid.

Occurrence

1. NAME OF DECEASED W BERNARD B WOOD
(Print or Type-write)

PERSONAL PARTICULARS
(To be filled in by Funeral Director)

2 USUAL RESIDENCE: (a) State MASS.

(b) Co. (c) Post Office and Zone WINTHROP

(d) No. 324 Pleasant St Ave. St.

(e) Length of residence or stay in City of New York immediately prior to death in Res.

3 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

4 DATE OF BIRTH OF DECEDENT (Month) 8 (Day) 8 (Year) 1916

5 AGE If under 1 year mon. days hrs. or min. If LESS than 1 day.

71 yrs. 71

a. Usual Occupation (Kind of work done during most of working life, even if retired) Officer

b. Kind of Business or Industry in which this work was done

U.S. C. S.

7 SOCIAL SECURITY NO.

8 BIRTHPLACE (State or Foreign Country) Mass.

9 OF WHAT COUNTRY WAS DECEASED A CITIZEN AT TIME OF DEATH? U.S.A.

10a. WAS DECEASED EVER IN UNITED STATES ARMED FORCES? yes

10b. IF YES, Give war or dates of service active 1964

11 NAME OF FATHER OF DECEDENT Fred Wood

12 MAIDEN NAME OF MOTHER OF DECEDENT Unknown

13 NAME OF INFORMANT

14a. Name of Cemetery or Crematory

14b. Location (City, Town or County and

14c. Date of Burial or Cremation

15 FUNERAL DIRECTOR Thomas F. HALTON

ADDRESS 29 ATLANTIC AVE. FEDERAL PARK

BUREAU OF RECORDS AND STATISTICS

DEPARTMENT OF HEALTH

THE CITY OF NEW YORK

MEDICAL CERTIFICATE OF DEATH
(To be filled in by the Physician)

15 PLACE OF DEATH:

(a) NEW YORK CITY: (b) Borough Richmond

(c) Name of Hospital U.S. Public Health Serv. Hosp.

or Institution Staten Island, N.Y.

(If not in hospital or institution, give street and number.)

(d) If in hospital, give Ward No. B-2

16 DATE AND HOUR OF DEATH (Month) (Day) (Year) (Hour)

Oct. 18 1957 12:05 AM

17 SEX male

18 COLOR OR RACE white

19 Approximate Age 40

20 I HEREBY CERTIFY that (I attended the deceased)

(a staff physician of this institution attended the deceased)*

from July 30 1957 to October 18 1957

and last saw him alive at 12:05 AM on Oct. 18 1957

I further certify that death was not caused, directly or indirectly by accident, homicide, suicide, acute or chronic poisoning, or in any suspicious or unusual manner, and that it was due to NATURAL CAUSES more fully described in the confidential medical report filed with the Department of Health.

* Cross out words that do not apply.

† See first instruction on reverse of certificate.

Witness my hand this 18 day of October 1957.

Signature Frank S. French M.D.

Address U.S. Public Health Serv. Hosp., S.I.

1. PARTICULARS

SINGLE (write the word)

MARRIED

WIDOWED

OR DIVORCED

2. Name of wife in full)

3. name in full)

4. If under 24 hours

Hours.....Minutes

5. (bring most of working life)

6. (where death occurred)

Copies of returns of deaths which occurred in your city or town in case the deceased resided in another city or town 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, (i. l.))

55M-8-36-91827

ec'd
-31-58



Suffolk

(County)

Revere

(City or Town)

PLACE OF DEATH

No. Revere Memorial Hospital

The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

Revere

(City or Town making this return)

COPY OF
CERTIFICATE OF DEATH

Registered No.

267

St. (If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME Eva J. Kenney (Wallace)

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(Was deceased a
U. S. War Veteran,
if so specify WAR)

(a) Residence. No. 16 Bowdoin St.

(Usual place of abode)

Winthrop

(If nonresident, give city or town and State)

Length of stay: In place of death.....years.....months.....days. In place of residence 2 years.....months.....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF
DEATH

December 30,

(Month)

(Day)

1957

(Year)

4 I HEREBY CERTIFY, That I attended deceased from

April 8, 53, to Dec. 30, 1957

I last saw her alive on Dec. 29, 1957, death is said to

have occurred on the date stated above, at 6:05A. m.

INTERVAL
BETWEEN
ONSET AND
DEATH

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(Acute Pulmonary Edema)

3 hrs.

Due To
(b) Congestive heart
failure

1 yr.

Due To
(c) Cardiac Enlargement

5 yrs.

OTHER
SIGNIFICANT
CONDITIONSWas 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) Guy A. Distasio M. D.

(Address) 221 Beach St. Date 12/30 1957
Revere6 Winthrop Winthrop
Place of Burial or Cremation (City or Town)

DATE OF BURIAL January 2, 1958

7 NAME OF
FUNERAL DIRECTOR Arthur J. O'Maley
Winthrop

ADDRESS

Received and filed. JAN 17 1958 19

(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX

Female

9 COLOR

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 Nicholas E. Kenney

(Husband's name in full)

11 IF STILLBORN, enter that fact here.

Age 31 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 William Wallace

18 BIRTHPLACE OF FATHER (City)

(State or country) Maine

19 MAIDEN NAME OF MOTHER Catherine Forshner

20 BIRTHPLACE OF MOTHER (City) Pennsylvania
(State or country)21 Informant Eva McCarthy
(Address) 16 Bowdoin St., Winthrop

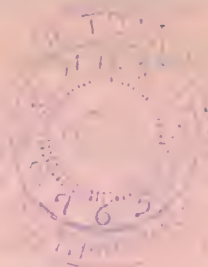
A TRUE COPY

ATTEST: (Registrar of City or Town where death occurred)

DATE FILED December 31, 1957

Copies of returns of deaths which occurred in your city or town in case the deceased resided in another city or town at the time of death should be transmitted on Form R-302 to the clerk of the city or town in which the deceased resided as soon as possible, after the close of the month in which the death occurred. (See Chap. 46, Sec. 12, G. L.)

RECEIVED



JAN 17 1958 AM

PLACE OF DEATH

Suffolk

(County)

Boston



The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

OUT - OF - TOWN

To be filed for burial permit
with Board of Health
or its agent

268

STANDARD

MASSACHUSETTS GENERAL HOSPITAL OF DEATH

Registered No.

No.

The Baker Memorial

2 FULL NAME

James D. McPhail

(If deceased is a married, widowed or divorced woman, give also maiden name)

(a) Residence, No

6 Grovers Ave.

(Usual place of abode)

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 2 years months days

MEDICAL CERTIFICATE OF DEATH

1 DATE OF DEATH

October 29, 1957
(Month) (Days) (Year)

4 I HEREBY CERTIFY, That I attended deceased from

Oct. 27, 1957, to Oct. 29, 1957

Last saw him alive on Oct. 29, 1957, death is said to

have occurred on the date stated above, at 11:55 A.M.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Pulmonary edema, severe

INTERVAL
BETWEEN
ONSET AND
DEATH
unk.
mins.

Due To (b)

Coronary heart disease,
severe.unk.
years

Due To (c)

OTHER
SIGNIFICANT
CONDITIONS

Was autopsy performed? yes (limited)

What test confirmed diagnosis? limited autopsy

5 Was disease or injury in any way related to occupation of deceased?

If so, specify

No

(Signed)

ASST. DIR. MASS. GEN. HOSP.

6 CAN CRIVE
Place of Burial or CremationNORFOLK
(City or Town)

DATE OF BURIAL NOV. 2

7 NAME OF FUNERAL DIRECTOR

ADDRESS

Received and filed

NOV 3 1957

Charles H. Mackie
(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX

9 COLOR

10 SINGLE (write the word)

MALE WHITE

MARRIED
WIDOWED
OR DIVORCED

MARRIED

10a If married, widowed, or divorced
HUSBAND of ISABELLE C. KENNEY

(Give maiden name of wife in full)

(or) WIFE of

(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:

SALSMAN

(Kind of work done during most of working life)

14 Industry
or Business:

LUMBER

15 Social Security No

CITY

16 BIRTHPLACE (City)
(State or country)EAST BOSTON
MASS17 NAME OF
FATHER

JAMES J McPHAIL

18 BIRTHPLACE OF
FATHER (City)

EAST BOSTON

(State or country)

MASS

19 MAIDEN NAME
OF MOTHER

MARY BREEN

20 BIRTHPLACE OF
MOTHER (City)

EAST BOSTON

(State or country)

MASS

21

Informant
(Address)MRS. ISABELLE McPHAIL
6 GROVERS AVE. WINTHROP.I HEREBY CERTIFY that a satisfactory standard certificate of death
was filed with me BEFORE the burial or transit permit was issued

Signature of Agent of Board of Health or other

20 - 4503 11/1/57

(Official Designation)

(Date of Issue of Permit)

A TRUE COPY ATTEST:

Charles H. Mackie

City Recorder

RECEIVED



FEB 21 1958 PM

PLACE OF DEATH

Suffolk
(County)Boston
(City or Town)

The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICSSTANDARD
CERTIFICATE OF DEATH

OUT - OF - TOWN

To be filed for burial permit
with Board of Health
or its Agent

Registered No.

10403

No. Veterans Administration Hospital

(If death occurred in a hospital or institution,
So. give its NAME instead of street and number)2 FULL NAME **Louis J. HARRINGTON**
(If deceased is a married, widowed or divorced woman, give also maiden name)

PHYSICIAN IMPORTANT

(Was deceased a
U. S. War Veteran, or
if so specify WAR) **I**(a) Residence, No. **25 Johnson Ave.,**
(Usual place of abode)**X. Winthrop, Massachusetts**

(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 **November 9, 1957**
(Month) (Day) (Year)4 I HEREBY CERTIFY That **NA** attended deceased from
November 8, 1957 to **November 9, 1957**~~XXXXXXXXXXXXXXXXXXXX~~ death is said to
have occurred on the date stated above, at **2:20 A.m.**INTERVAL
BETWEEN
ONSET AND
DEATH
day

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) **1. Pulmonary congestion and
edema.**Due To (a) **2. Recent posterior
myocardial infarction.** dayDue To (c) **42011**
Cardiomegaly-300 grams yearsOTHER SIGNIFICANT CONDITIONS **Carcinoma of prostate with
vertebral metastases.** yearsWas 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) **V.M. Targgart** M.D.(Address) **VA Hospital, Boston** Date **Nov. 9 1957**6 Oak Grove Cemetery, Medford, Mass.
Place of Burial or Cremation (City or Town)DATE OF BURIAL **November 11 1957**7 NAME OF FUNERAL DIRECTOR **Maurice W. Kirby**
ADDRESS **210 Winthrop St. Winthrop, Mass.**

Res. No. and filed

Charles H. Mackie
(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX **Male** 9 COLOR **White** 10 SINGLE (write the word)
MARRIED **WIDOWED** **DIVORCED**10a If married, widowed, or divorced
HUSBAND of **Joseph Mc Cann**
(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 **5** Months **11** days | 11 under 24 hours
Hours Minutes11 Usual Occupation **Accountant**
(Kind of work done during most of working life)14 Industry
or Business: **Encl**15 Social Security No. **Encl**16 BIRTHPLACE (City) **Cambridge**
(State or country) **Massachusetts**17 NAME OF FATHER **Edward Harrington**18 BIRTHPLACE OF FATHER (City) **Lowell**
(State or country) **Massachusetts**19 MAIDEN NAME OF MOTHER **Mary Coliton**20 BIRTHPLACE OF MOTHER (City) **Cambridge**
(State or country) **Massachusetts**21 Informant **VA Hospital Records**
(Address) **150 So. Huntington Ave., Boston**I HEREBY CERTIFY that a satisfactory standard certificate of death
was filed with me BEFORE the burial or the permit was issued**Joseph Mc Cann** **NOV 18 1957**
Signature of Agent of Board of Health or others

(Official Designation)

(Date of Issue of Permit)

A TRUE COPY ATTEST:

Charles H. Mackie

City Registrar

RECEIVED



FEB 21 1958 PM

Plate of leaves of *Hermitia*

A TRUE COPY ATTEST:

Charles H. Mackie

City Recorder

RECEIVED



FEB 21 1958 PM

R-301A

PLACE OF DEATH

Suffolk
(County)
Boston
(City or Town)



The Commonwealth of Massachusetts
EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

OUT - OF - TOWN

To be filed for burial permit
with Board of Health
or its Agent

STANDARD
CERTIFICATE OF DEATH

Registered No. 18415

No. **Beth Israel Hospital**

2 FULL NAME **Sidney Gordon**
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If death occurred in a hospital or institution,
State its NAME, street and number.)

PHYSICIAN - IMPORTANT!
(Was deceased a
U. S. War Veteran,
if so specify WAR) No

(a) Residence, No. **24 Trident Ave**
(Usual place of abode)

St. **Winthrop, Mass.**
(If non-resident, give city or town and State)

Length of stay: In place of death years months ☒ days In place of residence ☒ years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH **Nov 10 1957**
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from
Nov 10 1957 to **Nov 10 1957**

I last saw him alive on **Nov 10 1957**, death is said to
have occurred on the date stated above, at **3 A m**

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) **Anoxia**

Due To (b) **Bronchial asthma**

Due To (c)

OTHER SIGNIFICANT CONDITIONS **Diabetes mellitus**
arteriosclerotic heart disease Yrs

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 **no**

(Signed) **Paul R. McIntyre**, M. D.

(Address) **330 Brookline Ave** Date **Nov 10 1957**

6 **Agudath Achim** Woburn
Place of Burial or Cremation
DATE OF BURIAL **November 10, 1957**

7 NAME OF FUNERAL DIRECTOR **Benjamin Birnbach**
ADDRESS **10 Washington St. Dorchester**

Received and filed

Charles H. Mackie
(Official Designation)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX **Male** 9 COLOR **White** 10 SINGLE, MARRIED, WIDOWED or DIVORCED **Married**

10a If married, widowed, or divorced
HUSBAND of **Dora Katz**
(Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 **64** Years Months Days If under 24 hours
AGE Hours Minutes

13 Usual Occupation **Boxton**
(Kind of work done during most of working life)

14 Industry or Business **Cong. Tifereth Israel**

15 Social Security No. **027-16-0239**

16 BIRTHPLACE (City) **Russia**
(State or country)

17 NAME OF FATHER **Moses Aaron Gordon**

18 BIRTHPLACE OF FATHER (City) **Russia**
(State or country)

19 MAIDEN NAME OF MOTHER **Deborah Lipsky**

20 BIRTHPLACE OF MOTHER (City) **Russia**
(State or country)

21 Informant **Dora Gordon**
Address **24 Trident Ave., Winthrop**

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me REPORT the burial or transit permit was issued

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

Renewed 3-13-58 18415

CTIONS
OR
CERTIFICATE

iving
OF DEATH

ot enter
than one
for each
b) and (c)

not mean
of dying,
heart failure,
etc. It means
or compli
which caused

c, if any,
be due to
cause (a)
the under-
cause last

one contrib-
death but not
the terminal
condition given

Chapter 137,
54, requires
to print or
cause of
death on

Inches

M.D. EXAMINER

50M-11-54-910079

A TRUE COPY ATTEST:

Charles H. Mackie

City Registrar

RECEIVED



FEB 21 1958 PM

The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH

DIVISION OF VITAL STATISTICS

COPY OF

MEDICAL EXAMINER'S
CERTIFICATE OF DEATH

BOSTON

(City or town making return)

10787

Registered No.

PLACE OF DEATH

SUFFOLK
BOSTON

(City or Town)

No.

Hill Top Hospt

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.)

George F McDuffee

(Was deceased a
U. S. War Veteran,
if so specify WAR)

(a) Residence. No.

(Usual place of abode)

209 289 Shirley St

St.

Winthrop Mass.

(If nonresident, give city or town and State)

Length of stay: In place of death.....years.....months.....days. In place of residence.....years.....months.....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF
DEATH

Nov. 17/57

(Month)

(Day)

(Year)

4 I HEREBY CERTIFY that I have investigated the death
of the person above-named and that the CAUSE AND MANNER thereof
are as follows: (If an injury was involved, state fully.)Fracture of hip broncho
pneumonia senility
accidental fall on sidewalk
Winthrop Sept. 11/57

5 Accident, suicide, or homicide (specify).....

Date and hour of injury.....19.....

Where did

Injury occur?.....

(City or town and State)

Did injury occur in or about home, on farm, in industrial place, or in public
place?.....

(Specify type of place)

Manner of

Injury.....

(How did injury occur?)

Nature of

Injury.....

While at work?.....Was autopsy performed?.....

6 Was disease or injury in any way related to occupation of deceased?.....

If so, specify.....

Richard Ford

(Signed).....

(Address).....

Date.....

11-18 M. D. 57

Winthrop Cem-Winthrop Mass

7 Place of Burial, or Cremation.....(City or Town)

DATE OF BURIAL.....

19.....

8 NAME OF

FUNERAL DIRECTOR

M W Kirby

ADDRESS

Winthrop Mass

Received and filed.....19.....

(Registrars of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

9 SEX

M

10 COLOR OR RACE

W

11 SINGLE

(write the word)

MARRIED

WIDOWED

or DIVORCED

Married

11a If married, widowed, or divorced

HUSBAND of.....

(Give maiden name of wife in full)

(or) WIFE of.....

(Husband's name in full)

12 IF STILLBORN, enter that fact here.

13 92

AGE

Years.....

Months.....

Days.....

If under 24 hours

Hours.....

Minutes.....

14 Usual

Occupation:.....

(Kind of occupation or most of working life)

15 Industry

or Business:.....

16 Social Security No.....

Boston Mass

17 BIRTHPLACE (City)

(State or country)

George F McDuffee

18 NAME OF

FATHER

19 BIRTHPLACE OF

FATHER (City)

(State or country)

Rochester N H

20 MAIDEN NAME

OF MOTHER

Ellen M Bickford

21 BIRTHPLACE OF

MOTHER (City)

(State or country)

Salem Mass

Wife

22

Informant

(Address)

A TRUE COPY.

ATTEST

(Registrar of City or Town where death occurred)

DATE FILED

Feb/14/57

19.....

Copies of returns of deaths which occurred in your city or town in case the deceased resided in another city or town at the time of death should be transmitted on Form R-305 to the clerk of the city or town in which the deceased resided as soon as possible after the close of the month in which the death occurred. (See Chap. 46, Sec. 12, G. L.)

RECEIVED



FEB 24 1958 AM

SUFFOLK

(County)

BOSTON

(City or Town)



The Commonwealth of Massachusetts
EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

OUT - OF TOWN
To be filed for burial permit
with Board of Health
or its Agent.

STANDARD CERTIFICATE OF DEATH

Registered No. 11221

No. MASSACHUSETTS GENERAL HOSPITAL

(If death occurred in a hospital or institution,
St. {give its NAME, instead of street and number})
PHYSICIAN IMPORTANT

2 FULL NAME HAUSER, Alice

(If deceased in a married, widowed or divorced woman, give also maiden name)

(a) Residence, No. 435 Shirley St., Winthrop, Mass.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of stay: In place of death years months days. In place of residence years months days.

INSTRUCTIONS
FOR
CERTIFICATE

giving
OF DEATH

not enter
than one
for each
(b) and (c)

does not mean
to or diving,
heart failure,
etc. It means
no compli-
which caused

one, if any,
cause due to
(a)
the under
cause last

time contest
death but not
the terminal
condition given

Chapter 137,
1954, requires
na to print or
e cause or
of death on
ificates.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH Nov. 30 1957

(Month)

(Day)

(Year)

4 I HEREBY CERTIFY, That We attended deceased from
Nov. 29 19 57 to Nov. 30, 19 57

last saw her alive on Nov. 30, 19 57, death is said to

have occurred on the date stated above, at 10:25 P.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Bronchopneumonia,
bilat., acute, severeINTERVAL
BETWEEN
ONSET AND
DEATH

1 WK

Due To
(b)Due To
(c)OTHER
SIGNIFICANT
CONDITIONS

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) Asst. Dir. Mass. Gen'l. Date Dec. 1, 19 57

6 Place of Burial or Cremation

(City or Town)

DATE OF BURIAL

7 NAME OF FUNERAL DIRECTOR

ADDRESS

Received and filed

DEC 4 1957

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX

9 COLOR

10 SINGLE (write the word)

MARRIED

WIDOWED

or DIVORCED

10a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE

Years

Months

Days

If under 24 hours

Hours Minutes

13 Usual Occupation:

(Kind of work done during most of working life)

14 Industry or Business

15 Social Security No.

16 BIRTHPLACE (City)

(State or country)

17 NAME OF FATHER

18 BIRTHPLACE OF FATHER (City)

(State or country)

19 MAIDEN NAME OF MOTHER

20 BIRTHPLACE OF MOTHER (City)

(State or country)

21

Infant

(Address)

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transfer permit was issued

(Signature) Agent of Board of Health or other

(Official Designation)

(Date of Issue of Permit)

904-57-920343

A TRUE COPY ATTEST:

Charles H. Mackie

City Registrar

RECEIVED



MAR - 2 1958 PM

R 301A

CTIONS
OR
CERTIFICATE

iving
OF DEATH

t enter
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for each
b) and (c)

not mean
at dying.
fast failure.
It means
or compl
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if any,
ive to
ue (a)
he under
ue last

ne contrib
ath but not
the terminal
dition given

Chapter 117,
54, requires
to print or
cause or
death on
ificates.

50-M-57-920345

PLACE OF DEATH

Suffolk
(County)

Boston
(City or Town)

No. New England Deaconess Hospital

2 FULL NAME

(Mrs.) Sadie Spector (nee Mizrah)

(If deceased is a married, widowed or divorced woman, give also maiden name)

(a) Residence, No.
(Usual place of abode)

7 Little Avenue

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 10 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH November 30 1957
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from November 23 1957 to November 30 1957

I last saw her alive on November 30, 1957, death is said to have occurred on the date stated above, at 6:53 3 m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Carcinoma of oesophagus

Due To
(b)

Due To
(c)

OTHER SIGNIFICANT CONDITIONS Hypertensive Cardiovascular Disease 15-20 yrs

Was autopsy performed?

No

What test confirmed diagnosis? Operation

5 Was disease or injury in any way related to occupation of deceased?

If so, specify

No Richard A. Gilman

(Signed) Richard A. Gilman M.D.

(Address) N.E. Deaconess Hosp Date Nov 30 1957

6 Tifereth Israel of Winthrop in Everett
Place of Burial or Cremation (City or Town)

DATE OF BURIAL Dec 1 1957

7 NAME OF FUNERAL DIRECTOR 1st Funeral Service Inc

ADDRESS 151 Washington Ave Chelsea

Received and filed DEC 3 1957

Charles H. L. MacKie



The Commonwealth of Massachusetts
EDWARD I. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

OUT - OF - TOWN 274

To be filed for burial permit
with Board of Health
or its Agent

Registered No. 11145

(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 WARI) No

(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Male 9 COLOR 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 1 and Spector (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: Housewife (Kind of work done during most of working life)

14 Industry or Business at home

15 Social Security No. None

16 BIRTHPLACE (City) (State or country) Russia

17 NAME OF FATHER Paul Mizrah

18 BIRTHPLACE OF FATHER (City) (State or country) Russia

19 MAIDEN NAME OF MOTHER C. B. S.

20 BIRTHPLACE OF MOTHER (City) (State or country) Russia

21 Informant (Address) Mr. Morris Spector 9 Kenelmott St Malden

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued

7 P. Green 18890

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit) Nov 30, 1957

A TRUE COPY ATTEST:

Charles H. Mackie

City Registrar

MAR - 21 1878

PLACE OF DEATH

Suffolk
(County)

Boston

MASSACHUSETTS GENERAL HOSPITAL

No.

The Baker Memorial

2 FULL NAME Hazel Eagleson

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No 7 Girdlestone Road
(Usual place of abode)

xWinthrop, Massachusetts

(If nonresident, give city or town and State)

Length of stay: In place of death years months 28 days In place of residence 20 years months days

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH December 6, 1957
(Month) (Day) (Year)

WELL KNOWN CERTIFY. That we attended deceased from

November 27, 1957, to December 6, 1957

We last saw her alive on December 6, 1957, death is said to

have occurred on the date stated above, at 12:40 A.M.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Metastatic carcinoma
of descending colonDue To
(b)Due To
(c)OTHER
SIGNIFICANT
CONDITIONS

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)

ASST. DIR. MASS. GEN. HOSP.

Date

12/6

M. D.

1957

Burial in Lawn Cemetery Peabody
(Place of Burial or Cremation) (City or Town)

DATE OF BURIAL Dec. 9, 1957

7 NAME OF
FUNERAL DIRECTOR

174 Winthrop St. Winthrop, Mass.

Received and filed

Charles H. MacKie
(Registrar)

The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH

DIVISION OF VITAL STATISTICS

STANDARD

CERTIFICATE OF DEATH

OUT - OF - TOWN

To be filed for burial permit
with Board of Health
or its Agent

Registered No.

(If death occurred in a hospital or institution,
St. give its NAME instead of street and number)

PHYSICIAN IMPORTANT

(Was deceased a
U. S. War Veteran,
if so specify WAR)INSTRUCTIONS
FOR
CERTIFICATEgiving
OF DEATHnot enter
than one
for each
(b) and (c)does not mean
the cause of
death is
the cause of
deathof any
cause (a)
the under
cause listtions contrib
death but not
to the terminal
condition givenChapter 117,
1954, requires
ans to print or
the cause or
of death on
certificates

PERSONAL AND STATISTICAL PARTICULARS

SEX

COLOR

10 SINGLE (write the word)

MARRIED

WIDOWED

OR DIVORCED

Couple white

(a) If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of Clarence C. Eagleson
(Give name in full)

11 IF STILLBORN, enter that fact here

12

AGE 54 Years 7 Months 9 Days

11 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)Somerville
Mass.17 NAME OF
FATHER

William Alexander Fennie

18 BIRTHPLACE OF
FATHER (City)

Boston

(State or country)

Mass.

19 MAIDEN NAME
OF MOTHER

Mable Florence Whitney

20 BIRTHPLACE OF
MOTHER (City)

Cambridge

(State or country)

Mass.

21

Informant
(Address)

Mrs. Edwin Howard

68 Lowell Road Wellesley

I HEREBY CERTIFY that a satisfactory standard certificate of death
was filed with me BEFORE the burial or burial permit was issued

Signature of Agent of Board of Health or others

(Official Designation)

(Date of Issue of Certificate)

A TRUE COPY ATTEST:

Charles H. Mackie

City Registrar



MAR - 4 1958 PM

PLACE OF DEATH

Suffolk

(County)

Boston

(City or Town)

The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH

DIVISION OF VITAL STATISTICS

Boston

(City or Town making this return)

COPY OF

CERTIFICATE OF DEATH

Registered No. 11505

No. Mass Eye and Ear Infirmary

St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Ethel Greene

(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.

31 Lowell Road

(Usual place of abode)

St. Winthrop Mass.

(If nonresident, give city or town and State)

Length of stay: In place of death.....years.....months.....days. In place of residence.....years.....months.....days.

6 hrs 10 mins

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH

Dec. 5, 1957

(Month)

(Day)

(Year)

4 I HEREBY CERTIFY, That I attended deceased from

Dec. 5, 1957 to Dec. 5, 1957

I last saw her alive on Dec. 5, 1957, death is said to

have occurred on the date stated above, at 9:55P.m.

INTERVAL
BETWEEN
ONSET AND
DEATH

2 Days

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Broncho pneumonia

Due To Cavernous sinus thrombosis

(b) 2 Days

Due To
(c)OTHER
SIGNIFICANT
CONDITIONS

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) Charles K. Ntant

M. D.

(Address) Boston Mass. Date 12-6, 1957

6 Winthrop Cem-Winthrop Mass

Place of Burial or Cremation

DATE OF BURIAL Dec. 9/57

(City or Town)

7 NAME OF
FUNERAL DIRECTOR

H S Reynolds

ADDRESS

Winthrop Mass

Received and filed. 11-11-58

(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX

F

9 COLOR

W

10 SINGLE (write the word)
MARRIED
WIDOWED Married
or DIVORCED

10a If married, widowed, or divorced

HUSBAND of (Give maiden name of wife in full)

(or) WIFE of Carlyle Greene
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

AGE 64 Years 11 Months 18 Days If under 24 hours
Hours Minutes

13 Usual Occupation: Housewife

(Kind of work done during most of working life)

14 Industry or Business: At Home

15 Social Security No. None

16 BIRTHPLACE (City) Winthrop Mass
(State or country)

17 NAME OF FATHER Channing Howard

18 BIRTHPLACE OF FATHER (City) Easton Mass
(State or country)

19 MAIDEN NAME OF MOTHER Gertrude M Creech

20 BIRTHPLACE OF MOTHER (City) Boston Mass
(State or country)21 Informant Carlyle Greene
(Address)

A TRUE COPY

ATTEST:

(Registrar of City or Town where death occurred)

DATE FILED Dec. 11/57

19

RECEIVED



MAR 1 8 1953

Copies of returns of deaths which occurred in your city or town in case the deceased resided in another city or town at the time of death should be transmitted on Form R-302 to the clerk of the city or town in which the deceased resided as soon as possible, after the close of the month in which the death occurred. (See Chap. 46, Sec. 12, G. L.)

R-302

50M-11-95-916145

PLACE OF DEATH

The Commonwealth of Massachusetts

Boston

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

(City or Town making this return)

Suffolk
(County)



Boston
(City or Town)

COPY OF

CERTIFICATE OF DEATH

Registered No. 11569

No. New England Center Hospt St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Charles F Collins (If deceased is a married, widowed or divorced woman, give also maiden name.) (Was deceased a U. S. War Veteran, if so specify WAR) W W #2

(a) Residence. No. 283 Court Road Winthrop Mass (Usual place of abode) St. (If nonresident, give city or town and State)

Length of stay: In place of death. 22 years. months. days. In place of residence. years. months. days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH Dec. 10/57 (Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from Nov. 18 19 57 to Dec. 10 19 57 I last saw him alive on Dec. 10 19 57 death is said to have occurred on the date stated above, at 6:02PM m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Hemorrhagic shock

Due To Post operative hemorrhage 28 Hrs (b)

Due Cause unknown (c)

OTHER SIGNIFICANT CONDITIONS Cirrhosis esophageal varices 2 Yrs

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 Blumer M. D.

(Address) N E Ctr. Hospt Date 12-10-57 Mt Hope Cem-Lewiston Maine

6 Place of Burial or Cremation (City or Town)

DATE OF BURIAL Dec. 13/57 19

7 NAME OF FUNERAL DIRECTOR F Conley

ADDRESS Lewiston Maine

Received and filed MAR 1 1958 19

(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX M 9 COLOR W 10 SINGLE (write the word) MARRIED WIDOWED Single or DIVORCED

10a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 43 5 Months 9 Days If under 24 hours Hours. Minutes

13 Usual Occupation: Aviation Editor (Kind of work done during most of working life)

14 Industry or Business: Boston Herald-Traveler

15 Social Security No. ---

16 BIRTHPLACE (City) Fall River Mass (State or country)

17 NAME OF FATHER John A Collins

18 BIRTHPLACE OF FATHER (City) Lewiston Maine (State or country)

19 MAIDEN NAME OF MOTHER Ellen M McNamara

20 BIRTHPLACE OF MOTHER (City) (State or country)

21 Informant Mrs Jean McKeon (Address) Brabazon Sister

A TRUE COPY Charles H. Mackie

ATTEST: (Registrar of City or Town where death occurred)

DATE FILED Dec. 13/57 19

RECEIVED



MAR 1 3 10 50 AM

Entered Service Feb. 19, 1943

Discharged 3-2-1946

Staff Sergeant 200th Army Air Force Base U

Service No. 31298375

The Commonwealth of Massachusetts

Boston

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

(City or Town making this return)

Suffolk
(County)

Boston
(City or Town)

COPY OF

12098

CERTIFICATE OF DEATH

Registered No.

No. New England Center Hospt

St. { (If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME Percy L Sterling
(If deceased is a married, widowed or divorced woman, give also maiden name.)

{ (Was deceased a
U. S. War Veteran, W W #1
if so specify WAR)

(a) Residence, No.
(Usual place of abode)

7 Enfield Road

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 32 years. months. days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH Dec. 23/57
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from
Dec. 22, 19 57 to Dec. 23, 19 57
I last saw him alive on Dec. 23, 19 57, death is said to
have occurred on the date stated above, at 10:30 PM

INTERVAL
BETWEEN
ONSET AND
DEATH
1 Day

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Acute posterior lateral
myocardial infarction

Due To
(b)

Due To
(c)

OTHER
SIGNIFICANT
CONDITIONS

Was autopsy performed?

What test confirmed diagnosis?

5 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) S Spurgeon M. D.
New England Ctr. Hospt 12-23-57
(Address) Date 19

6 Place of Burial or Cremation Winthrop Cem-Winthrop Mass.
Dec. 28/57 or Town)

DATE OF BURIAL Dec. 28/57 19

7 NAME OF FUNERAL DIRECTOR H S Reynolds
ADDRESS Winthrop Mass.

Received and filed APR 21 1958 19

(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX M 9 COLOR W 10 SINGLE (write the word)
MARRIED WIDOWED Married
or DIVORCED

10a If married, widowed, or divorced
HUSBAND of Ruth Littlefield
(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 0 Months 22 Days If under 24 hours
Hours Minutes

13 Usual Occupation: Secretary
(Kind of work done during most of working life)

14 Industry or Business: Fruit & Produce Exchange

15 Social Security No. 021-05-1928

16 BIRTHPLACE (City) East Boston Mass.
(State or country)

17 NAME OF FATHER William Sterling

18 BIRTHPLACE OF FATHER (City) St John N B
(State or country)

19 MAIDEN NAME OF MOTHER Maud Loury

20 BIRTHPLACE OF MOTHER (City) St John N B
(State or country)

21 Informant Ruth Sterling
(Address) 7 Enfield Road

A TRUE COPY Charles A. Mackie
ATTEST (Registrar of City or Town where death occurred)

DATE FILED Dec. 31/57 19

Copies of returns of deaths which occurred in any city or town in which the deceased resided at the time of death should be transmitted on Form R-302 to the clerk of the city or town in which the death occurred. (See Chap. 46, Sec. 12, G. L.)

APR 31 1921

Entered Service 7-9-17 Discharged May 2, 1919

Pvt 1st Class Army Service No. 591925

PLACE OF DEATH

SUFFOLK
(County)
BOSTON
(City or Town)The Commonwealth of Massachusetts
EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICSSTANDARD
CERTIFICATE OF DEATH

OUT - OF - TOWN

To be filed for burial permit
with Board of Health
or its Agent

Registered No. 12284

No

BETH ISRAEL HOSPITAL

(If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME

ETTA EDELSTEIN

(If deceased is a married, widowed or divorced woman, give also maiden name)

PHYSICIAN IMPORTANT

(Was deceased a
U. S. War Veteran,
Marine or its VAR)

No

(a) Residence, No

(Usual place of abode)

6 VETERANS RD.

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
DEATHDEC 30 1957
(Month) (Day) (Year)

4 I HEREBY CERTIFY That I attended deceased from

DEC 30, 1957 to DEC 30, 1957

I last saw deceased on DEC 30, 1957, death is said to

have occurred on the date stated above, at 2:30 P.M.

INTERVAL
BETWEEN
ONSET AND
DEATH

2 days

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) PULMONARY INSUFFICIENCY

Due To METASTASES IN THE
(b) PLEURAL CAVITYDue To CARCINOMA OF THE
(c) BREASTOTHER
SIGNIFICANT
CONDITIONS

Was autopsy performed?

YES

What test confirmed diagnosis?

5 Was disease or injury in any way related to occupation of deceased

If so, specify

No

(Signed)

Bernard B. Bravi

M.D.

Address

Beth Israel Hosp. Dec 30 1957

6 Place of Burial or Cremation

(City or Town)

DATE OF BURIAL

Jan 1, 1958

7 NAME OF
FUNERAL DIRECTOR

W. J. Fort

ADDRESS

151 W. Huntington St. Chelsea

Received and filed

JAN 1 1958

Charles R. Inactive

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX

Female

9 COLOR

White

10 MARRIED (write the word)

MARRIED

10a If married, widowed, or divorced
HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of William Edelshtein
(If husband's name in full)

11 IF STILLBORN, enter that fact here

12

AGE

64

Years

Months

Days

If under 24 hours

Hours

Minutes

13 Usual

Occupation

Housewife

(Kind of work done during most of working life)

14 Industry

or Business

Our home

15 Social Security No.

none

16 BIRTHPLACE (City)

Russia

(State or country)

17 NAME OF

FATHER

Israel Skinfeld

18 BIRTHPLACE OF

FATHER (City)

Russia

(State or country)

19 MAIDEN NAME

OF MOTHER

Bessie Kutzman

20 BIRTHPLACE OF

MOTHER (City)

Russia

(State or country)

21

Informant

(Address)

William Edelshtein

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)

A TRUE COPY ATTEST:

Charles H. Mackie

City Registrar

